2004-2005
Graduate Medical Education Directory

Including Programs Accredited by the Accreditation Council for Graduate Medical Education
# Table of Contents

## 1 Section I—Graduate Medical Education Information
- 1 Review and Accreditation of Graduate Medical Education Programs
  - 1 Introduction
  - 2 Application and Site Visit
  - 2 Review and Accreditation
  - 5 Notification of Accreditation Status
  - 5 Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions
  - 6 Program Organization
  - 7 Institutional Review
  - 7 Fees for Evaluation and Accreditation
  - 7 Information and Inquiries

## 9 Section II—Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements
- 9 Preface
- 9 I. The Education of Physicians
- 10 II. Accreditation of GME Programs
- 11 III. A Glossary of Selected Terms Used in GME Accreditation
- 13 Institutional Requirements
- 18 Common Program Requirements
- 21 Program Requirements
- 21 Allergy and Immunology
- 25 Clinical and Laboratory Immunology
- 28 Anesthesiology
- 35 Policies and Procedures for Subspecialties of Anesthesiology
- 35 Subspecialties of Anesthesiology
- 37 Anesthesiology Critical Care Medicine
- 40 Anesthesiology Pain Management
- 42 Pediatric Anesthesiology
- 45 Colon and Rectal Surgery
- 49 Dermatology
- 54 Dermatopathology
- 57 Procedural Dermatology
- 62 Emergency Medicine
- 68 Subspecialties of Emergency Medicine
- 70 Medical Toxicology
- 72 Pediatric Emergency Medicine
- 74 Sports Medicine
- 75 Undersea and Hyperbaric Medicine
- 79 Family Practice
- 88 Family Practice Geriatric Medicine and Family Practice Sports Medicine
- 90 Family Practice Geriatric Medicine
- 92 Family Practice Sports Medicine
- 94 Internal Medicine
- 104 Policies and Procedures for Subspecialties of Internal Medicine
- 105 Subspecialties of Internal Medicine
- 110 Cardiovascular Disease
- 111 Clinical Cardiac Electrophysiology-
- 112 Critical Care Medicine
- 114 Endocrinology, Diabetes, and Metabolism
- 116 Gastroenterology
- 117 Geriatric Medicine
- 119 Hematology
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>Hematology and Oncology</td>
</tr>
<tr>
<td>122</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>123</td>
<td>Interventional Cardiology</td>
</tr>
<tr>
<td>124</td>
<td>Nephrology</td>
</tr>
<tr>
<td>126</td>
<td>Oncology</td>
</tr>
<tr>
<td>127</td>
<td>Pulmonary Disease</td>
</tr>
<tr>
<td>128</td>
<td>Pulmonary Disease and Critical Care Medicine</td>
</tr>
<tr>
<td>130</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>131</td>
<td>Sports Medicine</td>
</tr>
<tr>
<td>133</td>
<td>Medical Genetics</td>
</tr>
<tr>
<td>139</td>
<td>Molecular Genetic Pathology</td>
</tr>
<tr>
<td>142</td>
<td>Neurological Surgery</td>
</tr>
<tr>
<td>148</td>
<td>Endovascular Surgical Neuroradiology</td>
</tr>
<tr>
<td>152</td>
<td>Neurology</td>
</tr>
<tr>
<td>156</td>
<td>Policies and Procedures for Subspecialties of Neurology</td>
</tr>
<tr>
<td>158</td>
<td>Child Neurology</td>
</tr>
<tr>
<td>160</td>
<td>Clinical Neurophysiology</td>
</tr>
<tr>
<td>164</td>
<td>Neurodevelopmental Disabilities</td>
</tr>
<tr>
<td>169</td>
<td>Pain Management</td>
</tr>
<tr>
<td>171</td>
<td>Vascular Neurology</td>
</tr>
<tr>
<td>175</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>183</td>
<td>Obstetrics and Gynecology</td>
</tr>
<tr>
<td>190</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>196</td>
<td>Orthopaedic Surgery</td>
</tr>
<tr>
<td>201</td>
<td>Adult Reconstructive Orthopaedics</td>
</tr>
<tr>
<td>205</td>
<td>Foot and Ankle Orthopaedics</td>
</tr>
<tr>
<td>208</td>
<td>Hand Surgery</td>
</tr>
<tr>
<td>211</td>
<td>Musculoskeletal Oncology</td>
</tr>
<tr>
<td>214</td>
<td>Orthopaedic Sports Medicine</td>
</tr>
<tr>
<td>217</td>
<td>Orthopaedic Surgery of the Spine</td>
</tr>
<tr>
<td>220</td>
<td>Orthopaedic Trauma</td>
</tr>
<tr>
<td>222</td>
<td>Pediatric Orthopaedics</td>
</tr>
<tr>
<td>226</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>232</td>
<td>Neurology</td>
</tr>
<tr>
<td>235</td>
<td>Pediatric Otolaryngology</td>
</tr>
<tr>
<td>239</td>
<td>Pathology—Anatomic and Clinical</td>
</tr>
<tr>
<td>244</td>
<td>Blood Banking/Transfusion Medicine</td>
</tr>
<tr>
<td>249</td>
<td>Chemical Pathology</td>
</tr>
<tr>
<td>253</td>
<td>Cytopathology</td>
</tr>
<tr>
<td>257</td>
<td>Dermatopathology</td>
</tr>
<tr>
<td>260</td>
<td>Forensic Pathology</td>
</tr>
<tr>
<td>264</td>
<td>Hematology</td>
</tr>
<tr>
<td>266</td>
<td>Medical Microbiology</td>
</tr>
<tr>
<td>271</td>
<td>Molecular Genetic Pathology</td>
</tr>
<tr>
<td>274</td>
<td>Neuropathology</td>
</tr>
<tr>
<td>278</td>
<td>Pediatric Pathology</td>
</tr>
<tr>
<td>283</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>292</td>
<td>Subspecialties of Pediatrics</td>
</tr>
<tr>
<td>296</td>
<td>Adolescent Medicine</td>
</tr>
<tr>
<td>297</td>
<td>Developmental-Behavioral Pediatrics</td>
</tr>
<tr>
<td>299</td>
<td>Neonatal-Perinatal Medicine</td>
</tr>
<tr>
<td>300</td>
<td>Pediatric Cardiology</td>
</tr>
<tr>
<td>302</td>
<td>Pediatric Critical Care Medicine</td>
</tr>
<tr>
<td>303</td>
<td>Pediatric Emergency Medicine</td>
</tr>
<tr>
<td>305</td>
<td>Pediatric Endocrinology</td>
</tr>
<tr>
<td>306</td>
<td>Pediatric Gastroenterology</td>
</tr>
<tr>
<td>307</td>
<td>Pediatric Hematology/Oncology</td>
</tr>
</tbody>
</table>
Table of Contents

309 Pediatric Infectious Diseases
310 Pediatric Nephrology
311 Pediatric Pulmonology
313 Pediatric Rheumatology
314 Pediatric Sports Medicine
316 Physical Medicine and Rehabilitation
323 Policies and Procedures for Subspecialties of Physical Medicine and Rehabilitation
323 Pain Management
325 Pediatric Rehabilitation Medicine
330 Spinal Cord Injury Medicine
336 Plastic Surgery
341 Craniofacial Surgery
344 Hand Surgery
356 Medical Toxicology
358 Undersea and Hyperbaric Medicine
362 Psychiatry
370 Addiction Psychiatry
376 Child and Adolescent Psychiatry
381 Forensic Psychiatry
386 Geriatric Psychiatry
392 Pain Management
394 Psychosomatic Medicine
399 Radiology—Diagnostic
405 Policies and Procedures for Subspecialties of Diagnostic Radiology
405 Subspecialties of Diagnostic Radiology
408 Abdominal Radiology
409 Cardiothoracic Radiology
411 Endovascular Surgical Neuroradiology
414 Musculoskeletal Radiology
415 Neuroradiology
417 Nuclear Radiology
418 Pediatric Radiology
421 Vascular and Interventional Radiology
424 Radiation Oncology
430 Surgery—General
436 Subspecialties of General Surgery
438 Surgical Critical Care
442 Hand Surgery
445 Pediatric Surgery
449 Vascular Surgery
454 Thoracic Surgery
459 Urology
463 Pediatric Urology
466 Transitional Year

473 Section III—Accredited Graduate Medical Education Programs
475 Specialties/Subspecialties with ACGME Program Requirements
476 Abdominal Radiology (Radiology—Diagnostic)
477 Addiction Psychiatry (Psychiatry)
480 Adolescent Medicine (Pediatrics)
482 Adult Reconstructive Orthopaedics (Orthopaedic Surgery)
483 Allergy and Immunology
488 Anesthesiology
497 Blood Banking/Transfusion Medicine (Pathology—Anatomic and Clinical)
500 Cardiothoracic Radiology (Radiology—Diagnostic)
500 Cardiovascular Disease (Internal Medicine)
Table of Contents

511 Chemical Pathology (Pathology-Anatomic and Clinical)
511 Child and Adolescent Psychiatry (Psychiatry)
519 Child Neurology (Neurology)
524 Clinical and Laboratory Immunology (Allergy and Immunology)
525 Clinical Cardiac Electrophysiology (Internal Medicine)
530 Clinical Neurophysiology (Neurology)
536 Colon and Rectal Surgery
538 Craniofacial Surgery (Plastic Surgery)
539 Critical Care Medicine (Anesthesiology)
543 Critical Care Medicine (Internal Medicine)
545 Cytopathology (Pathology-Anatomic and Clinical)
551 Dermatology
558 Dermatopathology (Dermatology and Pathology)
561 Developmental-Behavioral Pediatrics (Pediatrics)
563 Emergency Medicine
571 Endocrinology, Diabetes, and Metabolism (Internal Medicine)
579 Endovascular Surgical Neuroradiology (Radiology)
580 Family Practice
607 Foot and Ankle Orthopaedics (Orthopaedic Surgery)
608 Forensic Pathology (Pathology-Anatomic and Clinical)
610 Forensic Psychiatry (Psychiatry)
613 Gastroenterology (Internal Medicine)
623 Geriatric Medicine (Family Practice)
625 Geriatric Medicine (Internal Medicine)
632 Geriatric Psychiatry (Psychiatry)
636 Hand Surgery (Surgery-General)
637 Hand Surgery (Orthopaedic Surgery)
640 Hand Surgery (Plastic Surgery)
642 Hematology (Internal Medicine)
643 Hematology (Pathology-Anatomic and Clinical)
648 Hematology and Oncology (Internal Medicine)
650 Infectious Disease (Internal Medicine)
655 Internal Medicine
688 Interventional Cardiology (Internal Medicine)
695 Medical Genetics
699 Medical Microbiology (Pathology-Anatomic and Clinical)
700 Medical Toxicology (Emergency Medicine)
701 Medical Toxicology (Preventive Medicine)
702 Molecular Genetic Pathology
703 Musculoskeletal Oncology (Orthopaedic Surgery)
703 Musculoskeletal Radiology (Radiology-Diagnostic)
704 Neonatal-Perinatal Medicine (Pediatrics)
711 Nephrology (Internal Medicine)
719 Neurodevelopmental Disabilities (Neurology)
720 Neurological Surgery
726 Neurology
735 Neuropathology (Pathology-Anatomic and Clinical)
737 Neuroradiology (Radiology-Diagnostic)
743 Neurotology (Otolaryngology)
744 Nuclear Medicine
748 Nuclear Radiology (Radiology-Diagnostic)
750 Obstetrics and Gynecology
766 Oncology (Internal Medicine)
767 Ophthalmology
775 Orthopaedic Sports Medicine (Orthopaedic Surgery)
779 Orthopaedic Surgery
780 Orthopaedic Surgery of the Spine (Orthopaedic Surgery)
# Table of Contents

1013 Section IV—New and Withdrawn Programs

<table>
<thead>
<tr>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1013 New Programs</td>
</tr>
<tr>
<td>1017 Withdrawn Programs</td>
</tr>
</tbody>
</table>
1021  Section V—Graduate Medical Education Teaching Institutions

1093  Appendix A—Combined Specialty Programs
1096  Internal Medicine/Dermatology
1096  Internal Medicine/Emergency Medicine
1097  Internal Medicine/Emergency Medicine/Critical Care Medicine
1098  Internal Medicine/Family Practice
1098  Internal Medicine/Medical Genetics
1099  Internal Medicine/Neurology
1100  Internal Medicine/Pediatrics
1108  Internal Medicine/Physical Medicine and Rehabilitation
1108  Internal Medicine/Preventive Medicine
1109  Internal Medicine/Psychiatry
1111  Neurology/Diagnostic Radiology/Neuroradiology
1111  Pediatrics/Emergency Medicine
1111  Pediatrics/Medical Genetics
1112  Pediatrics/Physical Medicine and Rehabilitation
1113  Pediatrics/Psychiatry/Child and Adolescent Psychiatry
1114  Psychiatry/Family Practice
1115  Psychiatry/Neurology

1117  Appendix B—Medical Specialty Board Certification Requirements
1118  Member Boards of the American Board of Medical Specialties
   American Board of:
1119  Allergy and Immunology
1119  Anesthesiology
1135  Colon and Rectal Surgery
1138  Dermatology
1145  Emergency Medicine
1147  Family Practice
1152  Internal Medicine
1160  Medical Genetics
1167  Neurological Surgery
1170  Nuclear Medicine
1173  Obstetrics and Gynecology
1187  Ophthalmology
1195  Orthopaedic Surgery
1204  Otolaryngology
1209  Pathology
1211  Pediatrics
1240  Physical Medicine and Rehabilitation
1248  Plastic Surgery
1266  Preventive Medicine
1269  Psychiatry and Neurology
1282  Radiology
1286  Surgery
1283  Thoracic Surgery
1296  Urology

1305  Appendix C—Medical Schools in the United States

1309  Appendix D—Graduate Medical Education Glossary
Preface

The Graduate Medical Education Directory (89th edition), published by the American Medical Association (AMA), lists programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

The Directory provides medical students with a list of accredited graduate medical education (GME) programs in the United States, which aids them in making important professional decisions. State licensing boards, specialty societies, and hospitals refer to the Directory to verify the authenticity of programs presented by physicians who wish to qualify for licensure, certification, or hospital privileges. The Directory provides a unique historical record of accredited GME programs and background information about the ACGME accreditation process.

Contents of the Directory

Section I—Graduate Medical Education Information—summarizes the accreditation policies and procedures followed by the ACGME.

Section II—Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements—provides information on the ACGME accreditation process, requirements for institutions sponsoring GME programs, and Program Requirements for each of the medical specialties and subspecialties, including the Common Program Requirements. The Program Requirements describe curricular content for GME programs and may also address program resources and personnel, program length, and other specifications.

Section III—Accredited Graduate Medical Education Programs—lists GME programs accredited by the ACGME as of January 20, 2004, the date the ACGME transferred to the AMA the data used in this section. Section III provides program name, sponsoring institution, major participating institution(s), program director name, address, and phone/fax numbers, e-mail address, accredited program length, ACGME approved/offered positions, and program ID number. Specialties and subspecialties are listed in alphabetical order. Programs within each specialty or subspecialty are listed in alphabetical order by state and city. A list of accredited transitional year programs offered by hospitals or groups of hospitals is also included. (Note: The Directory may include programs that are on probation. For information on a program’s current accreditation status, contact the ACGME, 515 N State St/Ste 2000, Chicago, IL 60610; 312 464-4920; www.acgme.org.)

Section IV—New and Withdrawn Programs—lists GME programs newly accredited since the publication of the 2003-2004 edition of the Directory and programs that are no longer accredited to offer GME as of December 31, 2003, or earlier.

Section V—Graduate Medical Education Teaching Institutions—lists institutions and organizations that sponsor or participate in GME programs. Teaching institution listings include type of affiliation (sponsor and/or participant) and are listed alphabetically by state and city. Institution listings include the name and address of the institution, medical school affiliations (as verified biennially by the deans of accredited US medical schools), a list of the specialties and subspecialties in which the institution provides training, and the institution identification number.

Appendix A—Combined Specialty Programs—provides information on programs that offer combined specialty training. These combined programs are approved by each respective medical specialty board, and physicians completing combined training programs are eligible for board certification. Although the ACGME has accredited each program separately, neither the ACGME nor the Residency Review Committees have reviewed these combined programs.

Appendix B—Medical Specialty Board Certification Requirements—contains information about the American Board of Medical Specialties (ABMS) and the certification requirements for each of the 24 member boards of the ABMS. Certification is the process by which a medical specialty board grants recognition to a physician who has met certain predetermined qualifications, as specified by the board. Certification requirements are also published by and available from each medical specialty board. Questions concerning certification requirements should be directed to the particular specialty board office listed in Appendix B.

Appendix C—Medical Schools in the United States—contains a list of US medical schools accredited by the Liaison Committee on Medical Education (LCME), including the identification number, name, and location of each LCME-accredited medical school.

Appendix D—Graduate Medical Education Glossary—defines various terms commonly used in GME.

Contents of the GMED Companion

The following sections, which had been included in previous editions of the Directory, are now available in the GMED Companion: An Insider’s Guide to Selecting a Residency Program:

• Entry of Foreign-born Medical Graduates to the United States
• Fifth Pathway Program
• Appointment to US Armed Services Graduate Medical Education Programs
• Electronic Residency Application Service (ERAS)
• National Resident Matching Program (NRMP)
• Medical Licensure Information

Production of the Directory

The work of the ACGME’s Residency Review Committees (RRCs), which review and evaluate programs, provides a basis for program and institution information included in Sections III through V of the Directory. Through regular electronic data transfers, the ACGME shares with the AMA information about accreditation actions and other changes. Although the AMA, in turn, shares with the ACGME information collected on its annual survey of GME programs, directors of ACGME-accredited programs are reminded that most RRCs require prompt notification of changes in the program’s leadership. Providing information on program director changes via the National GME Census alone does not meet this requirement. In addition, most RRCs require a current copy of the curriculum vitae for new program directors.

The Directory as the official list of ACGME-accredited programs, reflects accreditation actions completed as of January 20, 2004, the date the ACGME transferred to the AMA the data used in Sections III through V. Readers are reminded that accreditation actions and related changes can alter the ACGME program population on a daily basis and that the Directory serves only as a “snapshot” of this population at a given moment. For updated information on ACGME-accredited programs, consult the ACGME Web site at www.acgme.org.

The ACGME also provides the Institutional Requirements, Common Program Requirements, and Program Requirements listed in Section II of this Directory (Essentials of Accredited Residencies in Graduate Medical Education). Accreditation of a residency program indicates that the program and its sponsoring and affiliated institutions are judged to be in substantial compliance with the Essentials.
FREIDA Online™ (Fellowship and Residency Electronic Interactive Database Access)

FREIDA Online™ provides Internet access to extensive information on ACGME-accredited residency programs and combined specialty programs. FREIDA Online™ allows users to search these programs by program identifier, specialty/subspecialty, state/region, program size, and educational requirements, among other variables. All program listings include program director name, address, and phone number, as well as program length and program start date(s). In addition, the majority of programs listed include expanded variables, such as the number of positions, program benefits (including compensation), resident-to-faculty ratio, work schedule, policies, and educational environment.

FREIDA Online™ is available through the AMA home page at www.ama-assn.org/go/freida.

AMA Physician Masterfile

The AMA Physician Masterfile is a comprehensive and authoritative database on resident and licensed physicians used to produce portions of the Directory as well as of FREIDA Online™ and AMA Physician Select. Masterfile data track physicians' entire educational and professional careers, from medical school and graduate medical education to practice.

Medical Education Data Service

The AMA Medical Education Data Service provides published information, existing tables, custom tables, electronic data, and mailing labels to educational institutions, professional associations, government agencies, foundations, and others interested in collecting, analyzing, and disseminating medical education data. Written requests for data must state the purpose of the project, describe the specific data service requested, include expected due date for data, and provide the name, address, phone, and fax number of the project contact. When requests require staff contribution or organizational overhead, a fee is assessed. Most data requests require a licensure agreement.

Individuals interested in obtaining medical education data should contact Sarah Brotherton, PhD, AMA, 515 N State St, Chicago, IL 60610; 312 464-4487; sarah_brotherton@ama-assn.org.

Disclaimer

It is the AMA’s understanding that all institutions listed in the Graduate Medical Education Directory are required by law to include the phrase “EEO, M/F/D/V” (Equal Employment Opportunity, Minority/Female/Disabled/Veteran) on any information distributed for public view.

Back issues of the Directory

Copies of previous editions of the Directory are available for purchase at $25 per copy. For more information or to order, please call 312 464-5333. In addition, the CD-ROM version of the Directory contains Adobe Acrobat files of editions from 1996-1997 to the present.

Special Acknowledgment to the ACGME

The AMA gratefully acknowledges the cooperation of the Accreditation Council for Graduate Medical Education (ACGME) in supplying the ACGME accreditation standards, the list of programs accredited by the ACGME and sponsoring/participating institutions, and relevant information about the ACGME accreditation process. Particularly helpful have been the contributions of the RRC executive directors and accreditation administrators, who provided corrected copy of Program Requirements and notification of recent RRC and ACGME actions.

Finally, the AMA thanks ACGME staff Ingrid Philibert, John Nylen, MBA, Rebecca Miller, MS, Jerry Vasillas, PhD, Doris Stoll, PhD, and Kathy Malloy for their many ongoing contributions to the Directory.

Acknowledgments

Many people contributed to the publication of this edition of the Graduate Medical Education Directory. In addition to collaborative efforts with the ACGME (see “Special Acknowledgment,” above), the ABMS and staff of the member boards of the ABMS provided requirements for certification in each of the medical specialties and subspecialties.

Special acknowledgment is also given to the following groups and individuals:

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Fred Donini-Lenhoff, MA, Editor
Paul H. Rockey, MD, MPH, Director, Division of Graduate Medical Education
Section I
Graduate Medical Education Information

Review and Accreditation of Graduate Medical Education Programs

Note: This summary of the process of review and accreditation of graduate medical education programs was adapted from official policies of the Accreditation Council for Graduate Medical Education (ACGME); for the official Manual of Policies and Procedures for ACGME Residency Review Committees, other information related to the accreditation process, and the current listing of accredited programs, showing their status and length of review cycle, contact the ACGME or consult the ACGME Web site at www.acgme.org.

Introduction
The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated organization, responsible for the accreditation of approximately 7,800 allopathic graduate medical education programs. It has five member organizations: the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies. Each member organization nominates four individuals to the ACGME's Board of Directors. In addition, the Board of Directors includes three public representatives, a resident representative, and the chair of the Residency Review Committee Council. A representative for the federal government and the chair of the RRC Resident Council also serve on the Board in a non-voting capacity.

The mission of the ACGME is to improve the quality of health in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to develop evaluation methods and processes that are valid, fair, open, and ethical.

In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.

Under the aegis of the ACGME, the accreditation of graduate medical education programs is carried out by 27 review committees and a committee for the review of sponsoring institutions. These committees have been delegated accreditation authority by the ACGME. A Residency Review Committee (RRC) consists of representatives appointed by the American Medical Association, the appropriate specialty board, and, in some cases, a national specialty organization. The Transitional Year Review Committee is composed of ten members who are appointed by the chair of the ACGME in conjunction with the Executive Committee. The term "review committee" is used to denote a Residency Review Committee, the Transitional Year Review Committee and the Institutional Review Committee. The Institutional Review Committee (IRC) is composed of ten members appointed by the Chair of the ACGME in conjunction with the Executive Committee. The Institutional Review Committee assumes the responsibility for reviewing institutions which sponsor multiple programs. It evaluates institutions for substantial compliance with the Institutional Requirements.
Graduate medical education programs are accredited when they are judged to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education. The Essentials consist of (a) the Institutional Requirements, which are prepared by the ACGME and apply to all programs, and (b) the Program Requirements for each specialty and subspecialty. The requirements are developed and periodically revised by a review committee for its area(s) of competence, and are approved by the ACGME. The activities of the ACGME extend only to those institutions within the jurisdiction of the United States of America.

A list of programs accredited by the ACGME, including detailed information about each program, is published by the American Medical Association annually in the Graduate Medical Education Directory, using information provided by the ACGME. As this list is periodically updated to add or remove programs or to change their accreditation status, the most current information is always found on the ACGME's Web listing of programs (www.acgme.org). With the exception of this listing of programs and their current accreditation status, the contents of program files are confidential, as are all other documents regarding a program used by a review committee.

**Application and Site Visit**

The accreditation review process is set in motion in one of two ways, depending upon whether the program under consideration is seeking initial accreditation, re-accreditation, or continued accreditation.

**Application**

In the case of a program seeking initial accreditation or re-accreditation, the process begins when the program director sends an application to the executive director of the review committee. Review and evaluation of an application involves several steps and usually requires 8 to 10 months from the time the application is received by the review committee executive director until an accreditation action is taken.

The review committee executive director checks the application for completeness and forwards the document to the director of field activities, who schedules a site visit of the program. The scheduling and completion of the site visit take approximately 6 months. In some specialties, a member of the review committee or a specialist will review the application to identify areas requiring clarification by the site visitor.

Re-accreditation following loss of accreditation involves the same process described above. A program cannot apply for re-accreditation while engaged in the appeals process described in this document. In addition, an institution placed on unfavorable status by the Institutional Review Committee may not apply for any new programs or reapply for programs withdrawn voluntarily until it has once more attained favorable status.

**Review of Accredited Programs**

Accredited programs undergo site visits and reviews on cycles determined by the review committee, as described below in the sections on actions regarding accreditation of general specialty and subspecialty programs. Program directors are notified well in advance of the site visit, at which time they receive the appropriate forms for completion. Program directors may request forms earlier. A review committee may elect to review a program outside the usual cycle. A program director also may request an early review. However, a program will not be reviewed while it is in the appeals process.

**Function of Site Visitor**

Annually, approximately 1,800 site visits are conducted by the ACGME Field Staff, and between 100 and 200 visits are conducted by Specialist Site Visitors, who are members of the particular specialty being reviewed. In either case, the site visitor does not participate in the final accreditation decision or recommendation of the review committee beyond providing a written report. It is the site visitor's primary responsibility to verify the information that has been provided by the program director. The site visitor also conducts interviews with administrators, faculty, and residents in order to report accurately on the various aspects of the educational program. The site visitor, whether field staff or specialist, should not be viewed as a consultant to the program and should not be expected to provide feedback to the program or to conduct a formal exit interview.

After the site visit has been completed, the site visitor's report is submitted to the review committee executive director, who prepares the program file for evaluation by the review committee. The site visitor is not present when the review committee evaluates the program.

**Review and Accreditation**

The review committee reviews the program information in detail, evaluates the program, and determines the degree to which it meets the published educational standards (Essentials). The review committee decides upon an accreditation status for the program and identifies areas of noncompliance with the Essentials.

**Actions Regarding Accreditation of General Specialty Programs**

The following actions may be taken by a review committee regarding the accreditation status of general specialty programs and by the Transitional Year Review Committee regarding the status of transitional year programs.

**Withhold Accreditation**

A review committee may withhold accreditation when it determines that the proposal for a new program does not substantially comply with the Essentials. The review committee will cite those areas in which the proposed program does not comply with the Essentials.

**Provisional Accreditation**

Provisional accreditation is granted for initial accreditation of a program or for a previously accredited program that had its accreditation withdrawn and has subsequently applied for re-accreditation. Provisional accreditation may also be used in the unusual circumstance in which separately accredited programs merge into one or an accredited program has been so altered that in the judgment of the review committee it is the equivalent of a new program.

When a program is accredited on a provisional basis, the effective date of accreditation will be stipulated. Under special circumstances, the effective date may be made retroactive; however, unless specifically justified, it should not precede the beginning of the academic year during which the program is accredited.

Provisional accreditation implies that a program is in a developmental stage. It remains to be demonstrated that the proposal for which accreditation was granted will be implemented as planned. A review committee will monitor the developmental progress of a program accredited on a provisional basis. Following accreditation, programs should undergo a site visit in approximately 2 years in preparation for review by the respective committee. The interval between accreditation and the next review of the program should not exceed 3 years. In the course of monitoring a program's
development, a review committee may continue provisional accreditation; however, the total period of provisional accreditation should not exceed 5 years for programs of 4 years' duration or less, or the length of the program plus 1 year for programs of 5 years' duration or longer. With the exception of special cases as determined by a review committee, if full accreditation is not granted within either of these time frames, accreditation of the program should be withdrawn.

**Full Accreditation**
A review committee may grant full accreditation in three circumstances:
A. When programs holding provisional accreditation have demonstrated, in accordance with ACGME procedures, that they are functioning on a stable basis in substantial compliance with the Essentials;
B. When programs holding full accreditation have demonstrated, upon review, that they continue to be in substantial compliance with the Essentials; and
C. When programs holding probationary accreditation have demonstrated, upon review, that they are in substantial compliance with the Essentials.

The maximum interval between reviews of a program holding full accreditation is 5 years; however, a review committee may specify a shorter cycle.

**Probationary Accreditation**
This category is used for programs holding full accreditation that are no longer considered to be in substantial compliance with the Essentials. The normal interval for review of programs holding probationary accreditation is 2 years; however, a review committee may specify a shorter cycle. In reviewing a program holding probationary accreditation, a committee may exercise the following options: grant full accreditation; withdraw accreditation; or, in special circumstances, continue probationary accreditation. A program should not hold probationary accreditation for more than 4 consecutive years until it is returned to full accreditation or the review committee acts to withdraw accreditation. This period may be extended for procedural reasons, as when a program exercises the right to appeal procedures or the review schedule exceeds 4 years. The probationary period is calculated from the date of the initial decision for probation. The Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions, in subsequent text, provide further details on adverse actions.

**Withdrawal of Accreditation**
Accreditation of a program may be withdrawn under the following conditions:
A. Noncompliance with Essentials. Accreditation of programs holding either provisional accreditation or probationary accreditation may be withdrawn as follows:
   1. For programs holding provisional accreditation, once a review committee has notified a program director that the program has not developed as proposed to establish and maintain substantial compliance with the Essentials, the program will be subject to withdrawal of accreditation for failure to be in substantial compliance with the Essentials.
   2. For programs holding probationary accreditation, once a review committee has notified a program director that the program is accredited on a probationary basis, the program will be subject to withdrawal of accreditation for continued failure to be in substantial compliance with the Essentials.
   3. In giving notification, as indicated in 1 and 2 above, a review committee must indicate the areas in which the program is judged not to be in substantial compliance with the Essentials. It is understood that these areas may change in the course of multiple reviews conducted from the time a program is first given notice that it is not in compliance until withdrawal of accreditation may occur.
B. Request of Program. Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:
   1. A program director may request voluntary withdrawal of accreditation of a program, without prejudice. It is expected that if a program is deficient for one or more of the reasons set forth in E below, the director will seek voluntary withdrawal of accreditation. Normally such requests would come from the program director, with a letter of confirmation from the sponsoring institution’s chief executive officer.
   2. Two or more programs may be merged into a single new program. If the review committee accredits the new program, it will take concurrent action for withdrawal of accreditation, without prejudice, of the previously separate programs. The review committee will consider the expressed preference of the program director in establishing the effective date for withdrawal of accreditation of the program(s).
C. Delinquency of Payment. Programs that are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of withdrawal of accreditation. On that date, the program will be removed from the list of ACGME-accredited programs.
D. Noncompliance with Accreditation Actions and Procedures. A program director may be deemed to have withdrawn from the voluntary process of accreditation and a review committee may take appropriate action to withdraw accreditation if that director refuses to comply with the following actions and procedures:
   1. To undergo a site visit and program review;
   2. To follow directives associated with an accreditation action; and
   3. To supply a review committee with requested information.
E. Program Inactivity or Deficiency. A review committee may withdraw accreditation from a program, regardless of its current accreditation status, under the following circumstances:
   1. The program has been inactive for 2 or more years, without requesting and being granted official "inactive status."
   2. The program has incurred a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged not accreditable.
   3. The program has incurred an egregious accreditation violation.
F. Withdrawal of accreditation for reasons noted in the above paragraphs (Delinquency of Payment, Noncompliance with Accreditation Actions and Procedures, and Program Inactivity or Deficiency) is an administrative action and is not subject to the appeals process.
G. The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):
   1. The effective date of withdrawal of accreditation shall not be less than 1 year from the date of the final action taken in the procedures to withdraw accreditation.
   2. The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
   3. Once notification has been made of the effective date of withdrawal of accreditation, no residents may be appointed to the program.
4. When action has been taken by a review committee to withdraw accreditation of a residency program and the program has entered into appeal procedures, an application for re-accreditation of the program will not be considered until the appeal action is concluded. The Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions, provided in this document, contain further details.

H. Inactive Status in Lieu of Withdrawal of Accreditation
A program in otherwise good standing that has not been active (had residents) for 2 or more years may request "inactive status" in lieu of withdrawal of accreditation if it is contemplated that it will reactivate the program within the next 2 years. The RRC may stipulate what assurances must be provided for reactivation to be sure the program continues in substantial compliance. For dependent subspecialty programs, "inactive status" does not exempt from policies related to accreditation status. Unless the general specialty program is in full or continued accreditation the dependent subspecialty is not eligible for "inactive status." Programs with residents may not elect to become inactive until all residents have left the program.

In any event a program may not retain accreditation for more than 4 consecutive years without residents even with "inactive status" for 2 years.

Actions Regarding Accreditation of Subspecialty Programs
There are two procedural models for the accreditation of subspecialty programs:

A. When the accreditation status of a subspecialty program is not directly related to, or dependent upon, the status of a general specialty/parent program, the subspecialty programs are accredited in accordance with the same procedures used for general specialty programs as heretofore described.

B. When the accreditation status of a subspecialty program is directly related to, or dependent upon, the status of a general specialty/parent program, the following accreditation actions are used:
1. Withhold Accreditation. A review committee may withhold accreditation when it determines that the proposal for a new subspecialty program does not substantially comply with the Essentials. The review committee will cite those areas in which the proposed program does not comply with the Essentials.
2. Accreditation. The subspecialty program has demonstrated substantial compliance with the Essentials and is attached to a general specialty program that holds full accreditation or is otherwise deemed satisfactory by the review committee.
3. Accreditation With Warning. The accredited subspecialty program has been found to have one or more areas of noncompliance with the Essentials that are of sufficient substance to require correction.
4. Accreditation With Warning, Administrative. The general specialty program to which the subspecialty program is attached has been granted accreditation on a probationary basis. This action simultaneously constitutes an administrative warning of potential loss of accreditation to any subspecialty program that is attached to the general specialty program.
5. Withdraw Accreditation. An accredited subspecialty program is considered not to be in substantial compliance with the Essentials and has received a warning about areas of noncompliance.
6. Withdraw Accreditation, Administrative. If a general specialty program has its accreditation withdrawn, simultaneously the accreditation of any subspecialty program that is attached to the general specialty program is administratively withdrawn.

7. Other Actions by a Review Committee. The policies and procedures on withdrawal of accreditation of general specialty programs, as well as those on deferral of action, resident complement, participating institutions, and progress reports governing general specialty programs, also apply to the actions concerning subspecialty programs.

Warning Notices
A review committee may use a special procedure to advise a program director that it has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. In keeping with the flexibility inherent in the accreditation process, each review committee may use this procedure in accordance with its own interpretation of program quality and the use of the different accreditation categories. This procedure is not considered an adverse action and therefore is not subject to the appeal procedures.

The warning procedure may be used as follows:
A. For a program with provisional accreditation. A review committee may elect to continue provisional accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time withdrawal of accreditation will be considered if the program has not achieved satisfactory development in establishing substantial compliance with the Essentials.
B. For a program with full accreditation. A review committee may elect to continue full accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time probationary accreditation will be considered if the program is not in substantial compliance with the Essentials.
C. Review committees may extend the interval before the next review to 2 years, as in cases where program improvements may be addressed more appropriately within 2 years rather than 1 year.

Deferral of Accreditation Action
A review committee may defer a decision on the accreditation status of a residency program. The primary reason for deferral of accreditation action is lack of sufficient information about specific issues, which precludes an informed and reasonable decision. When a committee defers accreditation action, the residency program retains its current accreditation status until a final decision is made.

Size of Resident Complement
The complement of residents in a program must be commensurate with the total capacity of the program to offer each resident an educational experience consistent with accreditation standards; thus, a review committee may indicate that a residency program is accredited to train a specific number of residents as a maximum at any one time. In addition, a committee may indicate the number of residents to be trained in each year of the program. A review committee may also indicate that a minimum number of residents is considered necessary in each program to provide an effective learning environment.

Participating Institutions
The sponsoring institution of a residency program may utilize one or more additional institutions to provide necessary educational resources. In such cases, a review committee may evaluate whether each participating institution contributes meaningfully to the educational program.
Progress Reports
A review committee may request a progress report from a program director. The committee should specify the exact information to be provided and a specific due date for the report. The progress report should be reviewed by the sponsoring institution GMEC and signed by the chair of the GMEC.

Notification of Accreditation Status

Letters of Notification
Accreditation actions taken by a review committee are reported to program directors by formal letters of notification. The accreditation status of any program will change only by subsequent action of the review committee. The notification letters usually contain reference to the approximate time of the next site visit and review of the program.

Notifying Residents and Applicants
All residents in a program, as well as applicants (that is, all candidates invited to come for an interview), should be aware of the accreditation status of the program and must be notified of any change in the accreditation status. When an adverse action is taken, program directors must notify all current residents as well as applicants to the program in writing. For applicants, the information on accreditation status must be provided in writing prior to having candidates come to the program for an interview. Copies of the letters to residents and applicants must be kept on file by the program director and a copy must be sent to the director of the review committee within 50 days of receipt of the notification of the adverse action. Additional information regarding notification letters is contained in the Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions.

Duration of Accreditation
When a residency program is initially accredited, accreditation commences with the date specified in the letter of notification. A program remains accredited until formal action is taken by a review committee to withdraw accreditation. The action to withdraw accreditation will specify the date on which accreditation ends. ACGME accreditation does not lapse merely because of the passage of time. The time interval specified in the letter of notification is the time of the next site visit and review; it does not imply that accreditation will end when the time of next review occurs.

Identification of Programs in ACGME Records
Because numerous users consult and reference ACGME records, the ACGME retains the right to identify programs in a way that is consistent and will not give unfair advantage to any program.

The following standards are followed:

a. The program title clearly identifies the sponsoring institution.

b. Only one sponsoring institution is identified.

c. Participating institutions are identified in the program listing only if they provide major teaching sites for resident education. This means that, in a 1-year program, residents must spend at least 2 months in a required rotation at the site for it to be listed; in a 2-year program, the rotation must be 4 months, and in a program of 3 years or longer, the rotation must be at least 6 months. Review committees retain the right to grant exceptions to this formula.

d. Outpatient facilities and ambulatory clinics generally are not listed.

e. Units that do not operate under a separate license are not listed as discrete training sites.

Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions

ACGME Procedures for Proposed Adverse Actions (Approved by ACGME June 24, 2003)
The following procedures will be implemented when a Residency Review Committee (RRC) determines that a program is not in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education (Essentials). [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, reference to “Residency Review Committee” also includes the ACGME’s Transitional Year Review Committee.]

a. When an RRC determines that an adverse action is warranted, the RRC will first give notice of its proposed adverse action to the program director and to the Designated Institutional Official of the sponsoring institution. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report, and the date by which the program may submit, in writing, its response to each of the citations and to the proposed adverse action. [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, the word “action” reflects delegation of accreditation authority to the RRC. In the event of a decision by an RRC not holding delegated authority, read “recommendation of an RRC and action by the ACGME” throughout the procedures.]

b. The program may provide to the RRC written information revising or expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the RRC; demonstrating that cited areas of noncompliance with the published standards either did not exist or have been corrected since the time when the RRC reviewed the program and proposed an adverse decision; and contending that the program is in compliance with the standards. The RRC will determine whether the information may be considered without verification by a site visitor.

c. The RRC will complete its evaluation of the program at a regularly scheduled meeting, as indicated to the program director in the notice of proposed adverse action. The RRC may confirm the adverse action or modify its position and take a nonadverse action.

d. If an RRC confirms the adverse action, it will communicate to the program director the confirmed adverse action and the citations, as described above, including comments on the program director's response to these citations.

e. The letter of notification, which will include information on the right of the program to appeal the RRC's decision to the ACGME, will be sent to the program director, and the DIO. The program director may appeal the decision; otherwise, it is final. If the decision is accepted as final, the program director may subsequently request a new review in order to demonstrate that the program is in compliance with the standards.

f. Upon receipt of notification of a confirmed adverse accreditation action, the program director must inform, in writing, the residents and any applicants who have been invited to interview with the program that the adverse action has been confirmed, whether or not the action will be appealed. A copy of the written
notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.

**ACGME Procedures for Appeal of Adverse Actions**

*Approved by ACGME June 24, 2003*

a. If a Residency Review Committee (RRC) takes an adverse action, the program may request a hearing before an appeals panel.

   Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.

   Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, the word "action" reflects delegation of accreditation authority to an RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures. If a written request for such a hearing is not received by the executive director of the ACGME within 30 days following receipt of the letter of notification, the action of an RRC will be deemed final and not subject to further appeal.

b. Requests for a hearing must be sent express mail to: Executive Director, Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610.

c. If a hearing is requested, the appeals panel will be appointed according to the following procedures:

1) The ACGME shall maintain a list of qualified persons in each specialty as potential appeals panel members.

2) For a given hearing, the program shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the executive director of the ACGME.

3) A three-member appeals panel will be constituted by the ACGME from among the remaining names on the list.

   a. When a program requests a hearing before an appeals panel, the program revests its status prior to the appealed adverse action until the ACGME makes a final determination on the status of the program. Nonetheless, at this time residents and any applicants who have been invited to interview with the program must be informed in writing as to the confirmed adverse action by an RRC on the accreditation status. A copy of the written notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.

   b. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program shall be notified of the time and place of the hearing.

   c. The program will be given the documentation of the RRC action in confirming its adverse action.

   d. The documents comprising the program file, the record of the RRC's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.

   e. The appeals panel shall meet and review the written record, and receive the presentations. The appropriate RRC shall be notified of the hearing and a representative of the RRC may attend the hearing to be available to the appeals panel to provide clarification of the record.

   Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather, provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

   The program may not amend the statistical or narrative descriptions on which the decision of the RRC was based. The appeals procedures limit the appeals panel's jurisdiction to clarification of information as of the time when the adverse action was confirmed by the RRC. Information about the program subsequent to that time cannot be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the program or descriptions of the program which were not in the record at the time when the RRC reviewed the program and confirmed the adverse decision. [Note: Option: When there have been substantial changes in a program and/or correction of citations after the date of the confirmed action by the RRC, a program may forego an appeal and request a new evaluation and accreditation decision. Such an evaluation will be done in accordance with the ACGME procedures, including an on-site survey of the program. The adverse status will remain in effect until a reevaluation and an accreditation decision have been made by the RRC.] Presentations shall be limited to clarifications of the record, arguments to address compliance by the program with the published standards for accreditation, and the review of the program in the context of the administrative procedures governing accreditation of programs. Presentations may include written and oral elements. The appellant may make oral arguments to the appeals panel, but the oral argument will be limited to two hours in duration.

   The appellant shall communicate with the appeals panel only at the hearing or in writing through the executive director of the ACGME.

   The appeals panel shall make recommendations to the ACGME whether there is substantial, credible and relevant evidence to support the action taken by the RRC in the matter that is being appealed. The appeals panel, in addition, will make recommendations as to whether there has been substantial compliance with the administrative procedures governing the process of accreditation of graduate medical education programs.

   f. The program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.

   g. The appeals panel shall submit its recommendations to the ACGME within 20 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly scheduled meeting.

   h. The decision of the ACGME in this matter shall be final.

   There is no provision for further appeal.

   i. The executive director of the ACGME shall, within 15 days following the final ACGME decision, notify the program under appeal of the decision of the ACGME.

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**Program Organization**

The organization of a program may involve any of several administrative forms. For example, a program may be conducted within a single institution, that is, the assignment of residents is limited to that institution; or a program may involve more than one institution, that is, the resident assignments are not limited to the sponsoring institution.

Some RRCs have specific requirements relating to program organization. These may be found in the appropriate Program.
Requirements (see Section II). In all cases, however, a single, clearly identified sponsoring organization must exercise oversight over the educational program.

Institutional Review

Procedures for review of sponsoring institutions for compliance with the Institutional Requirements of the Essentials have been established, in addition to the process of review and accreditation of programs in graduate medical education.

The purpose of the review is to determine whether the sponsoring institution provides the necessary educational, financial, and human resources to support medical education; supports the residents and their work environment through well-established and documented policies and procedures; and provides strong oversight of the residency programs to ensure substantial compliance with the Program Requirements. Institutions that sponsor programs in two or more different core specialties or subspecialty areas will undergo an institutional site visit and will have formal review by the Institutional Review Committee of the ACGME. Institutions that sponsor only one residency program, one residency program and its related subspecialty(ies), or several residencies in only one specialty, such as Family Practice, will undergo an institutional review as part of their program site visit and will be reviewed by the appropriate RRC.

Results of institutional review evaluate for institutions that undergo a formal institutional review by the IRC are reported as either favorable or unfavorable in a letter of report. The date of the next institutional review will be identified in this letter. Results of institutional review for institutions that do not undergo a formal institutional review by the IRC are incorporated into the letter of notification concerning program accreditation.

An institution that has received an unfavorable evaluation can request another institutional review earlier than the specified review cycle. An unfavorable review of an institution may lead to the withdrawal of accreditation of all the residency programs sponsored by the institution at the time of the institution’s next review. An appeals mechanism has been established for the latter contingency.

Fees for Evaluation and Accreditation

Fees charged for the accreditation of programs are determined annually by the ACGME. As of January 1, 2000, the following fee schedule is in effect.

Application Fee

A fee is charged for processing applications for programs seeking initial accreditation. This also applies to programs seeking re-accreditation following any withdrawal status. The charge for applications is $3,000. It is normally billed at the time the application is received.

Program Fee

An annual accreditation fee is assessed on a per program basis for all accredited programs. This annual fee is $2,000 for programs with five or fewer residents and $2,500 for programs with five or more residents. This fee is billed around January 1 of each year and applies to the current academic year.

Palm Pilot Fee

Programs required to use the ACGME Internet Case log system for tracking resident cases may choose the option of utilizing Palm Pilots to record and then upload data into the system. Though use of the Internet system is free to all accredited residences, the Palm Pilot interface carries a $25 per resident per year charge. Use of a Palm Pilot is optional. This is a pass-through charge for software licensing required for Palm Pilot use.

Cancelled Site Visit Fee

Should a program cancel or postpone a scheduled site visit, including cancellation of the site visit for a program electing voluntary withdrawal of accreditation or inactive status, if inadequate notice is provided the ACGME may impose a cancellation fee penalty of up to $2,000. This penalty may be imposed at the discretion of the Director of Field Activities.

Inactive Fee

Programs with no residents in the current academic year and with a status of continued full accreditation may wish to be placed in a status of Accredited - Inactive. The fee is $2,000. This fee is for each academic year and is effective starting the academic year in which the RRC approves the change in status.

Appeal Fee

The fee for an appeal of an accreditation decision is $10,000 plus expenses of the appeals panel members, and the associated administrative costs shall be shared equally by the appellant and the ACGME.

Information and Inquiries

Inquiries regarding the accreditation of residency programs should be directed to ACGME staff members listed below. The educational standards (Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements) published in this edition of the Graduate Medical Education Directory have an effective date as indicated for each document. Please consult with the ACGME for changes in those standards that occur throughout the year. Copies of the Institutional Requirements and of the Program Requirements for each specialty/subspecialty may be obtained through the Internet at www.acgme.org. Other documents pertaining to the accreditation process are also available through this source.

The address for the ACGME is as follows:

ACGME
515 N State St/Stee 2000
Chicago, IL 60610

Inquiries regarding fees should be directed to:
Barbara J Warren
ACGME Credit Manager (invoices, vouchers)
515 N State St/Stee 2000
Chicago, IL 60610
312 755-5006

ACGME staff members may be contacted for information as follows:
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Section II
Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements

Preface

I. The Education of Physicians
Medical education in the United States occurs in three major phases.

A. Undergraduate Medical Education
Undergraduate medical education is the first or "medical school" phase. The medical school curriculum provides instruction in the sciences that underlie medical practice and in the application of those sciences to health care. Students learn basic information-gathering, decision-making, and patient-management skills in rotations through the various clinical services. Students are granted the MD or DO degree on the successful completion of the medical school curriculum and are eligible to undertake the next phase of medical education.

Accreditation of educational programs leading to the MD degree is the responsibility of the Liaison Committee on Medical Education (LCME). Accreditation of educational programs leading to the DO degree is the responsibility of the American Osteopathic Association.

B. Graduate Medical Education
Graduate medical education (GME), the second phase, prepares physicians for practice in a medical specialty. GME focuses on the development of clinical skills and general and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. This learning process prepares the physician for the independent practice of medicine in that specialty. The programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings, reflecting the importance of care for adequate numbers of patients in the GME experience. GME programs, including Transitional Year programs, are usually called residency programs, and the physicians being educated in them, residents.

The single most important responsibility of any sponsoring institution of GME is to ensure the provision of organized educational programs with guidance and supervision of the resident, facilitating the resident's professional and personal development while ensuring safe and appropriate care for patients. A resident takes on progressively greater responsibility throughout the course of a residency, consistent with individual growth in clinical experience, knowledge, and skill.

The education of resident physicians relies on an integration of didactic activity in a structured curriculum with diagnosis and management of patients under appropriate levels of supervision and scholarly activity aimed at developing and maintaining life-long learning skills. The quality of this experience is directly related to the quality of patient care, which is always the highest priority.
Educational quality and patient care quality are interdependent and must be pursued in such a manner that they enhance one another. A proper balance must be maintained so that a program of GME does not rely on residents to meet service needs at the expense of educational objectives.

A resident is prepared to undertake independent medical practice within a chosen specialty on the satisfactory completion of a residency. Residents in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) typically complete educational requirements for certification by a specialty board recognized by the American Board of Medical Specialties (ABMS).

The accreditation of GME programs is the responsibility of the ACGME, its associated Residency Review Committees (RRCs) for the various specialties, and the Transitional Year Review Committee (TYRC). These committees are hereafter referred to as "review committees." In addition, the review of the institutions sponsoring GME programs is carried out by an Institutional Review Committee established specifically for this purpose by the ACGME. Further information on the ACGME and the review committees is provided below.

C. Continuing Medical Education
Continuing medical education (CME) is the third phase of medical education. This phase continues the specialty education begun in graduate training; it reflects the commitment to life-long learning inherent in the medical profession.

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for accrediting the providers of CME.

II. Accreditation of GME Programs
A. Accreditation, Certification, Licensure
In the context of GME, accreditation is the process for determining whether an educational program is in substantial compliance with established educational standards as promulgated in the institutional and program requirements. Accreditation represents a professional judgment about the quality of an educational program. De-
cisions about accreditation are made by the review committees under the authority of the ACGME.

Certification is the process for determining whether an individual physician has met established requirements within a particular specialty. The standards for certification are determined by the appropriate member specialty board recognized by the ABMS.

Licensure is distinct from both accreditation and certification. Licensure is a process of government through which an individual physician is given permission to practice medicine within a particular licensing jurisdiction. Medical licenses are granted by the Board of Medical Examiners (or the equivalent) in each licensing jurisdiction (the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands).

B. Accreditation of Residency Programs
Accreditation of residency programs is a voluntary process. By participating in the process, residency programs undergo regular review. The review helps programs in their goals of attaining and maintaining educational excellence. The review also serves to inform the public, specialty boards, residents, and medical students whether specific residency programs are in substantial compliance with the standards that have been established for GME.

For a program to become accredited, the sponsoring institution must demonstrate a commitment to GME. The sponsoring institution must be in substantial compliance with the Institutional Requirements and must assume responsibility for the educational quality of its sponsored program(s). (Further information concerning a “sponsoring institution” is provided below.)

The Institutional Requirements, which have been established by the ACGME’s Institutional Review Committee (IRC), apply to all institutions that seek to sponsor programs in GME. An assessment of whether institutions fulfill these requirements is made by the IRC through its institutional review process and by the review committees through their program review process.

A program must demonstrate to its IRC that it is in substantial compliance with the Program Requirements for its particular discipline and that it is sponsored by an institution in substantial compliance with the Institutional Requirements. Materials used by the review committees in making this determination include the results of the most recent institutional review conducted by the ACGME.

The Program Requirements are developed by each review committee for programs in its specialty and accredited subspecialties. The Program Requirements specify essential educational content, instructional activities, responsibilities for patient care and supervision, and the necessary facilities of accredited programs in a particular specialty. In developing and updating Program Requirements, a review committee obtains comments on the proposed documents from interested parties and agencies. The review committee then decides on the final proposal to be submitted to the ACGME. The ACGME has final authority for approving all Program Requirements.

Accreditation actions taken by the review committees are based on information submitted by program directors and on the reports of site visitors. Actions of the committees, under the authority of the ACGME, determine the accreditation status of residency programs and are based on the degree to which the programs meet the published educational standards.

The ACGME is responsible for adjudication of appeals of adverse decisions and has established policies and procedures for such appeals.

Current operating policies and procedures for review, accreditation, and appeal are contained in the ACGME Manual of Policies and Procedures for Graduate Medical Education Review Committees. The Manual is reviewed annually and is revised as appropriate. (A copy of the Manual, as well as copies of the Institutional Requirements and of the Program Requirements, may be obtained from the ACGME’s Web site at www.acgme.org or the Office of the Executive Director, ACGME, 515 N State St/Suite 2000, Chicago, IL, 60610.)

Information about the accreditation status of a residency program may be obtained by contacting the executive director of the ACGME.

C. Structure of the ACGME and of the Review Committees
1. The ACGME is an independently incorporated voluntary accreditation organization. Its five member organizations are national professional bodies, each of which has major interests in and involvement with residency education.

The five member organizations of the ACGME are as follows:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMS)

Each member organization submits nominees to the ACGME Board of Directors for approval. From among the nominees of each member organization, the Board of Directors elects four directors to the ACGME per member organization. The ACGME appoints three public directors.

The Resident and Fellow Section of the AHA, with the advice of other national organizations that represent residents, selects a resident director to the ACGME.

The Chair of the RRC Council, an advisory body of the ACGME, represents that group on the ACGME.

The Secretary of the US Department of Health and Human Services designates a nonvoting representative of the federal government to the ACGME.

2. There is an RRC for each of the specialties in which certification is offered by a specialty board that is a member of the ABMS.
Each RRC is sponsored by the AMA’s Council on Medical Education, by the board that certifies physicians within that specialty, and in most cases, by the professional college or other professional association within the specialty.

The Transitional Year Review Committee, which accredits 1 year of GME consisting of rotations in multiple clinical disciplines, is appointed directly by the ACGME.

The established RRCs and their respective appointing organizations are listed in the chart on the previous page.

3. There is an Institutional Review Committee (IRC) that assumes the responsibility for reviewing institutions that sponsor multiple programs. It evaluates institutions for substantial compliance with the Institutional Requirements. The IRC is appointed directly by the ACGME.

III. A Glossary of Selected Terms Used in GME Accreditation
Applicants: Persons invited to come for an interview for a GME program.
Consortium: Two or more organizations or institutions that have come together to pursue common objectives (eg, GME). A consortium may serve as a "sponsoring institution" for GME programs if it is formally established as an ongoing institutional entity with a documented commitment to GME.
Desirable: A term, along with its companion “highly desirable,” used to designate aspects of an educational program that are not mandatory but are considered to be very important. A program may be cited for failing to do something that is desirable or highly desirable.
Essential: (See "Must.")

Fellow: A physician in a program of graduate medical education accredited by the ACGME that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed as “resident” as well. Other uses of the term “fellow” require modifiers for precision and clarity, eg, “research fellow.”

Institution: An organization having the primary purpose of providing educational and/or health care services (eg, a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, an educational foundation).

A. Major Participating Institution: An institution to which residents rotate for a required experience and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory.

B. Participating Institution: An institution that provides specific learning experiences within a multi-institutional program of GME. Subsections of institutions, such as a department, clinic, or unit of a hospital, do not qualify as participating institutions.

C. Sponsoring Institution: The institution that assumes the ultimate responsibility for a program of GME.

Institutional Review: The process undertaken by the ACGME to judge whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Intern: Historically, “intern” was used to designate individuals in the first year of GME; less commonly it designated individuals in the first year of any residency program. Since 1975 the Graduate Medical Education Directory and the ACGME have not used the term, instead referring to individuals in their first year of GME as residents.

Internal Review: The formal process conducted by a sponsoring institution to assess the educational effectiveness of its sponsored residency programs.

Must (Shall, Essential): Terms used to indicate that something is required, mandatory, or done without fail. These terms indicate absolute requirements.

Program: The unit of specialty education, comprising a series of graduated learning experiences in GME, designed to conform to the program requirements of a particular specialty.

Resident: A physician at any level of GME in a program accredited by the ACGME. Participants in accredited subspecialty programs are specifically included.

Scholarly Activity: Educational experiences that include active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship; active participation in journal clubs, research conferences, regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals; participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings; offering of guidance and technical support, eg, research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities. May be defined in more detail in specific Program Requirements.

Shall: (See "Must.")

Should: A term used to designate requirements that are so important that their absence must be justified. The accreditation status of a program or institution is at risk if it is not in compliance with a “should.”

Substantial Compliance: The judgment made by experts, based on all available information, that a sponsoring institution or residency program meets accreditation standards.

Suggested: A term, along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or a program will not be cited for failing to do something that is suggested or strongly suggested.
Institutional Requirements

I. Introduction

A. Purpose of Graduate Medical Education (GME)
The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

B. Sponsoring Institution
1. ACGME-accredited GME programs must operate under the authority and control of a Sponsoring Institution (see definition of "Sponsoring Institution" in the Glossary under "Institution").
2. A Sponsoring Institution must be appropriately organized for the conduct of GME in a scholarly environment and must be committed to excellence in both medical education and patient care.

C. Compliance with ACGME Requirements, Policies and Procedures
1. A Sponsoring Institution must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional, common and specialty-specific Program Requirements.
2. A Sponsoring Institution's failure to comply substantially with the Institutional Requirements may jeopardize the accreditation of all of its sponsored ACGME-accredited programs.
3. A Sponsoring Institution and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (ACGME Web site, www.acgme.org). Of particular note are those policies and procedures that govern "Administrative Withdrawal," an action that could result in the closure of a Sponsoring Institution's ACGME-accredited program(s) and cannot be appealed.

II. Institutional Responsibilities

A. Commitment to GME
The commitment of the Sponsoring Institution to GME is exhibited by the provision of leadership, organizational structure, and resources to enable the institution to achieve substantial compliance with the Institutional Requirements and to enable its ACGME-accredited programs to achieve substantial compliance with Program Requirements. This includes providing an ethical, professional, and educational environment in which the curricular requirements as well as the applicable requirements for scholarly activity and the general competencies can be met. The regular assessment of the quality of the GME programs, the performance of their residents, and the use of outcome assessment results for program improvement are essential components of this commitment.
1. There must be a written statement of institutional commitment to GME that is dated and signed within two years of the next institutional review and indicates the support of the governing authority, the administration, and the GME leadership of the Sponsoring Institution. This statement must specify, at a minimum, a commitment to providing the necessary educational, financial, and human resources to support GME.
2. There must be an organized administrative system, which includes a graduate medical education committee (GMEC) as described in Section IV, to oversee all ACGME-accredited programs of the Sponsoring Institution.
3. There must be a Designated Institutional Official (DIO) who has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and who is responsible for ensuring compliance with ACGME Institutional Requirements.
   a) The DIO is to establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any correspondence or document submitted to the ACGME by the program directors that either addresses program citations or requests changes in the programs that would have significant impact, including financial, on the program or institution.
   b) The DIO and/or the Chair of the GMEC shall present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the major participating JCAHO-accredited hospitals in which the GME programs of the Sponsoring Institution are conducted. This annual report will review the activities of the GMEC during the past year with attention to resident supervision, resident responsibilities, resident evaluation, and the Sponsoring Institution's participating hospitals' and programs' compliance with the duty-hour standards. The GMEC should receive concerns of the OMS related to the items listed above. The GMEC and the OMS should regularly communicate about the safety and quality of patient care provided by the residents.
4. The Sponsoring Institution must provide sufficient institutional resources, to include GME staff, space, equipment, supplies, and time to allow for effective oversight of its ACGME-accredited programs. In addition, there must be sufficient institutional resources to ensure the effective implementation and development of the ACGME-accredited programs in compliance with the Program and Institutional Requirements.
5. The DIO, GME staff and personnel, program directors, faculty and residents must have access to adequate communication resources and technological support. This should include, at a minimum, computers and access to the Internet.

B. Institutional Agreements
1. The Sponsoring Institution retains responsibility for the quality of GME even when resident education occurs in other institutions.
2. Current institutional agreements (ie, master affiliation agreements) must exist between the Sponsoring Institution and all of its major participating institutions.
3. The Sponsoring Institution must assure that each of its ACGME-accredited programs has established program letters of agreement (or memoranda of understanding) with its participating institutions in compliance with the specialty's Program Requirements.

C. Accreditation for Patient Care
1. Institutions sponsoring or participating in ACGME-accredited programs should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), if such institutions are eligible.
2. If a sponsoring or participating institution is eligible for JCAHO accreditation and chooses not to undergo such accreditation, then the institution should be reviewed by and meet the standards of another recognized body with reasonably equivalent standards.
3. If a sponsoring or participating institution is not accredited by JCAHO, it must provide a satisfactory explanation of why accreditation has not been either granted or sought.
Institutional Requirements

4. If an institution loses its JCAHO accreditation or recognition by another appropriate body, the Institutional Review Committee (IRC) must be notified in writing with an explanation.

D. Quality Assurance
Sponsoring Institutions must ensure that formal quality-assurance programs are conducted and that there is a review of complications and deaths. To the degree possible and in conformance with state law, residents should participate in appropriate components of the institution's performance improvement program.

III. Institutional Responsibilities for Residents

A. Eligibility and Selection of Residents

The Sponsoring Institution must assure that all enrolled residents are eligible as defined below. Institutions and ACGME-accredited programs that enroll noneligible residents will be subject to administrative withdrawal. The Sponsoring Institution must have written policies and procedures for the recruitment and appointment of residents that comply with the following requirements and must monitor each program for compliance:

1. Resident eligibility:
   Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs:
   a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
   b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
   c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
      1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment.
      2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training.
   d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school. [*A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).]

2. Resident selection:
   a) The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
   b) In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its ACGME-accredited programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.

B. Financial Support for Residents
Sponsoring and participating institutions should provide all residents with appropriate financial support and benefits to ensure that residents are able to fulfill the responsibilities of their educational programs.

C. Benefits and Conditions of Appointment

Candidates for ACGME-accredited programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which living quarters, meals, laundry services, or their equivalents are to be provided.

D. Agreement of Appointment

1. The Sponsoring Institution must assure that residents are provided with a written agreement of appointment or contract outlining the terms and conditions of their appointment to an ACGME-accredited program, and the institution must monitor the implementation of these terms and conditions by the program directors. Sponsoring Institutions and program directors must ensure that residents adhere to established practices, policies, and procedures in all institutions to which residents are assigned. The agreement must contain or provide a reference to at least the following:
   a) Residents’ responsibilities;
   b) Duration of appointment;
   c) Financial support;
   d) Conditions under which living quarters, meals, and laundry services or their equivalents are provided;
   e) Conditions for reappointment;
   f) Grievance procedures and due process: The Sponsoring Institution must provide residents with fair and reasonable written institutional policies on and procedures for grievance and due process. These policies and procedures must address
      1) academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resi-
1. Counseling services: The Sponsoring Institution should facilitate residents' access to appropriate and confidential counseling, medical, and psychological support services.

m. Physician impairment: The Sponsoring Institution must have written policies that describe how physician impairment, including that due to substance abuse, will be handled.

n. Sexual harassment: The Sponsoring Institution must have written policies covering sexual and other forms of harassment.

2. Residency Closure/Reduction: The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of a residency program. The policy must specify:
   a. that if the Sponsoring Institution intends to reduce the size of an ACGME-accredited program or close a residency program, the Sponsoring Institution must inform the residents as early as possible; and,
   b. that in the event of such a reduction or closure, the Sponsoring Institution must either allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME-accredited program in which they can continue their education.

3. Restrictive Covenants: ACGME accredited programs must not require residents to sign a noncompetition guarantee.

E. Resident Participation in Educational and Professional Activities

1. The Sponsoring Institution must ensure that each ACGME-accredited program defines, in accordance with its Program Requirements, the specific knowledge, skills, attitudes, and educational experiences required in order for their residents to demonstrate the following:
   a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   b. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
   c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
   d. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
   e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
   f. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

2. In addition, the Sponsoring Institution must ensure that residents:
   a. develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
   b. participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students;
   c. have the opportunity to participate on appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care;
   d. participate in an educational program regarding physician impairment, including substance abuse.
3. The Sponsoring Institution must ensure that residents submit to the program director or to the DIO at least annually confidential written evaluations of the faculty and of the educational experiences.

F. Resident Work Environment
1. The Sponsoring Institution and its ACGME-accredited programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes the following:
   a. Provision of an organizational system for residents to communicate and exchange information on their work environment and their ACGME-accredited programs. This may be accomplished through a resident organization or other forums in which to address resident issues.
   b. A process by which individual residents can address concerns in a confidential and protected manner.

2. The Sponsoring Institution must provide services and develop systems to minimize the work of residents that is extraneous to their GME programs and ensure that the following conditions are met:
   a. Food services: Residents on duty must have access to adequate and appropriate food services 24 hours a day in all institutions.
   b. Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters.
   c. Support services: Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, must be provided in a manner appropriate to and consistent with educational objectives and patient care.
   d. Laboratory/pathology/radiology services: There must be appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the ACGME-accredited programs. This must include effective laboratory, pathology, and radiologic information systems.
   e. Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.
   f. Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

IV. Graduate Medical Education Committee (GMEC)
A. GMEC Composition and Meetings
1. The Sponsoring Institution must have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers. It must also include appropriate program directors, administrators, the accountable DIO, and may include other members of the faculty.
2. The committee must meet at least quarterly, and maintain written minutes documenting fulfillment of the committee's responsibilities.

B. GMEC Responsibilities
The GMEC must
1. establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs.
2. review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
3. establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution.
4. establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements. The GMEC must assure that the following requirements are met:
   a) Each ACGME-accredited program must establish formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents and must address the following requirements:
      1) The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and,
      2) Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.
   b) The GMEC must develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional and Program Requirements.
   c) The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during the institutional review.
5. assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Supervision of residents must address the following:
   a) Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
   b) On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
   c) The teaching staff must determine the level of responsibility accorded to each resident.
6. assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies listed in Section III.E and as defined in each set of Program Requirements.

7. establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.

8. regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.

9. regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.

10. review and approve prior to submission to the ACGME:
   a. all applications for ACGME accreditation of new programs and subspecialties;
   b. changes in resident complement;
   c. major changes in program structure or length of training;
   d. additions and deletions of participating institutions used in a program;
   e. appointments of new program directors;
   f. progress reports requested by any Review Committee;
   g. responses to all proposed adverse actions;
   h. requests for increases or any change in resident duty hours;
   i. requests for "inactive status" or to reactivate a program;
   j. voluntary withdrawals of ACGME-accredited programs;
   k. requests for an appeal of an adverse action; and, l. appeal presentations to a Board of Appeal or the ACGME.

11. conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines in Section V.

V. Internal Review

A. Process

1. The GMEC is responsible for the development, implementation and oversight of the internal review process. The internal review process must comply with the following:
   a. The GMEC must designate an internal review committee(s) to review each ACGME-accredited program in the Sponsoring Institution. The internal review committee must include faculty, residents, and administrators from within the institution but not from GME programs other than the one that is being reviewed. External reviewers may also be included on the committee as determined by the GMEC.
   b. The review must follow a written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this section (Section V).
   c. Reviews must be conducted at approximately the midpoint between the ACGME program surveys.
   d. Although departmental annual reports are often important sources of information about a residency program, they do not meet the requirement for a periodic internal review.

2. While assessing the residency program's compliance with each of the program standards, the review should also appraise:
   a. the educational objectives of each program;
   b. the effectiveness of each program in meeting its objectives;
   c. the adequacy of available educational and financial resources to support the program;
   d. the effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;

e. the effectiveness of each program in defining, in accordance with the Program and Institutional Requirements (Section III.E), the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;

f. the effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;

g. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and,

h. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

3. Materials and data to be used in the review process must include:
   a. Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs;
   b. accreditation letters from previous ACGME reviews and progress reports sent to the RRC; and,
   c. reports from previous internal reviews of the program.

4. The internal review committee must conduct interviews with the program director, faculty, peer-selected residents from each level of training in the program, and other individuals deemed appropriate by the committee.

5. Program inactivity: ACGME-accredited programs and subspecialties that have applied for and received RRC approval for "inactive" status do not need internal reviews. However, an internal review must be conducted prior to requesting RRC approval for reactivation.

B. Internal Review Report

1. There must be a written report of the internal review for each ACGME-accredited specialty and subspecialty program that contains, at a minimum, the following:
   a. the name of the program or subspecialty program reviewed and the date of the review;
   b. the names and titles of the internal review committee members to include the resident(s);
   c. a brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed;
   d. sufficient documentation or discussion of the specialty's or the subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMEC's internal review protocol;
   e. a list of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and/or institution addressed each one.

2. The written report of each internal review must be presented to and reviewed by the GMEC to monitor the areas of noncompliance and recommend appropriate action.

3. Reports from internal reviews are required to be shown to the ACGME site visitor for the institutional review and must be included in the Institutional Review Document submitted to the IRC. During the review of individual programs, these reports must not be shown to the ACGME site visitor or specialist site visitors, who only will ascertain that an internal review was completed in the interval since the program's previous site visit.

Approved by ACGME: February 11, 2003  Effective: July 1, 2003
Common Program Requirements

I. Introduction
See specialty program requirements

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior approved by the Residency Review Committee (RRC).
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and V.A. of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies and procedures that will govern resident education during the assignment.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
An RRC may approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section IV.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS)
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section I.B.2 of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
C. Faculty Qualifications

1. The physician faculty must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section IV.C.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty

1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

[Note: The ACGME does not require RRCs to add section IV.B to the program requirements for subspecialty programs. If an RRC elects to add the general competencies to its subspecialty program requirements, program directors will be notified and given an opportunity to provide written comments regarding the proposed change.]

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components

See specialty program requirements

D. Clinical Components

See specialty program requirements

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents'
time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period.
   a. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspeciality Program Requirements.
   c. No new patients, as defined in Specialty and Subspeciality Program Requirements, may be accepted after 24 hours of continuous duty.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
      3) The program director and the faculty must monitor the demands of at-home calls in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An ERC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) written semiannual evaluation that is communicated to each resident in a timely manner and
         2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
      c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
   2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational
program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

ACGME: February 2002 Effective: July 2003
Duty Hour Requirements Approved February 2003

Program Requirements
Program Requirements for Residency Education in Allergy and Immunology

I. Introduction

A. Definition of the Specialty
Graduate medical education programs in allergy and immunology should be designed to prepare specialists who provide expert medical care for patients with allergic and immunologic disorders and who can serve as consultants, educators, and physician scientists in asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

B. Duration and Scope of Education
1. Residents admitted to allergy and immunology programs should have successfully completed a program in internal medicine or pediatrics accredited by the Accreditation Council for Graduate Medical Education (ACGME).
2. The length of the educational program is 24 months of full-time education. Before entry into the program, each resident must be notified in writing of the required length of the allergy and immunology educational program. The required program may be spread over a longer time period if the program documents the required 24 months of education consistent with the goals, objectives, educational content, and policies, as referenced in these Program Requirements, Section IV.

3. Residents must demonstrate competencies in both children and adults with asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

II. Institutional Organization

A. Sponsoring Institution
1. Allergy and immunology programs should be conducted principally in institutions with accredited graduate medical education programs in pediatrics and internal medicine.
2. The sponsoring institution must provide sufficient faculty, financial resources, clinical resources, research opportunities, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

B. Participating Institutions
1. Affiliations with other institutions may be necessary to ensure graduate education in both pediatric and adult allergy and immunology. Participation by any institution providing more than 4 months of education for each resident during the 2-year program must receive prior approval by the Residency Review Committee (RRC).
2. There must be an appropriately executed interinstitutional agreement between the sponsoring institution and each participating institution in the program that:
   a. identifies the faculty at the participating institution who will assume the administrative, educational, and supervisory responsibility for the resident with overall coordination by the program director
   b. outlines the educational goals and objectives to be attained within the participating institutions
2. The number of residents appointed must not exceed the sound clinical and teaching abilities, support the goals and education.

C. Resident Appointments
1. The program director must comply with the requirements for resident eligibility, as listed in the ACGME Institutional Requirements.
2. The number of residents appointed must not exceed the sufficiency of resources available for education.

III. Faculty Qualifications and Responsibilities
The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation. All members of the faculty should give the necessary time and effort to the program, demonstrate a strong interest in the education of residents, evidence sound clinical and teaching abilities, support the goals and objectives of the program, and be committed to their own continuing education.

A. Program Director
1. Qualifications
a. A single program director with requisite and documented clinical, educational, and administrative experience must be responsible for the program. In a joint program, one program director must be designated as the single responsible administrator.
b. The program director must be experienced as a clinician, scholar, teacher, and administrator in the specialty.
c. The program director must possess leadership qualities and must devote sufficient time and effort to the program to provide day-to-day continuity of leadership and to fulfill all of the responsibilities of meeting the educational goals of the program.
d. The allergy and immunology program director must either be certified by the American Board of Allergy and Immunology or be judged by the RRC to possess appropriate educational qualifications.
e. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located, must be appointed in good standing to the medical staff of an institution participating in the program, and must be appointed in good standing to the medical staff of an institution participating in the program.
2. Responsibilities
The program director must:
a. Develop a sound organizational framework and an effective faculty as essential elements of the educational program.
b. Create an atmosphere where residents continually strive for excellence.
c. Prepare a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents at each level of education for each program assignment.
d. Select residents for appointment to the program in accordance with institutional and departmental policies and procedures.

e. Select and supervise faculty and other program personnel at each institution participating in the program.
f. Supervise residents using explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
g. Implement fair procedures established by the institution regarding academic discipline and resident complaints or grievances.
h. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
i. Prepare an accurate statistical and narrative description of the program as requested by the RRC.
j. Notify the RRC executive director of changes in the program, i.e., changes in the program director, faculty appointments, participating institutions, or facilities.

B. Faculty
1. Allergy and immunology faculty qualifications
a. There must be sufficient faculty with suitable academic and practice qualifications to ensure proper teaching and supervision in the disciplines of the field. The faculty must include a qualified allergist(s) and immunologist(s) with a background in internal medicine and qualified allergist(s) and immunologist(s) with a background in pediatrics.
b. The allergy and immunology clinical faculty must be licensed to practice medicine in the state where the institutional sponsor is located, must be appointed in good standing to the medical staff of an institution participating in the program, and must be certified by the American Board of Allergy and Immunology or be judged by the RRC to have appropriate educational qualifications.
2. All other program faculty, such as healthcare providers and scientists, must be appropriately qualified in their area of expertise.

C. Scholarly Activities
Graduate medical education must take place in an environment of inquiry and scholarship in which the residents and the faculty participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the program director and faculty. The faculty must demonstrate broad involvement in scholarly activity, including:
1. participation in peer-reviewed clinical or scientific publications;
2. participation in research, particularly in projects funded following peer review that result in presentations at regional and national scientific meetings and publication in peer-reviewed journals;
3. participation in regional or national professional and scientific societies;
4. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
5. offering guidance and technical support, e.g., research design and statistical analysis, for residents involved in research or other scholarly activities;
IV. The Educational Program
The course of study must include asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases. All residents must be provided with opportunities to apply immunologic theories, principles, and techniques to the investigation, diagnosis, and treatment of a broad spectrum of allergic and immunologic diseases. The required education in the various aspects of the clinical program must involve supervised patient care; rotations through cooperating services; attendance at conferences, lectures, journal clubs, or seminars; and reading and preparation for teaching assignments.

A. Program Design
1. The program must provide documentation that each resident is provided with the following components in the 24-month course of study as referenced in Section IV B-D of these Program Requirements:
   a. Fifty percent of the program must be devoted to direct patient care activities.
   b. Twenty-five percent of the program must be devoted to research and scholarly activities.
   c. Twenty-five percent of the program must be devoted to other educational activities.
2. Goals and objectives
   a. The program director and faculty must prepare and comply with written educational goals and objectives for the program consistent with the institutional mission.
   b. Goals and objectives must be developed for each resident assignment and for each level in the program, and they must be distributed to residents and faculty.
   c. The program design and structure must be approved by the RRC as a part of the accreditation process.

B. Educational Competencies
1. General competencies
   Residents must demonstrate the following general competencies to begin the independent practice of this specialty:
   a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   b. Medical knowledge about established and evolving biomedical, clinical, and cognitive (epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
   c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
   d. Interpersonal and communication skills that result in effective information exchange and learning with patients, their families, and other health professionals
   e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
   f. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value to the patient
2. Allergy and immunology-specific competencies
   residents must be able to expertly and appropriately demonstrate the following allergy and immunology specific competencies to begin the independent practice of this specialty:
   a. Conduct a comprehensive and detailed medical interview with children and adults who present with suspected allergic and/or immunologic disorders
   b. Perform a physical examination appropriate to the specialty
   c. Select, perform, and interpret diagnostic tests or studies
   d. Assess the risks and benefits of therapies for allergic and immunologic disorders (eg, drug therapy, allergen immunotherapy, immunomodulatory therapy)
   e. Counsel and educate patients about diagnosis, prognosis, and treatment
   f. Consult with and educate other physicians and health care providers
   g. Apply basic and clinical science to the clinical care of patients
   h. Coordinate the care of patients, including the use of consultation
   i. Analyze medical and other scientific literature
   j. Design, conduct, write, and present research in either laboratory-based or clinical investigation in allergy and/or immunology

3. Personal and professional competencies
   Residents should demonstrate the following personal and professional characteristics:
   a. Caring, altruistic, and compassionate behavior
   b. Honesty, integrity, and professionalism in relating to patients and other healthcare providers
   c. Acceptance of the need for a lifelong pursuit of excellence, self-directed learning, and continuing education
   d. Ethical management of real and perceived conflicts of interest

C. Clinical Components
1. Required education
   a. Direct patient care experience: Fifty percent of the resident's time must be devoted to direct patient care activities. Direct patient care is defined as both inpatient and outpatient care, clinical care activities, and record reviews.
   b. Inpatient experiences, both initially and through follow-up, should be provided as an educational experience in the crossover specialty.
   c. Inpatient experiences: A sufficient number of adult and pediatric ambulatory experiences must be provided for each resident during the 24-month program.

2. Ambulatory experience: A sufficient number of adult and pediatric ambulatory experiences must be provided for each resident during the 24-month program. These inpatient experiences should include direct patient care such as primary patient care, consultation, or teaching rounds.

3. Inpatient experience:
   a. A sufficient number of adult and pediatric inpatients must be provided for each resident during the 24-month program.
   b. Inpatient activities may be accomplished through educational liaisons with other specialties or services.

4. Continuity of care: Residents must be provided with continuing responsibility for the care of patients with asthma, al-
The following areas must be included in the educational program:

D. Didactic Component

The following areas must be included in the educational program:

1. Knowledge of clinical immunology and allergy, including:
   a. Immunology of hypersensitivity diseases
   b. Pharmacology of allergic and immunologic disorders
   c. Immunology of infectious diseases

2. Knowledge of applied immunology, to include the principles and techniques of clinical immunology laboratory procedures such as tests for humoral immunity, cellular immunity, neutrophil function, cytokines, immune complexes, cryoprecipitable proteins, total serum complement activity and individual complement components, and histocompatibility, as well as procedures for the preparation and use of monoclonal antibodies.

E. Resident Research and Scholarly Activities

1. Twenty-five percent of the program must be devoted to research and scholarly activities.

2. Residents must be provided with a structured research experience sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting.

3. residents must demonstrate proficiency with the following procedures:
   a. Allergen immunotherapy
   b. Delayed hypersensitivity skin testing
   c. Drug desensitization and challenge
   d. Immediate hypersensitivity skin testing
   e. IVIG treatment
   f. Performance and interpretation of pulmonary function tests
   g. Physical urticaria testing
   h. Resident proficiency with the following procedures is highly desirable:
      i. Exercise challenge
      j. Methacholine and other bronchial challenge testing
      k. Nasal cytology
      l. Oral challenge tests
      m. Patch testing
      n. Rhinolaryngoscopy

F. Resident Policies

1. Supervision: Appropriately qualified faculty must supervise all patient care services. The program director must ensure, direct, and document the proper supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with faculty. Appropriate supervision must be available at all times on site. This is particularly necessary for patients with severe and/or complex disease.

2. Work hours: It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have 1 day out of 7 free of routine responsibilities and be on call in hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at the senior levels, and necessitate flexibility.

V. Evaluation

A. Resident Evaluation

1. The program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for using assessment results to improve resident performance. This plan should include:
   a. the use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
   b. a process involving the use of assessment results to achieve progressive improvements in residents' competence and performance
Program Requirements for Residency Education in Clinical and Laboratory Immunology (Allergy and Immunology)

I. Introduction

A. Definition of the Specialty
A graduate medical education program in clinical and laboratory immunology must be designed to educate physicians in the application and interpretation of clinical immunology tests and in the direction of a clinical immunology laboratory, such as infectious disease, oncology, rheumatology, pathology, or nephrology.

B. Duration
1. Clinical and laboratory immunology educational programs must be 1 year in duration.
2. Applicants to clinical and laboratory immunology programs should have successfully completed an accredited residency program in internal medicine or pediatrics and should have 1 or more years of additional education in an immunologically related subspecialty.

C. Objectives
A clinical and laboratory immunology educational program must provide a structured educational experience that allows the clinical and laboratory immunology resident to become proficient in the basic science, laboratory procedures, and technical management underlying the operation of the clinical immunology laboratory. In addition, it must provide an appropriate clinical background that will prepare the resident to act as a consultant in the application and interpretation of diagnostic immunology tests.

II. Institutional Organization
The clinical and laboratory immunology program must be conducted in institutions with accredited graduate medical education programs in allergy and immunology or in the various relevant subspecialties of internal medicine and pediatrics.

A. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

B. Participating Institutions
1. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements.
2. Participating institutions providing 2 months or more of the educational program must be approved by the Residency Review Committee (RRC).
3. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.

III. Faculty
The program director and the faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling,
evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program.

1. Qualifications of the program director
   a. Competence as a scientist, clinician, and teacher in the field of clinical and laboratory immunology; possession of leadership qualities; and authority to organize and administer the program. The program director must maintain close contact with the clinical and laboratory immunology residents, contributing sufficient time to ensure sufficient teaching and guidance. The program director, or qualified designee, must be available to provide advice and instruction to clinical and laboratory immunology resident(s) on a day-to-day basis.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the American Board of Allergy and Immunology (ABAI), by a board in an immunologically related subspecialty of internal medicine or pediatrics, or possess suitable equivalent qualifications. In addition, the program director should have an ABAI certificate in clinical and laboratory immunology or must demonstrate suitable equivalent qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit, written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of residents’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. The program director, with participation of the faculty, will
      1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
      2. communicate each evaluation to the resident in a timely manner;
      3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.
   g. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   h. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
   i. Prepare an accurate statistical and narrative description of the program as requested by a review committee.
   j. Notify the RRC of any major programmatic change, eg, change in program director or the addition or deletion of participating institutions. The RRC retains the prerogative to assess the impact of such change(s) upon the quality of the education offered to the residents.

B. Faculty

1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

5. The faculty should at least annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of faculty, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Laboratory

1. Appropriate laboratory space must be available within an ongoing and operational diagnostic immunology laboratory where a wide variety of immunologic tests are routinely performed.

2. The laboratory should utilize up-to-date techniques and equipment, including modern record-keeping procedures, to ensure the timely and efficient return of laboratory results and adequate storage and retrieval of data.
B. Clinical
Clinical and laboratory immunology residents should be provided with sufficient clinical experience that reflects a variety of immunologic disorders.

C. Medical Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. The Educational Program
The program director and the faculty must prepare and comply with written educational goals for the program. The program design and/or structure must be approved by the RRC as part of the regular review process. Participation by any institution providing 2 months or more experience must be approved by the RRC. The program design and/or structure must be approved by the RRC as part of the regular review process. Educational goals and objectives must be defined in appropriate documents and must be available to prospective and current clinical and laboratory immunology residents and faculty. Educational goals and objectives must also be provided for individual assignments inside and outside the main teaching laboratory. The program goals must include graded responsibility within the program and methods of resident evaluation and must involve residents in diagnostic immunology consultation.

A. Clinical and Laboratory
The course of study should be composed of a combination of practical and didactic training that addresses different areas of clinical and laboratory immunology that include, but not limited to:
1. Quantification of immunoglobulins
2. Measurement of specific antibodies
3. Functional and quantitative complement tests
4. Assays of lymphocyte, monocyte, neutrophil, eosinophil, and basophil function and quantification
5. Autoantibody assessment
6. Rapid tests for infectious diseases
7. DNA amplification and binding tests
8. Genetic testing and gene therapy
9. Histocompatibility testing
10. Prenatal diagnosis
11. Quality control testing
12. Data management and statistical analysis
13. Laboratory safety issues
14. Regulatory agency interactions

B. Academic
1. Clinical and laboratory immunology residents must attend seminars and conferences that are conducted regularly. The conferences must be of sufficient number and quality to ensure an educational interchange in the various disciplines of clinical immunology. These conferences must include:
   a. allergic diseases
   b. primary and secondary immunodeficiency diseases
   c. autoimmune diseases
   d. immunologic aspects of bone marrow and organ transplantation
   e. immunologic aspects of gene replacement therapy
   f. immunologic aspects of organ-specific inflammatory conditions
   g. immunologic aspects of malignancy and cancer

2. Clinical conferences
Clinical and laboratory immunology residents should attend appropriate clinical rounds and other didactic teaching sessions at relevant clinical sites. In addition, they should have access to prepared teaching materials on clinical and basic immunology.

C. Other Required Components
1. Resident supervision
   a. Residents must be supervised by appropriately qualified faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
   b. Residents must have a keen sense of personal responsibility for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. In no case should residents go off duty until the proper care and welfare of the patients have been assured. When averaged over 4 weeks, residents should spend no more than 80 hours per week in hospital duties; should have, on the average, the opportunity to spend at least 1 full day out of 7 free of hospital duties; and should be on call no more often than every third night. It is the responsibility of the program director to ensure enforcement of reasonable policies with respect to work hours.

2. Scholarly activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
   a. participation of the faculty in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
   b. participation in journal clubs and research conferences.
   c. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
   d. participation in research, particularly in projects that are funded following peer review and/or that result in publications or presentations at regional and national scientific meetings.
   e. offering of guidance and technical support, eg, research design and statistical analysis, for residents involved in research.
   f. provision of support for resident participation in scholarly activities.

VI. Evaluation

A. Residents must be evaluated semiannually as referenced in these Program Requirements III.A.2.

B. Faculty
The faculty should be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in this evaluation.
C. Program
1. The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written confidential evaluations by residents should be utilized in this process.
2. Review of past resident performance on the certification examination for clinical and laboratory immunology will be employed by the RRC as one measure of the quality of the program.

VII. Board Subcertification
Residents who plan to seek subcertification in clinical and laboratory immunology should communicate with the applicable board to ascertain the current requirements for acceptance as a candidate.

ACGME: February 1999  Effective: July 1999

Program Requirements for Residency Education in Anesthesiology

Common Program Requirements appear in bold. Sections of text not in bold are specialty-specific requirements

I. Introduction

A. Definition and Scope of the Specialty
The Residency Review Committee (RRC) representing the medical specialty of anesthesiology exists in order to foster and maintain the highest standards of training and educational facilities in anesthesiology which the RRC defines as the practice of medicine dealing with but not limited to the following:
1. Assessment of, consultation for, and preparation of patients for anesthesia
2. Relief and prevention of pain during and following surgical, obstetric, therapeutic and diagnostic procedures
3. Monitoring and maintenance of normal physiology during the perioperative period
4. Management of critically ill patients
5. Diagnosis and treatment of acute, chronic and cancer related pain
6. Clinical management and teaching of cardiac and pulmonary resuscitation
7. Evaluation of respiratory function and application of respiratory therapy
8. Conduct of clinical and basic science research
9. Supervision, teaching and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care

B. Duration and scope of education
1. Length of Program
A minimum of 4 years of graduate medical education is necessary to train a physician in the field of anesthesiology. Three years of the training must be in clinical anesthesia. The RRC for Anesthesiology and the Accreditation Council for Graduate Medical Education (ACGME) accredit programs only in those institutions that possess the educational resources to provide 3 years of clinical anesthesia training. The capability to provide the Clinical Base Year within the same institution is desirable but not required for accreditation.

2. Program Design
The continuum of education in anesthesiology consists of 4 years of training: the Clinical Base Year (CBY) and 36 months of clinical anesthesia training (CA-1, CA-2, and CA-3 years).

a. Clinical Base Year
One year of the total training must be the Clinical Base Year, which should provide the resident with 12 months of broad education in medical disciplines relevant to the practice of anesthesiology. The Clinical Base Year usually precedes training in clinical anesthesia. It is strongly recommended that the Clinical Base Year be completed before the resident starts the CA-2 year; however, it must be completed before the resident begins the CA-3 year.

The Clinical Base Year must include at least 10 months of clinical rotations of which at most 1 month may involve training in anesthesiology. Clinical Base Year rotations include training in internal medicine or emergency medicine, pediatrics, surgery or any of the surgical specialties, critical care medicine, obstetrics and gynecology, neurology, family prac-
A. Clinical Anesthesia Training: CA-1 through CA-3 Years

These 3 years, usually the second through the fourth years of graduate medical education, consist of training in basic and advanced anesthesia. They must encompass all aspects of perioperative care to include evaluation and management during the preoperative, intraoperative, and postoperative periods. The clinical training must progressively challenge the resident's intellectual and technical skills and must provide experience in direct and progressively responsible patient management. As the resident advances through training, she or he should have the opportunity to learn to plan and to administer anesthesia care for patients with more severe and complicated diseases as well as patients who undergo more complex surgical procedures.

The training must culminate in sufficiently independent responsibility for clinical decision making and patient care so that the program is assured that the graduating resident exhibits sound clinical judgment in a variety of clinical situations and can function as a consultant in anesthesia.

1) CA 1 and 2 years
Experience in basic anesthesia training must emphasize the fundamental aspects of anesthesia. At least 12 months of the CA-1 and CA-2 years should be spent in basic anesthesia training, with the majority of this time occurring during the CA-1 year. Residents should receive training in the complex technology and equipment associated with the practice of anesthesia. There must be documented evidence of direct faculty involvement with tutorials, lectures, and clinical supervision of beginning residents.

Anesthesiology encompasses the theoretical background and clinical practice of a variety of subspecialty disciplines. Exposure to these should occupy a minimum of 7 months in the CA-1 and CA-2 years. There must be identifiable 1-month rotations in obstetric anesthesia, pediatric anesthesia, neuroanesthesia, and cardiothoracic anesthesia. Experiences in perioperative care must include a 2-month rotation in critical care, a 1-month rotation in pain management, and 2 contiguous weeks in the postanesthesia care unit.

The program director may determine the sequencing of these rotations. The resident should be evaluated following each rotation, and the written evaluations should be maintained in each resident's file. There must be a written description of each rotation in the CA-1 and CA-2 years. The goals and objectives for the CA-1 and CA-2 experience must be separate and distinct from those designed for the CA-3 year training.

2) CA-3 year
The program must provide 12 months' experience in advanced and complex anesthesia assignments in the CA-3 year. In addition, the resident must complete an academic assignment. A curriculum for the CA-3 year, as well as the specific program for each resident, must be on file in the department.

Clinical assignments in the CA-3 year must include difficult or complex anesthesia procedures and the care of seriously ill patients. Subspecialty rotations are encouraged, but none may be longer than six months. A curriculum specific to each of the subspecialty programs offered must be on file in the department. This curriculum must be distinct from the CA-1 and CA-2 years subspecialty curricula and must reflect increased responsibility and learning opportunity. These assignments must not compromise the learning opportunities for the CA-1 and CA-2 residents. All CA-3 residents must be certified as providers for advanced cardiac life support (ACLS).

Academic projects may include special training assignments, grand rounds presentations, preparation and publications of review articles, book chapters, manuals for teaching or clinical practice, or similar academic activities. A faculty supervisor must be in charge of each project. The academic project may, at the program director's discretion, occur prior to the CA-3 year.

C. Goals and Objectives
An accredited program in anesthesiology must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and skills independently. The program must provide an environment that promotes the acquisition of the knowledge, skills, clinical judgment, and attitudes essential to the practice of anesthesiology.

In addition to clinical skills, the program should emphasize interpersonal skills, effective communication, and professionalism. The residency program must work toward ensuring that its residents, by the time they graduate, assume responsibility and act responsibly and with integrity; demonstrate a commitment to excellence and ethical principles of clinical care, including confidentiality of patient information, informed consent, and business practices; demonstrate respect and regard for the needs of patients and society that supersedes self-interest; and work effectively as a member of a health-care team or other professional group. Further, residents are expected to create and sustain a therapeutic relationship with patients; engage in active listening, provide information using appropriate language, ask clear questions; and provide an opportunity for input and questions, and demonstrate sensitivity and responsiveness to cultural differences, including awareness of their own and their patients' cultural perspectives.

These objectives can be achieved only when the program leadership, faculty, supporting staff, and administration demonstrate a commitment to the educational program and provide appropriate resources and facilities. Service commitments must not compromise the achievement of educational goals and objectives.

II. Institutional Support
A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The institution sponsoring an accredited program in anesthesiology must also sponsor or be affiliated with ACGME-approved residencies in at least the specialties of general surgery and internal medicine.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibilities for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and V.E. of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. A participating institution may be either integrated or affiliated with the parent institution:
   1. An Integrated Institution must formally acknowledge the authority of the core program director over the educational program in that hospital, including the appointments of all faculty and all residents. Integrated institutions should be in close geographic proximity to the parent institution to allow all residents to attend joint conferences. If an institution is not in geographic proximity and joint conferences cannot be held, an equivalent educational program in the integrated institution must be fully established and documented. Rotations to integrated institutions are not limited in duration. However, it is expected that the majority of the program will be provided in the parent institution.
   2. Prior approval of the RRC must be obtained for participation of an institution on an integrated basis, regardless of the duration of the rotations.

2. An Affiliated Institution is one that is related to the core program for the purpose of providing limited rotations that complement the experience available in the parent institution. Assignments at affiliated institutions must be made for educational purposes and not to fulfill service needs. Rotations to affiliated institutions may be no more than a maximum of 12 months during the 3 years of clinical anesthesia. Prior approval of the RRC must be obtained if the duration of a rotation at an affiliated institution will exceed 6 months.

B. Facilities and Resources
1. Space and Equipment
   There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with visual and other educational aids, study areas for residents, office space for teaching staff, diagnostic and therapeutic facilities, laboratory facilities, and computer support. The institution must provide appropriate on-call facilities for male and female residents and faculty.

2. Library Resources
   There must be a department library. This may be complemented, but not replaced, by private faculty book collections and hospital and/or institutional libraries. Journals, reference books, and other texts must be readily available to residents and faculty during nights and weekends. Residents must also have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions. Library services must include electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals and electronic databases must be readily available during nights and weekends.

III. Resident Appointment
A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
   1. The RRC will approve the number of residents based on criteria that include the adequacy of resources for resident education such as variety and volume of patients and related clinical material available for education, faculty to resident ratio, institutional funding, and the quality of faculty teaching. Specific criteria evaluated in establishing the number of residents for a program or in considering requests to increase the resident complement include:
      a) the program's current accreditation status and duration of review cycle;
      b) the most recent accreditation citations, especially any relating to adequacy of clinical experience and/or faculty coverage;
      c) documentation of adequate clinical volumes for all residents, and
      d) the ABA certification rate of the program's graduates for the most recent 5-year period.

2. Appointment of a minimum of nine residents with, on average, three appointed each year is required. Any proposed increase in the number of residents must receive prior approval by the RRC. Accreditation may be withdrawn from a program that has been without a resident for 3 years. Reactivation of a program following withdrawal of accreditation will require a new application.

C. Resident Transfer
   To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in Section V.E., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Presence of Fellows and Other Students
   The presence of subspecialty fellows or students must not dilute or detract from the educational opportunities of the anesthesiology residents.
IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership. Frequent changes in leadership or long periods of temporary leadership may adversely affect an educational program and may present serious cause for concern. When a new director, either permanent or acting, has been appointed, the RRC must be notified immediately. The RRC may initiate an inspection of the program in conjunction with this change when it deems it necessary to ensure continuing quality.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess faculty experience, leadership, organizational and administrative qualifications, and the ability to function effectively within an institutional governance. The program director must have significant academic achievements in anesthesiology, such as publications, the development of educational programs, or the conduct of research.
   b. be certified by the American Board of Anesthesiology or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. The residency program must have a written policy and an educational program regarding substance abuse that specifically addresses the needs of anesthesiology. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in Section II.B. of this document.
   b. Change in the approved resident complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience.
   b. be certified by the American Board of Anesthesiology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. The number of faculty must be sufficient to provide each resident with adequate supervision, which shall not vary substantially with the time of day or the day of the week. In the clinical setting, faculty members should not direct anesthesia at more than two anesthetizing locations simultaneously.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.
4. The faculty should have varying interests, capabilities, and backgrounds, and must include individuals who have specialized expertise in the subspecialties of anesthesiology, which include but are not limited to critical care, obstetric anesthesia, pediatric anesthesia, neuroanesthesia, cardiothoracic anesthesia, and pain management. Didactic and clinical teaching must be provided by faculty with documented interests and expertise in the subspecialty involved. Fellowship training; several years of practice, primarily within a subspecialty; and membership and active participation in national organizations related to the subspecialty may signify expertise.
5. Teaching by residents of medical students and junior residents represents a valid learning experience. However, the use of a resident as an instructor of junior residents must not substitute for experienced faculty.

E. Other Program Personnel
1. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
2. The integration of nonphysician personnel into a department with an accredited program in anesthesiology will not influence the accreditation of such a program unless it becomes evident that such personnel interfere with the training of resident physicians. Interference may result from dilution of faculty effort, dilution of the available teaching experience, or downgrading of didactic material. Clinical instruction of residents by nonphysician
The residency program must require that its residents obtain competence in the educational experiences needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

2. Duty Hours

   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods, and after in-house call. The RRC will not consider requests for a rest period of less than 10 hours.
3. On-Call Activities
The objectives of on-call activities are to provide residents with continuity of patient care experiences throughout a 24-hour period, as well as the challenges of providing care outside regular duty hours. Therefore, on-call activities, including those that occur throughout the night, are necessary components of the education of all residents. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During the 6 additional hours, residents may not administer anesthesia in the operating room for a new operative case or manage new admissions to the ICU. The resident should not manage non-continuity patients in the 6 hours post-call.
c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
d. At-home call (pager call) is defined as call taken from outside the assigned institution.
   1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exceptions
The RRC for Anesthesiology will not consider requests for an exception to the limit to 80 hours per week, averaged monthly.

E. Didactic Components
Didactic instruction should encompass clinical anesthesiology and related areas of basic science, as well as pertinent topics from other medical and surgical disciplines. Practice management should be included in the curriculum and should address issues such as operating room management, types of practice, job acquisition, financial planning, contract negotiations, billing arrangements, and issues of professional liability. The material covered in the didactic program should demonstrate appropriate continuity and sequencing to ensure that residents are ultimately exposed to all subjects at regularly held teaching conferences. The number and types of such conferences may vary among programs, but a conspicuous sense of faculty participation must characterize them. The program director should also seek to enrich the program by providing lectures and contact with faculty from other disciplines and other institutions.

F. Clinical Components
1. Clinical Experience
A wide spectrum of disease processes and surgical procedures must be available within the program to provide each resident with a broad exposure to different types of anesthetic management. The following list represents the minimum clinical experience that should be obtained by each resident in the program.

- Forty anesthetics for vaginal delivery; evidence of direct involvement in cases involving high-risk obstetrics, as well as a minimum of 20 cesarean sections.
- Anesthesia for 100 children under the age of 12, including anesthesia for 15 infants less than 1 year of age, including infants less than 45 weeks postconceptual age.
- Anesthesia for 20 patients undergoing surgical procedures involving cardiopulmonary bypass.
- Twenty other major vascular cases (including endovascular cases).
- Twenty intrathoracic (thoracotomy, thoracoscopy) noncardiac cases.
- Twenty procedures involving an open cranium, some of which must include intracerebral vascular procedures.
- Fifty epidural anesthetics for patients undergoing surgical procedures, including cesarean sections.
- Ten major trauma cases.
- Fifty subarachnoid blocks performed for patients undergoing surgical procedures.
- Forty peripheral nerve blocks for patients undergoing surgical procedures.
- Twenty-five new patient evaluations for management of patients with acute, chronic or cancer pain disorders. Residents should have familiarity with the breadth of pain management including clinical experience with interventional pain procedures.
- Documented involvement in the management of acute postoperative pain, including familiarity with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities.
- Documented involvement in the systematic process of the preoperative management of the patient.
- Significant experience with certain specialized techniques for airway management (such as fiberoptic intubation, double lumen endotracheal tube placement, and laryngeal mask air-
VI. Evaluation

2. Clinical Documentation
a. Resident Log
The program director must require the residents to maintain an electronic record of their clinical experience. The record must be reviewed by the program director or faculty on a regular basis. It must be submitted annually to the RRC office in accordance with the format and the due date specified by the RRC. The program should also have the means for monitoring the appropriate distribution of cases among the residents.

b. Patient Records
A comprehensive anesthesia record must be maintained for each patient as an ongoing reflection of the drugs administered, the monitoring employed, the techniques used, the physiologic variations observed, the therapy provided as required, and the fluids administered. The patient's medical record should contain evidence of preoperative and postoperative anesthesia assessment.

VI. Evaluation

A. Resident Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. mechanisms for providing regular and timely performance feedback to residents that includes at least
1) written semiannual evaluation that is communicated to each resident in a timely manner and
2) the maintenance of a record of evaluation for each resident that is accessible to the resident.

c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.

b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. As part of the overall evaluation of the program, the RRC will take into consideration the information provided by the ABA regarding resident performance on the certifying examinations over the most recent 5-year period. The RRC will also take into account noticeable improvements or declines during the period considered. Program graduates should take the certifying examination, and at least 70% of the program graduates should become certified.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.
VIII. Board Certification
Residents who plan to seek certification by the American Board of Anesthesiology should communicate with the Executive Vice President of the American Board of Anesthesiology, Inc., 4101 Lake Boone Trail, The Summit - Suite 510, Raleigh, NC 27607-7306, to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: June 2000 Effective: January 2001
Common Program Requirements: July 1, 2003

Policies and Procedures for Subspecialties of Anesthesiology
Anesthesiology subspecialty programs will be surveyed and reviewed in conjunction with the survey and review of the core anesthesiology programs to which they are attached. In the case of a new application or in special cases determined by the Residency Review Committee (RRC), a subspecialty program may be reviewed separately. For an initial application, a survey will not be required when the application is reviewed without the core program.

Applications for accreditation of new subspecialty programs will not be considered if the core residency program in anesthesiology is accredited on a provisional or probationary basis, or if it has been accredited with a warning that adverse action will be taken if it is not in substantial compliance with the Essentials of Accredited Residencies at the time of the next review.

The RRC will designate the subspecialty programs as being accredited or not accredited. No further delineation of accreditation categories will be utilized. The accreditation of a subspecialty program will be directly tied to that of the core. If the core program is subsequently accredited on a probationary basis, this is simultaneously a warning to the related subspecialty program that accreditation is in jeopardy. Withdrawal of accreditation of the core program will result in the simultaneous loss of accreditation of the subspecialty program that functions in conjunction with it.

If the core program remains in good standing but the RRC judges a subspecialty program to be in noncompliance with the Program Requirements, a warning will be issued. If suitable improvement is not demonstrated in the time specified by the RRC, accreditation may be withdrawn from the subspecialty program. The Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions may be utilized by subspecialty programs from which accreditation has been withdrawn in an action separate from the core program.

Inquiries about accreditation of anesthesiology subspecialty programs should be addressed to the executive secretary of the RRC for Anesthesiology.

Program Requirements for Residency Education in the Subspecialties of Anesthesiology
These requirements apply to all of the accredited subspecialty areas and should be consulted along with the individual subspecialty Program Requirements.

I. General Information
A. A residency education program in a subspecialty of anesthesiology is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

Completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited anesthesiology residency, or its equivalent, is a prerequisite for entry into a subspecialty program of anesthesiology.

B. Residency education programs in the subspecialties of anesthesiology may be accredited only in an institution that either sponsors a residency education program in anesthesiology accredited by the ACGME or is related by formal agreement with the core program. Close cooperation between the subspecialty and residency program directors is required.

C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the anesthesiology residents in the core program.

II. Faculty Qualifications and Responsibilities
The program director and faculty are responsible for the general administration of a program, including activities related to the recruitment and selection, supervision, counseling, evaluation and advancement of residents and the maintenance of records related to program accreditation.

Subspecialty education programs must provide a scholarly environment for acquiring the necessary cognitive and procedural clinical skills essential to the practice of the specific subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program. It is also imperative that appropriate resources and facilities be present. Service obligations must not compromise educational goals and objectives.

A. Qualifications of the Program Director
There must be a single program director responsible for the subspecialty program. The director must be an experienced educator and supervisor of residents in the subspecialty. He or she must be certified by the American Board of Anesthesiology or possess equivalent qualifications, and shall have had post residency experience in the subspecialty, preferably fellowship training. (See Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements.) The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.) The program director must be a member of the anesthesiology faculty, spend essentially all professional time in the subspecialty, and devote sufficient time to fulfill all responsibilities inherent in meeting the educational goals of the program.

B. Responsibilities of the Program Director
It is the responsibility of the subspecialty program director to support the residency education program by devoting his/her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specific requirements:

1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents and for each major rotation or other program assignment. This statement must be distributed to
residents and members of the teaching staff and should be readily available for review.

2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.

4. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

5. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

6. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

7. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and program staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

8. Preparation of an accurate statistical and narrative description of the program.

9. Notification of the RRC regarding major programmatic changes. Prior approval of the RRC is required for the addition or deletion of a major participating hospital and for a major change in the program’s organization.

C. Faculty

There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Facilities and Resources

A. Space and Equipment

(See Program Requirements for Residency Education in the individual subspecialties for space and equipment requirements.)

B. Library

Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. Access to computerized literature search facilities is necessary. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Educational Program

The director and teaching staff must prepare and comply with written goals for the program. All educational components of the program should be related to the program goals. The program design must be approved by the RRC as part of the regular review process. A written statement of the educational objectives must be given to each resident.

A postgraduate residency must provide advanced education so that the residents can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound judgment, and research creativity. The technical component must provide appropriate opportunity for the residents to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

A. Clinical Components

A sufficient number of patients must be available to ensure appropriate inpatient and outpatient experience for each subspecialty resident, without adversely affecting the experience of residents in the anesthesiology core program.

The total number of residents is dependent on the program's resources and its capacity to provide an excellent educational experience.

B. Didactic Components

Subspecialty conferences, including review of all current complications and deaths, seminars, and clinical and basic science instruction, must be regularly scheduled. Active participation of the subspecialty resident in the planning and the production of these meetings is essential.

C. Supervision

A resident must have the opportunity to consult with faculty supervision. He or she should have clearly defined educational responsibilities for anesthesiology residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

There must be close interaction between the core residency program in anesthesiology and the subspecialty program. Lines of responsibility for the anesthesiology residents and the subspecialty resident must be clearly defined. It is imperative that the educational program for the subspecialty resident not adversely affect the education of the anesthesiology residents, in terms of either experience or patient responsibility.
D. Duty Hours and Conditions of Work
The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while ensuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night.

During the on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

E. Substance Abuse
The program must have a written policy specifically addressing the needs of anesthesiology and an education program regarding substance abuse.

F. Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include
1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly activities.

G. Research
A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity. (Refer to Program Requirements for Residency Education in the individual subspecialties for additional research requirements.)

V. Evaluation
A. Residents
Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents. The assessment must include cognitive, motor, and interpersonal skills as well as judgment.

The program director, with participation of members of the teaching staff, shall
1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Faculty
Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in these evaluations.

C. Program
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core anesthesiology program director, and by the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

There must be continuing quality improvement, utilization review, and evaluation.

VI. Board Certification
Questions relating to educational programs and communication for the ACGME should be directed to the Executive Director, Residency Review Committee for Anesthesiology, 515 North State Street, Suite 2000, Chicago, IL 60610. Inquiries relating to the credentials of individual applicants for certification should be directed to the American Board of Anesthesiology, 4101 Lake Boone Trail, Raleigh, NC 27607-7506.


Program Requirements for Residency Education in Anesthesiology Critical Care Medicine (Anesthesiology)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Anesthesiology, programs
must comply with the following requirements, which in some cases exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
Anesthesiology critical care medicine (ACCM) is a subspecialty of anesthesiology devoted to the acute and long-term care of critically ill patients with multiple organ system derangements.

B. Duration of Training
Subspecialty training in ACCM shall consist of 12 months of full-time training, beginning after satisfactory completion of a core anesthesiology residency program. At least 9 of the 12 months of training in ACCM must be spent in the care of critically ill patients in intensive care units (ICUs). The remainder may be in clinical activities or research relevant to critical care.

C. Objectives
The subspecialty program in ACCM must be structured to provide resources necessary to assure optimal patient care while providing its trainees the opportunity to develop skills in clinical care and judgment, teaching, administration, and research.

Exposure should be provided to a wide variety of clinical problems in adult and pediatric patients necessary for the development of broad clinical skills required for a subspecialist in CCM.

II. Institutional Organization

A. Relationship to Core Program
Accreditation of a subspecialty training program in ACCM will be granted only when the program is in direct association with a core residency program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education (ACGME). Therefore, subspecialty training in ACCM can occur only in an institution in which there is an ACGME-accredited residency program in anesthesiology, or in an institution related by formal integration agreement to the core program.

If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the ACCM program is conducted. Rotations outside the institution in which the ACCM program is based should not exceed 4 months.

(Refer to the Program Requirements for Residency Education in Anesthesiology for the definitions governing affiliated and integrated institutions.)

The subspecialty program must function in conjunction with the core program in anesthesiology. The lines of responsibility between resident staffs in both the core program and the subspecialty program must be clearly delineated.

In addition, there must be ACGME-accredited core residencies in general surgery and internal medicine.

B. Institutional Policy: Resources
There should be an institutional policy governing the educational resources committed to critical care programs, ensuring cooperation of all involved disciplines. Where more than one critical care program exists in an institution, it will be the responsibility of the institution to coordinate interdisciplinary requirements.

III. Program Director/Faculty

A. Program Director
The program director of subspecialty training in ACCM must be an anesthesiologist who is certified in critical care medicine (CCM) by the American Board of Anesthesiology, or who possesses appropriate educational qualifications in critical care medicine as determined by the Residency Review Committee (RRC). The subspecialty program director has responsibility for the teaching program in ACCM subject to the approval of the director of the core residency training program in anesthesiology.

B. Medical Director
The director of the critical care program must be the medical director or co-medical director of one or more of the critical care units in which the majority of the clinical training of the critical care program is required to take place, and he or she must be personally involved in clinical supervision and teaching of anesthesiology critical care residents in that unit.

C. Faculty
There must be evidence of active participation by qualified anesthesiologists with a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty trainees in ACCM must possess expertise in the care of critically ill patients. Recognition that such expertise will often cross specialty boundaries emphasizes the importance of collegial relationships and consultation between the ACCM program director and faculty from other disciplines including, but not limited to, surgery and its subspecialties, internal medicine and its subspecialties, pediatrics, obstetrics and gynecology, pathology, and radiology. Where appropriate, supervision and teaching by faculty in these disciplines should be integrated into the teaching program for subspecialty trainees in ACCM.

Anesthesiology faculty with expertise in critical care must be involved in teaching ACCM residents and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. ICUs
Subspecialty training in ACCM will occur principally in areas of the hospital commonly characterized as ICUs. Such ICUs are capable of providing acute and long-term life support of patients with multiple organ system derangements. Examples of ICUs include, but are not limited to, multidiscipline, surgical, medical, neonatal and pediatric, high-risk pregnancy, neurosurgical, trauma, and burn units. An ICU must be located in a designated area within the hospital and designed specifically for care of critically ill patients.

B. Patient Population
To provide sufficient range of exposure, an ICU that averages a census of at least five patients for each subspecialty trainee in ACCM is recommended.

C. Support Services
1. Adequate numbers of specially trained nurses plus technicians with expertise in biomedical engineering and respiratory therapy must be available.
2. There should be readily available, at all times, facilities to provide laboratory measurements pertinent to care of critically ill patients with multiple organ system derangements. These include, but are not limited to, measurement of blood chemistries, blood gases and pH, culture and sensitivity, toxicology, and analysis of plasma drug concentrations.
3. Facilities for special radiologic imaging procedures and echocardiography are essential.
4. Appropriate monitoring and life-support equipment must be readily available and representative of current levels of technology.
D. Library
Conveniently located library facilities and space for research and teaching conferences in CCM are essential. There must be a departmental library with adequate material relevant to critical care. This may be supplemented but not replaced by private faculty book collections and hospital and institutional libraries.

E. Space
Space for research and teaching conferences in critical care must be available.

V. Educational Program

A. Clinical Components
The subspecialty trainee in ACCM must gain clinical experience in the following areas:
1. Airway maintenance and management
2. Mechanical ventilation
3. Devices that supply supplemental oxygen
4. Indications of and techniques for emergency and therapeutic treatment of conditions requiring thoracentesis and/or tube thoracotomy
5. Emergency and therapeutic fiber-optic laryngotraceobronchoscopy
6. Assessment and evaluation of pulmonary function
7. Cardiopulmonary resuscitation (Residents must be certified in ACLS, ATLS, and PALS prior to completion of their ACCM training. The program must provide access to this training.)
8. Placement and management of arterial, central venous, and pulmonary arterial catheters
9. Emergency and therapeutic placement of pacemakers
10. Pharmacologic and mechanical support of circulation
11. Evaluation and management of central nervous system dysfunction
12. Recognition and treatment of hepatic and renal dysfunction
13. Diagnosis and treatment of sepsis
14. Fluid resuscitation and management of massive blood loss
15. Enteral and total parenteral nutrition
16. Bioengineering and monitoring
17. Interpretation of laboratory results
18. Psychiatric effects of critical illness
19. Transesophageal echocardiography (TEE)
20. Ethical aspects of critical care

B. Didactic Components
The teaching curriculum for the subspecialty trainee in ACCM must include the following areas:
1. Resuscitation
2. Cardiovascular physiology, pathology, pathophysiology, and therapy
3. Respiratory physiology, pathology, pathophysiology, and therapy
4. Renal physiology, pathology, pathophysiology, and therapy
5. Central nervous system physiology, pathology, pathophysiology, and therapy
6. Pain management of critically ill patients
7. Metabolic and endocrine effects of critical illness
8. Infectious disease physiology, pathology, pathophysiology, and therapy
9. Hematologic disorders secondary to critical illness
10. Gastrointestinal, genitourinary, and obstetric-gynecologic acute disorders
11. Trauma, including burns
12. Monitoring, bioengineering, biostatistics
13. Life-threatening pediatric conditions
14. End of life care
15. Pharmacokinetics and dynamics; drug metabolism and excretion in critical illness
16. Transport of critically ill patients
17. Administrative and management principles and techniques
18. Medical informatics
19. Cost-effective care
20. Ethical and legal aspects
21. Effective interpersonal and communication skills with patients, family members, and other health care providers

C. Consultation
In preparation for roles as consultants to other specialists, the subspecialty trainee in ACCM must have the opportunity to provide consultation under the direction of faculty responsible for teaching in the ACCM program.

D. ICU Administration
Subspecialty trainees in ACCM should gain experience in the administration of an ICU as related to appointment and training of nonphysician personnel, establishment of policies regulating functioning of the ICU, and coordination of the activities of the ICU with other in-hospital units.

E. Conferences
Subspecialty conferences, including mortality and morbidity conferences, journal reviews, and research seminars, must be regularly scheduled. Active participation of the subspecialty trainee in ACCM in the planning and production of these conferences is essential. Attendance at multidisciplinary conferences is encouraged, with particular attention given to those conferences relevant to CCM.

VI. Scholarly Activity
Refer to the Program Requirements for Residency Education in the Subspecialties of Anesthesiology for requirements concerning scholarly activity.

VII. Evaluation
Faculty responsible for teaching subspecialty trainees in ACCM must provide critical evaluations of each trainee’s progress and competence to the director at the end of 6 months and 12 months of training. These evaluations should include intellectual abilities, manual skills, attitudes, and interpersonal relationships, as well as specific tasks of patient management, decision-making skills, and critical analysis of clinical situations. The subspecialty trainee in ACCM must achieve an overall satisfactory evaluation at 12 months to receive credit for training. There must be written feedback of these evaluations to the subspecialty trainee.

Written and confidential evaluation of CCM faculty performance by the resident must take place once a year.

Written evaluations of patient care and subspecialty training objectives are required annually.

VIII. Board Certification
One measure of the quality of a program is the record of its graduates in obtaining certification in critical care by the American Board of Anesthesiology. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: February 2000 Effective: January 2001
Program Requirements for Residency Education in Anesthesiology Pain Management (Anesthesiology)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Anesthesiology, programs must comply with the following requirements, which in some cases exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
Pain management is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training
Subspecialty training in pain management shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain management. The remainder may be in clinical activities or research relevant to pain management. Assignments must not be made to activities not directly related to pain management.

II. Institutional Organization

A. Relationship to Core Program
Accreditation of a subspecialty program in pain management will be granted only when the program is in direct association with a core residency program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core residency program institution and the facility in which the pain management program is conducted. Rotations outside the institution in which the pain management program is based should not exceed 4 months.

B. Appointment of Residents
Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the RRC. Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources
Because pain management is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain management that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director
The program director must be an anesthesiologist who has been certified in pain management by the American Board of Anesthesiology or who has equivalent qualifications in pain management. The subspecialty program director has responsibility for the teaching program in pain management subject to the approval of the director of the core residency program.

B. Medical Director
The medical director of the pain management service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain management, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty
Qualified physicians with expertise in pain management must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain management must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from ABMS-recognized medical specialties other than anesthesiology. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain management.

At least three anesthesiology faculty with expertise in pain management should be involved in teaching pain management residents and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment
A pain management center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of pain patients. Space for research and teaching conferences in pain management must be available. Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain management procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services
The following functions and support must be available:
1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services as indicated (vocational, nursing, pharmacy, dietary, etc)
8. Appropriate electrodiagnostic facilities

C. Patient Population
For each subspecialty pain resident each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's expe-
The pain management curriculum must include the following topics in lectures and reading:

C. Recognition and management of therapies, side effects and techniques:
12. Trigeminal ganglionectomy
11. Hypnosis, stress management, and relaxation techniques
14. Sympathectomy techniques
13. Principles and techniques of acute pain management
16. Principles and techniques of cancer pain management, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the chronic pain patient
15. Principles of multidisciplinary approaches to pain management
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain management center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation procedures

D. Library
There must be a departmental library with adequate material relevant to pain management. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries.

V. The Educational Program

A. Educational Environment
An accredited program in pain management must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components
There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain management. Subspecialty training in pain management must include experience in the management of both inpatients and outpatients.

The resident must become familiar with the theory, benefits, indications, and practical applications of the following procedures and techniques:
1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Physical therapy
10. Hypnosis, stress management, and relaxation techniques
11. Trigeminal ganglionectomy
12. Peripheral neurectomy and neurolysis
13. Sympathectomy techniques
14. Alternative pain therapies
15. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
16. Recognition and management of therapies, side effects and complications of pharmacologic agents used in pain management

The pain management resident must have significant experience in providing consultation.

C. Didactic Components
The pain management curriculum must include the following topics in lectures and reading:
1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain
3. Pharmacology of opiates, non-narcotic analgesics, and nonsteroidal anti-inflammatory agents
4. Pharmacology of centrally acting drugs used in pain management
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Principles of diagnostic testing
8. Nerve blocks in pain management
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain management
12. Principles and techniques of cancer pain management, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the chronic pain patient
15. Principles of multidisciplinary approaches to pain management
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain management center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation procedures

D. Pain Center Management
Subspecialty residents in pain management must gain experience in the management of a pain center (clinical) with regard to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, and coordination of the activities of the pain center with other inpatient and outpatient services.

E. Resident Teaching
The subspecialty resident in pain management must become experienced in teaching principles of pain management to resident physicians, medical students, and other health care professionals.

F. Conferences
Pain management conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain management resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity
(Refer to the Program Requirements for Residency Education in the Subspecialties of Anesthesiology for requirements concerning scholarly activity.)

VII. Evaluation
A. Faculty responsible for teaching subspecialty residents in pain management anesthesiology must provide critical evaluations of each resident's progress and competence to the anesthesiology pain management program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in pain management anesthesiology must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.

B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in pain management anesthesiology
Program Requirements for Residency Education in Anesthesiology Pain Management (Anesthesiology)

I. Introduction

A. Definition and Scope of the Specialty
Pediatric anesthesiology is the subspecialty of anesthesiology devoted to the preoperative, intraoperative, and postoperative anesthetic care of pediatric patients.

B. Duration and Scope of Education
Subspecialty training in pediatric anesthesiology shall be 12 months in duration, beginning after satisfactory completion of the residency program in anesthesiology as required for entry into the examination system of the American Board of Anesthesiology. At least 9 of the 12 months of training in pediatric anesthesiology must be spent in clinical patient care. The remainder may be in research relevant to pediatric anesthesiology. Subspecialty training in pediatric anesthesiology is in addition to the minimum requirements described in the Program Requirements for the core program in anesthesiology.

The clinical training in pediatric anesthesiology must be spent caring for pediatric patients in the operating rooms, other anesthetizing locations, and in intensive care units. The training will include experience in providing anesthesia both for inpatient and outpatient surgical procedures and for nonoperative procedures outside the operating rooms, as well as preanesthesia preparation and postanesthesia care, pain management, and advanced life support for neonates, infants, children, and adolescents.

C. Goals and Objectives
The subspecialty program in pediatric anesthesiology must be structured to ensure optimal patient care while providing residents the opportunity to develop skills in clinical care and judgement, teaching, administration, and research. The subspecialist in pediatric anesthesiology should be proficient not only in providing anesthesia care for neonates, infants, children, and adolescents undergoing a wide variety of surgical, diagnostic, and therapeutic procedures, but also in pain management, critical perioperative care, and advanced life support. To meet these goals, the program should provide exposure to the wide variety of clinical problems in pediatric patients, as outlined in V.B., that are necessary for the development of these clinical skills.

II. Institutional Organization

A. Sponsorship
A pediatric anesthesiology program should function whenever feasible in direct association and/or affiliation with an ACGME-accredited core anesthesiology program. However, a pediatric anesthesiology program may be conducted in either a general hospital or a children's hospital. If the program is conducted in a general hospital, there must be within the same institution a fully accredited core anesthesiology program with which the pediatric anesthesiology program is associated. When the core program and the subspecialty program are conducted within the same institution, the division of responsibilities between residents in the core program and those in the subspecialty program must be clearly delineated.

If the pediatric anesthesiology program is conducted in a children's hospital, there are two sponsorship options:
1) The program may be under the sponsorship of another institution that conducts a fully accredited core anesthesiology residency program, in which case there must be an affiliation agreement between the two institutions.
2) The program may be under the direct sponsorship of the children's hospital, in which case the children's hospital must be a major participating institution for an ACGME-accredited core pediatric residency and at least one pediatric subspecialty program that is under a primary specialty other than pediatrics. There must also be a GMEC in the children's hospital that assumes the responsibility of a sponsoring institution as stipulated in the Institutional Requirements.

B. Institutional Policy
There should be an institutional policy governing the educational resources committed to pediatric anesthesiology programs.

III. Faculty Qualifications and Responsibilities

A. Program Director
1. Qualifications of the Program Director
The program director in pediatric anesthesiology must be anesthesiologist who is certified by the American Board of Anesthesiology or who has equivalent qualifications. The program director also must be licensed to practice medicine in the state where the institution that sponsors the program is located (certain federal programs are exempted) and have an appointment in good standing to the medical staff of an institution participating in the program.

The program director must have completed a pediatric anesthesiology training program or have equivalent educational and clinical qualifications in providing anesthesia care for pediatric patients. He/she must devote sufficient time to provide adequate leadership to the program and supervision for the residents. The clinical director of the pediatric anesthesiology service may be someone other than the program director.

2. Responsibilities of the Program Director
a. Preparation, periodic review, and, if necessary, revision of a written outline of the educational goals of the program with respect to the knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
c. Selection and supervision of the teaching staff and other program personnel.
d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all residents and faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
Program Requirements for Residency Education in Pediatric Anesthesiology (Anesthesiology)

V. Educational Program

A. Goals and Objectives
The director and teaching staff must prepare and comply with written goals for the program. All educational components of the program should be related to the program goals. The program design must be approved by the RRC as part of the regular review process. A written statement of the educational objectives must be given to each resident.

B. Clinical Components
The subspecialty resident in pediatric anesthesiology should gain expertise in the following areas of clinical care of neonates, infants, children, and adolescents:

1. Preoperative assessment of children scheduled for surgery
2. Cardiopulmonary resuscitation and advanced life support
3. Management of normal and abnormal airways
4. Mechanical ventilation
5. Temperature regulation
6. Placement of venous and arterial catheters
7. Pharmacologic support of the circulation
8. Management of both normal perioperative fluid therapy and massive fluid and/or blood loss
9. Interpretation of laboratory results
10. Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions including neonatal surgical emergencies, cardiopulmonary bypass, and congenital disorders
11. Techniques for administering regional anesthesia for inpatient and ambulatory surgery in children
12. Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies.
13. Recognition, prevention, and treatment of pain in medical and surgical patients
14. Consultation for medical and surgical patients
15. Recognition and treatment of perioperative vital organ dysfunction, including in the postanesthesia care unit
16. Diagnosis and perioperative management of congenital and acquired disorders
17. Participation in the care of critically ill infants and children in a neonatal and/or pediatric intensive care unit
18. Transport of critically ill patients between hospitals and/or within the hospital
19. Psychological support of patients and their families

In preparation for roles as consultants to other specialists, subspecialty residents in pediatric anesthesiology should have the opportunity to provide consultation under the direction of faculty responsible for teaching in the pediatric anesthesiology program. This should include assessment of the appropriateness of a patient's preparation for surgery and recognition of when an institution's personnel, equipment, and/or facilities are not appropriate for management of the patient.

C. Didactic Components
The didactic curriculum, provided through lectures and reading, should include the following areas, with emphasis on developmental and maturational aspects as they pertain to anesthesia and life support for pediatric patients:

1. Cardiopulmonary resuscitation
2. Pharmacokinetics and pharmacodynamics and mechanisms of drug delivery
3. Cardiovascular, respiratory, renal, hepatic, and central nervous system physiology, pathophysiology, and therapy
4. Metabolic and endocrine effects of surgery and critical illness
5. Infectious disease pathophysiology and therapy

IV. Clinical and Educational Facilities and Resources
The following resources and facilities are necessary to the program:

A. Intensive care units for both newborns and older children
B. An emergency department in which children of all ages can be effectively managed 24 hours a day
C. Operating rooms adequately designed and equipped for the management of pediatric patients. A postanesthesia care area should be located near the operating room suite
D. Pediatric surgical patients in sufficient volume and variety to provide a broad educational experience for the program. Surgeons with special pediatric training and experience in general surgery, cardiovascular surgery, neurosurgery, otolaryngology, ophthalmology, orthopedics, plastic surgery and urology must be available
E. Monitoring and advanced life-support equipment representative of current levels of technology
F. Allied health staff and other support personnel
G. Facilities that are readily available at all times to provide prompt laboratory measurements pertinent to the care of pediatric patients. These include but are not limited to measurement of blood chemistries, blood gases and pH, oxygen saturation, hematocrit/hemoglobin, and clotting function

If adequate clinical experiences are not provided in the primary institution, arrangements should be made to assure that adequate clinical experiences are obtained. The total time in rotations outside the primary institution for the purpose of supplemental experience should not exceed three months and should be approved by the RRC.

e. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
f. Preparation of an accurate statistical and narrative description of the program, as requested by the Residency Review Committee (RRC).

B. Faculty
Although the number of faculty members involved in teaching residents in pediatric anesthesiology will vary, it is recommended that at least three faculty members be involved, and that these be equal to or greater than two full-time equivalents, including the program director. A ratio of no less than one full-time equivalent faculty member to one subspecialty resident shall be maintained. The RRC understands that full-time means that the faculty member devotes essentially all professional time to the program.

There must be evidence of active participation by qualified physicians with training and/or expertise in pediatric anesthesiology beyond the requirement for completion of a core anesthesiology residency. The faculty must possess expertise in the care of pediatric patients and must have a continuous and meaningful role in the subspecialty training program.

The program should include teaching in multidisciplinary conferences by faculty in pediatric and neonatal intensive care, pediatric medicine, and pediatric surgery.

The pediatric anesthesiology program director and faculty responsible for teaching subspecialty residents in pediatric anesthesiology must maintain an active role in scholarly pursuits pertaining to pediatrics and anesthesiology, as evidenced by participation in continuing medical education as well as by involvement in research as it pertains to the care of pediatric patients.
Program Requirements for Residency Education in Pediatric Anesthesiology (Anesthesiology)

6. Coagulation abnormalities and therapy
7. Normal and abnormal physical and psychological development
8. Trauma, including burn, management
9. Congenital anomalies and developmental delay
10. Medical and surgical problems common in children
11. Use and toxicity of local and general anesthetic agents
12. Airway problems common in children
13. Pain management in pediatric patients of all ages
14. Ethical and legal aspects of care
15. Transport of critically ill patients
16. Organ transplantation in children

17. All pediatric anesthesiology residents should be certified as providers of advanced life support for children.

Subspecialty conferences, including morbidity and mortality conferences, journal reviews, and research seminars, should be regularly attended. Active participation of the subspecialty resident in pediatric anesthesiology in the planning and production of these conferences is essential. However, the faculty should be the conference leaders in the majority of the sessions. Attendance by residents at multidisciplinary conferences, especially those relevant to pediatric anesthesiology, is encouraged.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   a. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct continuity clinics. During the 6 additional hours, residents may not administer anesthesia in the OR for a new operative case or manage new admissions to the ICU. As a general rule, the resident may not manage non-continuity patients in the 6 hours post-call.
   c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care. A patient admitted to the ICU from surgery is considered a new patient.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
      3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements IIID.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged,
or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exceptions
The RRC for Anesthesiology will not consider requests for an exception to the limit of 80 hours per week, averaged monthly.

VII. Peer Interaction
Subspecialty residents in pediatric anesthesiology should become experienced in teaching principles of pediatric anesthesiology, including topics such as management of patients requiring sedation outside the OR, pain management, and life support, to other residents, medical students, and other health care professionals. Residents should also participate in planning and conducting conferences.

VIII. Scholarly Activities
The subspecialty training program in pediatric anesthesiology should provide the opportunity for active resident participation in research projects pertinent to pediatric anesthesia. Subspecialty residents should be instructed in the conduct of scholarly activities and the evaluation of investigative methods and interpretation of data, including statistics; they should have the opportunity to develop competence in critical assessment of new therapies and of the medical literature.

IX. Additional Required Components
There should be prompt access to consultation with other disciplines, including pediatric subspecialties of neonatology, cardiology, neurology, pulmonology, radiology, critical care, emergency medicine, and pediatric subspecialties of surgical fields. To provide the necessary breadth of experience, an accredited residency training program in pediatrics is required within the institution. Residency programs or other equivalent clinical expertise in other specialties, particularly pediatric general surgery and pediatric surgical subspecialties, such as otolaryngology, cardiovascular surgery, urology, neurosurgery, ophthalmology, and orthopedics, and pediatric radiology are highly desirable.

X. Evaluation
A. Faculty responsible for teaching subspecialty residents in pediatric anesthesiology must provide critical evaluations of each resident's progress and competence to the pediatric anesthesiology program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in pediatric anesthesiology must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.

B. There must be a regular opportunity for residents to provide written, confidential evaluation of the faculty and program.

C. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in pediatric anesthesiology should be involved in continuous quality improvement, utilization review, and risk management.

D. Periodic evaluation of subspecialty training objectives is encouraged.

Approved ACGME: September 2003  Effective: July 1, 2004

Program Requirements for Residency Education in Colon and Rectal Surgery

Common Program Requirements appear in bold. Sections of text not in bold are specialty-specific requirements.

I. Introduction: Duration and Scope of Training
Institutions offering residencies in Colon and Rectal Surgery must provide the necessary education to qualify the resident as a colon and rectal specialist in the care of patients, in teaching, and in research. Surgeons admitted to each residency are required to have completed a minimum of five years of an accredited, graded program in general surgery. Thus, the residents should already have developed a satisfactory level of clinical maturity, technical skills, and surgical judgment which will enable them to begin a residency in colon and rectal surgery for the purpose of specializing in this field of surgery. The period of training must be one year and the program must comply with the institutional requirements for residency training.

II. Institutional Support
A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.
C. Facilities and Resources
1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment
A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
B. Number of Residents
The RRC may approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.
C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.
D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership. There should be a minimum of two staff members, including the program director.
A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
b. be certified by the American Board of Colon and Rectal Surgery or possess qualifications judged to be acceptable by the RRC.
c. be appointed in good standing and based at the primary teaching site.
B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Colon and Rectal Surgery or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.
D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to...
Program Requirements for Residency Education in Colon and Rectal Surgery

their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components
1. Residents in colon and rectal surgery should be given the opportunity to obtain sufficient knowledge of those aspects of anesthesiology, radiology, and pathology that relate to colon and rectal surgery to develop overall competence as a specialist. Such training is best accomplished in cooperation with the departments of anesthesiology, radiology, and pathology.
2. Teaching contributes to the educational process, and therefore should be a regular part of the training program. The resident should assist when possible in the instruction of general surgical residents, and medical students, as well as nurses, and other allied health professionals. It is important to include instruction in the care of intestinal stomas, especially in institutions that do not have enterostomal therapists.

D. Clinical Components
1. The program should supply the necessary volume and variety of colon and rectal surgery to assure adequate training of residents. If there is insufficient volume or variety in the primary institutions, arrangements should be made for an affiliation with a participating institution to correct the inadequacy. Each resident must have ample opportunity and responsibility for the care of patients with anorectal and colonic diseases.
2. The educational program must also include training in both diagnostic and therapeutic colonoscopy. The objective is to develop the necessary competence in the use of this procedure to qualify as an expert in the field. Therefore, adequate numbers of both diagnostic and therapeutic colonoscopies must be available either at the colon and rectal training program or through an appropriate institutional affiliation to satisfy this particular need.
3. An important aspect of the educational program is training in an outpatient facility to develop skills in patient evaluation, examination, office treatment, and surgical aftercare. Where feasible, such training should include work in the faculty member's office, as well as in the out-patient clinic of the hospital.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and residents must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obliga-
Program Requirements for Residency Education in Colon and Rectal Surgery

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. A 10-hour time period for rest and personal activities must be provided between all daily duty periods, and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house calls must occur no more than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) written semiannual evaluation that is communicated to each resident in a timely manner and
         2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
      c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

   2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part
of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be ERC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Colon and Rectal Surgery should communicate with the Secretary of the Board prior to beginning their residency to be certain that their general surgical training is acceptable as one of the requirements for certification as well as to ascertain the other current requirements for acceptance as a candidate for certification.

Updated December 2002 Effective July 2001
Common Program Requirements: July 2003

Program Requirements for Residency Education in Dermatology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction: Duration and Scope of Training
A. Accredited training programs in dermatology shall be organized to provide trainees with the educational and practical experience that will enable them to deliver superior specialized care to patients with diseases of the skin, hair, nails and mucous membranes. Such experience must be varied and broad, progressive and systematic, and of sufficient duration. Moreover, it must include instruction in the pertinent basic sciences and in all clinical areas that bear upon the specialty of dermatology and training in research and teaching. Accomplishment of these objectives requires a suitable institutional environment; a cooperative and supportive administrative authority; a stable financial base; an enthusiastic, competent, and available staff; an adequate patient population; modern, efficient equipment and space; and satisfactory liaison with other disciplines that relate to dermatology.

B. A dermatology residency may be accredited to offer either 3 or 4 years of graduate medical education:
   1. A 3-year program is preceded by a broad-based clinical year of training (PGY-1) in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program or similar program accredited in Canada.
   2. A 4-year program must provide a broad-based clinical experience during the first year and 3 years of dermatology education in the second through fourth year of the program.

3. Approximately 75% of the resident's time during the 3 years of dermatology training must be related to the direct care of dermatologic outpatients and inpatients; this includes consultations, clinical conferences and inpatient rounds.

4. Dermatopathology, microbiology, and other basic science lectures, seminars, and conferences are essential components of the resident's training.

5. Exceptionally, accreditation of residency programs of less than 3 years is possible, but only under the following conditions:
   a. This training must represent an unusual and highly specialized experience, in research or in a selected major area of dermatology, in an institution with extraordinary capability in such fields and with multiple accredited training programs in other disciplines.
   b. Moreover, training under such conditions will provide the trainee with only 1 year of credit to be applied against the necessary 3 years of training in dermatology. This training may not be used in lieu of the first postgraduate year or the first year of residency training in dermatology.

II. Institutional Support
A. Sponsoring institution
   1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
   2. The sponsoring institution must assure the financial, technical, and moral support and provide the necessary space, facilities,
and supply of patients for the establishment and maintenance of an approved residency program in dermatology.

3. Adequate exposure to both outpatients and inpatients is necessary, as are opportunities to do research, to teach, and to become acquainted with administrative aspects of the specialty.

4. A cooperative relationship with other disciplines in medicine will result in the most effective implementation of these activities.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
   a. Participation by any institution providing more than 6 months of training in a program must be approved by the RRC.
   b. Affiliations should be avoided with institutions that are at such a distance from the parent institution as to make resident attendance at rounds and conferences difficult.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. Identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Facilities and Resources
1. Projection equipment and facilities for reviewing and taking clinical photographs should be provided.
2. Space should also be made available for dermatology conferences, preferably space dedicated for that purpose.
3. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases.
4. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC may approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, should be a member of the staff of the sponsoring or integrated institution, and must have a full-time commitment to the educational program and related activities.

2. The program director must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including at least 5 years experience (following residency) in the care of dermatology patients and as a teacher in a dermatology residency;
   b. be certified by the American Board of Dermatology or possess qualifications judged to be acceptable by the RRC;
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

7. At times of his or her absence, the program director must designate an interim director. If this period is for 6 months or longer, the RRC must be notified. Appointment of an interim director should not exceed 2 years, as it may have a detrimental effect on the program.

8. Documentation of resident evaluation, institutional and inter-institutional agreements, resident agreements and departmental statistics should be kept on file and provided upon request to the RRC or site visitor. The accurate and complete execution of application forms, progress reports and replies to other requests from the RRC is the responsibility of the program director. The care and precision given to these responses will be taken into consideration in the assessment of the training program.

9. Ensuring that a log of surgical procedures performed by residents is kept on file and provided upon request to the RRC or the site visitor.

C. Faculty Qualifications

1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Dermatology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. An instructor-to-trainee ratio of at least one-to-three is desirable, as is a minimum of 2 geographic full-time members of the clinical faculty, one of whom must be the training director.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

1. Faculty from any and all clinical and basic science departments can and should be utilized to provide a complete educational experience for the trainees.

2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

4. ensuring an equivalent training experience for all trainees.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
C. Didactic Components

Didactic training should complement and, when possible, precede or parallel the clinical activities. Such education should be organized to follow a curriculum that will ensure resident exposure to the complete range of disorders encountered by the dermatologist.

1. Basic science content

A vital part of the residency program is the structured study of the basic sciences related to dermatology, including allergy, anatomy, bacteriology, biochemistry, embryology, entomology, genetics, histology, immunology, molecular biology, mycology, oncology, parasitology, pathology, pharmacology, photobiology, physiology, serology, virology, and basic principles of therapy by physical agents. In addition, the structured study should include the basic medical sciences and principles that underlie dermatologic surgery and therapy by physical agents. Particular emphasis should be placed upon dermatologic microbiology, dermatopathology and immunodermatology. There should be a well-organized course of instruction and range of experience in these three disciplines. The dermatopathology training should be directed by a physician with special qualification, or its equivalent, in dermatopathology.

2. Teaching Methods

Teaching methods throughout the training period should include various combinations of lectures, conferences, seminars, demonstrations, individual or group study of color transparencies and histologic slides, clinical rounds, chart and record reviews, faculty-trainee sessions in small groups and one-to-one settings, book and journal reviews, and attendance at local, regional, and national meetings.

D. Clinical Components

1. To facilitate clinical and laboratory teaching it is essential that the department have an adequate supply of properly classified anatomic and pathologic materials, including histologic and photographic slides, and that the resident participate actively in the interpretation of histopathologic sections. Clinical laboratory facilities for microscopic analysis of biologic specimens (e.g., fungal and ectoparasite scrapings, Tzanck preparations, immunofluorescence), culture for microbes (e.g., fungi, bacterial, viruses), and interpretation of histologic specimens by light and electron microscopy should be conveniently available.

2. The training should be sufficient to ensure a knowledge of and competence in the performance of procedures in allergy and immunology, cryosurgery, dermatologic surgery, laser surgery, dermatopathology, clinical pathology, parasitology, patch testing, photobiology, and topical and systemic pharmacotherapy and microbiology, including sexually transmitted diseases. Among these disciplines, dermatologic surgery should be given special emphasis in the organization of and implementation into the training program. The surgical training should be directed by faculty who have had advanced training in dermatologic surgery.

Dermatologic surgical training should include appropriate anesthesiology, electrosurgery, cryosurgery, laser surgery, nail surgery, biopsy techniques, and excisional surgery with appropriate closures, including flaps and grafts when indicated.

3. The practice of dermatology is concerned with both ambulatory and hospitalized patients. It is essential that an active outpatient service furnish sufficient clinical material representing the broad array of diseases seen by the dermatologist. Suitable facilities that permit the use of modern diagnostic and therapeutic techniques in the care of these patients should be provided. Inpatient, day care, or extended care facilities are also essential so that residents may have the opportunity to treat the more serious cutaneous diseases on a daily basis and observe the dermatologic manifestations of systemic disease. Properly supervised experience with appropriate follow-up in the provision of consultation to other services whose patients manifest skin diseases as secondary diagnosis is also necessary. The keeping of complete and accurate consultation records within the dermatology unit should be emphasized throughout this phase of the training.

Space and equipment should be provided to permit instruction in dermatologic surgery, electrosurgery, phototherapy, cryosurgery, application of topical medications and dressings, and appropriate epicutaneous and intradermal testing, phototesting, and other diagnostic procedures.

4. During training it is necessary for trainees to gain an understanding of many diagnostic procedures and therapeutic techniques, even though they may not personally perform them. Residents should become familiar with hair transplantation, dermabrasion, sclerotherapy, laser resurfacing, liposuction, chemical peel and tissue augmentation. In addition, residents should gain experience with Mohs micrographic surgery. The physical modalities are especially notable, since an understanding of the basic properties of the electromagnetic spectrum is needed for the resident to become knowledgeable about the effects of various forms of this energy in the cause of disease and about their use in dermatologic diagnosis and therapy. Electron beam, x-ray, and laser are among these modalities. Even if some of these modalities are unavailable within a training unit, it is still an obligation of the director to assure that the trainee has received appropriate instruction concerning the disease implications and therapeutic application of these energy sources.

5. Training must be provided in cutaneous allergy and immunology and sexually transmitted diseases. Training should also be provided in appropriate aspects of environmental and industrial medicine, internal medicine, obstetrics and gynecology, ophthalmology, otolaryngology, pathology, pediatrics, physical medicine, preventive medicine, psychiatry, radiology, and surgery.

6. Experience in the teaching of dermatology to other residents, medical students, nurses, and/or allied health personnel is an important element of the residency program. In addition, trainees should, when possible, be given selected administrative responsibility commensurate with their interests, abilities, and qualifications.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space,
equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. A 10-hour time period for rest and personal activities must be provided between all daily duty periods, and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
      3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution’s GMEC is required.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
      a. the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) written semiannual evaluation that is communicated to each resident in a timely manner and
         2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
      c. a process involving use of assessment results to achieve progressive improvements in residents’ competence and per-
Program Requirements for Residency Education in Dermatology

VIII. Board Certification
Residents who plan to seek certification by the American Board of Dermatology should communicate with the Executive Vice President/Secretary of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2002 Effective: July 2002
Common Program Requirements: July 2003

Program Requirements for Residency Education in Dermatopathology (Dermatology)

I. Duration and Scope of Education
A. Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails and subcutaneous tissues by histological, histochemical, immunological, ultrastructural, molecular, microbiological, and other related techniques.

B. Graduate medical education programs in dermatopathology must provide an organized educational experience for qualified physicians seeking to acquire the additional competence of a dermatopathologist.

C. Programs must provide organized education in all current aspects of dermatopathology, including basic science, laboratory procedures, laboratory management, quality assurance, and self-assessment.

D. The dermatopathology program must be an equal and joint function of the Department of Dermatology and of the Department of Pathology in the sponsoring institution that has an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in Dermatology and an ACGME-accredited residency in Anatomic Pathology (AP-3) or Anatomic and Clinical Pathology (APCP-4).

E. Dermatopathology programs must offer 12 months of education subsequent to the satisfactory completion of an ACGME-accredited residency in either dermatology or pathology.

F. For all dermatopathology fellows, 50% of their education should be devoted to the study of dermatopathology as outlined in I.A.I. For those who have completed a pathology residency, 50% of the 1-year program should be education in clinical dermatology provided by the dermatology teaching staff. For those who have completed a dermatology residency, 50% of the program should be education in anatomic pathology provided by the pathology teaching staff.

G. The director and teaching staff of the program must prepare and comply with written educational goals for the program and distribute them to applicants, fellows, and members of the teaching staff. All educational components of the program should be related to these goals.

H. The program design and/or structure must be approved by the dermatopathology review committee as part of the regular review process.

I. Participation by any institution providing more than 2 months of training in the program must be approved by the dermatopathology review committee.

J. The educational effectiveness of the program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.
by fellows must be assessed. Written evaluations by fellows should be utilized in this process.

II. Educational Program

A. Curriculum
1. Fellows must actively participate in the daily review and diagnosis of current dermatopathology specimens. This experience must extend throughout the 12 months of accredited education and must be equivalent in quantity and quality for all fellows.
2. The program must include didactic instruction and practical experience in the diagnosis of skin disorders by direct inspection, and by histological, histochemical, immunological, molecular, microbiological, and other related techniques.
3. Dermatopathology fellows must be given clearly defined assignments and increasing responsibility as they progress through the program.
4. The program must provide a sufficient volume and variety of dermatopathology specimens (at least 5,000 new accessions per fellow per year) and other educational materials for the fellow to acquire the qualifications of a consultant in dermatopathology.
5. The program must provide the fellow with the experience required to set up and to operate a dermatopathology laboratory and to supervise and train laboratory personnel.
6. All dermatopathology fellows should participate in patient examination appropriate to dermatopathology. Fellows who are pathologists must participate in the examination of at least 1,000 dermatology patients.
7. Dermatopathology fellows who are dermatologists must have exposure to surgical pathology. This experience should emphasize contemporary diagnostic techniques and require attendance at surgical pathology conferences and the review of slide sets of diseases relevant to dermatopathology. Participation in autopsies appropriate to dermatopathology is desirable.

B. Educational Activities
1. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held.
2. Instruction should include the use of and access to study sets and files of usual and unusual cases and other educational materials (e.g., the Internet, etc).

III. Program Personnel

A. The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.

B. Program Director
1. The program director must be responsible for and have the authority to conduct the training program effectively. He or she must devote sufficient time to the program to ensure the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, fellow staff, and educational resource materials.
2. A program involving two or more participating institutions must have a single director with authority for the supervision and coordination of the portions of the program carried out at each institution.
3. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification in Dermatopathology by the American Board of Dermatology or American Board of Pathology or suitable equivalent qualifications.
   d. Appointment in good standing to the medical staff, and privileges in dermatopathology at, an institution participating in the program.
   e. At least 5 years of experience (following fellowship) in the practice of dermatopathology.
   f. Experience as a teacher and/or administrator in a dermatopathology or related program.
4. The program director must demonstrate continuing scholarly activity.
5. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection, supervision, and evaluation of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      i. At least semi-annually evaluate the knowledge, skills, and professional growth of the fellows, using appropriate criteria and procedures.
      ii. Communicate each evaluation to the fellow in a timely manner.
   iii. Advance fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
   iv. Maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.
   f. Provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.
   g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and fellow complaints or grievances.
   h. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fel-
Anatomic Fellows appointed to an ACGME-accredited dermatopathology program must have completed an ACGME-accredited residency in Anatomic Pathology (AP-3), Anatomic Pathology/Clinical Pathology (AP/CP-3), or Dermatology.

1. The number of positions requested must not exceed the number of positions available in a program.
2. Fellows must have the opportunity to assume increasing responsibility under supervision appropriate to their experience as they progress through the program.
3. Fellows should have the opportunity to become involved in dermatopathologic research and teaching during the program.
4. The program director must ensure that fellows are adequately supervised by faculty at all times. Further, fellow duty and on-call assignments must be made in a manner that ensures that neither education nor quality of patient care is jeopardized by fellow stress or fatigue. Physicians must have a keen sense of personal responsibility for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day. In no case should a trainee go off duty until the proper care and welfare of the patients have been ensured. Fellow duty hours and night and weekend call must reflect the concept of responsibility for patients and the provision of adequate patient care. Fellows must not be required regularly to perform excessive, prolonged duties. When averaged over 4 weeks, fellows should spend no more than 80 hours per week in hospital duties. Fellows should, on average, have the opportunity to spend at least 1 day out of 7 free of program duties and should be on call no more than more often than every third night. When on call for 24 hours or more, there should be opportunity to rest and sleep.

E. Other Personnel
1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.
2. There must be a sufficient number of qualified professional, technical, and clerical personnel to support laboratory work and the educational program.

IV. Institutional Resources
A. There must be ample case material and supporting facilities to meet the training requirements in dermatopathology, dermatology, and pathology. Each dermatopathology fellow should examine at least 5,000 dermatopathology specimens (i.e., in-house or referred specimens in the institution's accessions file for which reports are generated.)
B. There must be adequate equipment, laboratory space, office facilities, meeting rooms, classrooms, and research space to support service, teaching, and educational responsibilities.
C. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
D. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and collections of texts and journals must be readily available during nights and weekends.

V. Research and Scholarly Activity
A. Graduate medical education must take place in an environment of inquiry and scholarship in which fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for fellows involved in research.
6. Provision of support for fellow participation in scholarly activities.
VI. Evaluation
A. There must be regular, written evaluation of fellows by teaching staff. Evaluations should be completed and discussed with the fellows at least once every 6 months.
B. Fellows should submit written evaluations of the program at least once each year for confidential review by the director.

VII. Certification and Accreditation
A. The Residency Review Committees for Dermatology and Pathology are responsible for accreditation of graduate medical education programs in dermatopathology.
B. The American Board of Dermatology and American Board of Pathology are responsible for certification of individual physicians in dermatopathology. Individuals who plan to seek certification should communicate with their respective boards to obtain the latest information regarding certification.

ACGME: February 2002  Effective: July 2002

Program Requirements for Residency Education in Procedural Dermatology (Dermatology)

Common Program Requirements appear in bold.
Sections of text not in bold are specialty-specific requirements

I. Introduction

A. Definition and Scope of the Subspecialty
Procedural Dermatology is the subspecialty within dermatology that is concerned with the study, diagnosis, and surgical treatment of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue. Dermatologic surgical procedures are minimally invasive and may be safely performed in outpatient settings without general anesthesia or other intravascular physiologic alteration. An especially important technique is Mohs micrographic surgical excision, which is used for certain cancers of the skin and incorporates training in clinical dermatology and dermatopathology as they apply to dermatologic surgery. In addition, cutaneous reconstruction of surgical defects, sclerotherapy, chemical peel, hair transplantation, dermabrasion, small-volume liposuction, cutaneous soft tissue augmentation with injectable filler material, rhinophyma correction, cutaneous oncology, laser surgery, epidemiology, medicolegal and regulatory issues, quality assurance, and self-assessment.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Most procedural dermatology fellowships will be sponsored by institutions that also sponsor ACGME-accredited residency programs in dermatology. Programs that are not affiliated with a dermatology residency will also be eligible for accreditation if they are able to document compliance with the ACGME's Institutional Requirements as well as those for Procedural Dermatology.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by institutions in which fellows are assigned for more than two months of education must be approved by the Residency Review Committee.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. Identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections V.D. and V.A. of the Program Requirements;
   b. Outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. Specify the period of fellow assignment;
   d. Establish the policies that will govern fellow education during the experience.

C. Facilities and Resources
1. Space
   a. Adequate space should be dedicated to the performance of dermatologic surgery procedures; this must include a Mohs micrographic frozen section laboratory and examination areas for surgical patients.
   b. There should be appropriate space for fellows to read, study, and complete their paperwork.
Program Requirements for Residency Education in Procedural Dermatology (Dermatology)

2. Laboratories
   a. The frozen section laboratory should be in close proximity to the operating suite or rooms in which dermatologic surgery is performed. The technician must be proficient in performing histologic sections. b. Program laboratories should be in compliance with all federal, state and local regulations regarding a work environment (eg, OSHA and CLIA).

3. Medical Library
   a. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
   b. Library services should include the electronic retrieval of information from medical databases.
   c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment

A. Eligibility Criteria
   The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
   The RRC may approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer
   To determine the appropriate level of education for a fellow who is transferring from another fellowship program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to acceptance into the program. A program director is required to provide verification of fellowship education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents. When the fellowship is sponsored by an institution that also sponsors a dermatology residency, both programs must be structured to ensure that both residents and fellows have educational experiences that meet the standards of training in the primary specialty and the subspecialty. In particular, the education and training of fellows must not interfere with or compromise the surgical education and training of dermatology residents.

IV. Faculty
   The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
   1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Dermatology or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. Have completed a formal, 12-month PGY-5 fellowship in dermatologic surgery or appropriate clinical experience.
   e. Have at least five years of patient care experience as a dermatologist and dermatologic surgeon.
   f. Have at least five years of experience as a teacher in graduate medical education in dermatology and dermatologic surgery as well as an ongoing clinical practice in dermatologic surgery.

B. Responsibilities of the Program Director
   1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   2. Committing sufficient time (at least 20 hours a week) to the administrative and teaching tasks inherent in achieving the educational goals of the program.
   3.Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
   4. Using the ADS to promptly notify the executive director of the RRC of a change in program director or department chair.
   5. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
   6. Monitoring of fellow well-being: The program director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
   7. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved maximum number of fellow positions.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
   1. The physician faculty must
      a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field. Members of the teaching staff who have responsi-
bility for fellow education in Mohs micrographic surgery must have completed a 12-month PGY-5 dermatologic surgery fellowship or have appropriate clinical experience.

b. be certified by the American Board of Dermatology or possess qualifications judged by the RRC to be acceptable.

c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the fellows in the program. All programs should have at least two faculty who are actively involved in the clinical practice of procedural dermatology and have significant responsibility for the instruction and supervision of all fellows during the 12 months of accredited education.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.

3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.D.1.

4. In the short-term absence of the program director, one member of the teaching staff must assume the responsibility for the direction of the program.

E. Other Program Personnel

1. Other Specialties

   As the care of patients with skin diseases involves collaboration with other specialties, fellows must have an opportunity to work with health care personnel from Dermatology, Dermatopathology, Medical Oncology, Pathology, and Radiation Therapy. Fellow experience would be enhanced by interaction with General Surgery, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Podiatry, and Prosthetics.

2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge, supplemented by the addition of current information.

3. providing fellows with direct experience in progressive responsibility for patient management.

B. Didactic Components

1. Body of Knowledge

Programs must be structured so that fellows are involved in procedural dermatology throughout the year and must include the systematic study of the body of knowledge which dermatologists have utilized in the development of surgical procedures that may be safely performed in an outpatient setting to treat disorders of the integumentary system. In particular, evaluation and surgical intervention for skin disease is based on an advanced understanding of cutaneous structure and function, cutaneous pathophysiology, clinical dermatology, and clinical dermatopathology as they are related to dermatologic surgery procedures. Procedural dermatology is broadly categorized into the following three areas:

   a. Cutaneous oncologic surgery incorporates medical, surgical, and dermatopathological knowledge of cutaneous neoplasms. The fellow is expected to develop in-depth knowledge and abilities in the clinical diagnosis, biology, and pathology of skin tumors as well as laboratory interpretation related to surgical treatment. Further, they must become skilled at the early identification of benign premalignant and malignant skin lesions through morphologic recognition visually as well as with the use of tools such as Woods lamp examination, epiluminescent microscopy and confocal microscopy.

   b. Cutaneous reconstructive surgery includes the repair of skin defects that result from the surgical removal of tumors or other skin disease and scar revision, and is based upon a knowledge of cutaneous wound healing and repair techniques.

   c. Cutaneous cosmetic surgery incorporates medical, surgical, and dermatopathologic knowledge of cutaneous disorders and the aging of the skin. It focuses on the study and performance of procedures that have been developed by dermatologists to improve the appearance of the skin and control cutaneous disease.

2. Related Disciplines

Fellows must also expand their knowledge of related disciplines such as surgical anatomy, sterilization of equipment, aseptic technique, anesthesia (including preoperative sedation, local and regional anesthesia, and indications for conscious sedation and general anesthesia), closure materials (sutures, staples), and instrumentation. Appropriate evaluation and management skills must be mastered for all cutaneous surgical patients regardless of diagnosis, including preoperative, perioperative, and postoperative evaluation. Training with certification in advanced cardiopulmonary resuscitation is required. Training in wound healing, including basic science, clinical aspects, and the use of specialized wound dressings appropriate to the clinical problem must be provided.

3. Didactic Activities

   Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held. There must be systematic study of the body of knowledge upon which dermatologic surgical procedures are based as well as the review of study materials and files of usual and unusual cases.

C. Clinical Components

1. Surgical Volume

   The program must provide a sufficient volume and variety of surgical cases for the fellow to acquire the experience of a subspecialist in procedural dermatology. Program faculty must collectively perform at least 1000 dermatologic surgical proce-
dure per fellow per year. At least 500 of that minimum total must be Mohs micrographic excisions per fellow per year.

2. Selection and Referral of Patients

The program must be designed to ensure that fellows develop an advanced competence in the identification of patients whose conditions should be treated by minimally invasive dermatologic surgical procedures and others, such as those requiring general anesthesia, who should be referred to other specialists such as ophthalmologists, orthopaedic surgeons, general surgeons, otolaryngologists, or plastic surgeons, who typically use techniques that are more invasive and are designed to treat diseases and conditions involving cartilage, bone, muscle, vessels, and nerves as well as skin.

3. Procedural Skills

a. The program must be designed to ensure that all fellows develop advanced skills in the performance of destruction techniques (electrosurgical, cryosurgical, chemical, and laser), excision (of skin cancers, warts, and other skin lesions followed by a layered closure), and Mohs micrographic surgery (for removal of basal cell and squamous cell carcinomas). In addition, the educational program should include instruction in hair transplantation (typically a staged procedure of grafts containing 1 to 15 hairs during a session that includes 50 to 500 grafts), skin rejuvenation techniques (to remove wrinkles or age spots using dermabrasion, chemical peel, laser resurfacing, or rhinophyma correction), laser surgery (typically for removal of a wart, tattoo, or port wine stain), laser phototherapy, nail surgery (typically to remove a nail, destroy the nail matrix, or perform a biopsy), small-volume tumescent liposuction, cutaneous soft tissue augmentation with injectable filler material, and sclerotherapy (injection of fluids into vessels typically less than 1 mm in diameter in the leg).

b. A knowledge of the principles of and the provision of practical training in electrosurgery for benign and malignant lesions (electrocoagulation, electrofulguration, electrodessication, electrosection, electrocautery), cryosurgery, curettage and electrocautery, scalpel surgery, and Mohs micrographic surgery are mandatory. Experience in staged reconstruction techniques, chemical destructive techniques, nail surgery, grafts, local flaps, sclerotherapy, laser surgery, wedge excision (lip and ear), and closures is also required.

c. Procedures of an aesthetic nature should be taught. This component of the program should include cutaneous soft tissue augmentation with injectable filler material, small-volume tumescent liposuction and fat transplantation, hair replacement surgery, skin resurfacing techniques, and cosmetic laser procedures (e.g., methods of scar revision or elimination of congenital skin defects).

d. The program must provide training in Mohs micrographic surgery, as employed in the management of complicated cancers of the skin. This technique has special importance since it requires both surgical skill and expertise in dermatopathology and in the laboratory methods utilized for the preparation of tissue specimens. Fellow experience in Mohs surgery must include treatment of aggressive tumors, large tumors, tumors arising in difficult anatomic sites (ear, eyelid, nose, lips), tumors requiring complex histopathologic interpretation, basal cell or squamous cell carcinoma that has spread from skin to contiguous tissues, tumors requiring multiple stages of excision, recurrent tumors, tumors for which management requires the involvement of colleagues from other specialties, and tumors in patients with complex medical problems requiring special intraoperative management.

e. The reconstruction of defects following Mohs micrographic surgery or other excisions should be given special attention. The fellows must become competent in cutaneous reconstructive surgery including random pattern axial flap repair, grafting techniques, and staged reconstructive techniques. However, some cases will be quite complex and fellows should learn when the assistance of (or referral to) colleagues from other specialties will be necessary.

4. Laboratory Management

The program must provide the fellow with the experience required to set up and operate a frozen section laboratory capable of processing sections for Mohs micrographic surgery and to supervise and train laboratory personnel.

5. Quality Assurance Activities and Documentation

a. There should be an ongoing quality assurance program.

b. Documentation of cases and complications in a case log for departmental files and the personal files of all fellows is required. There should be regularly scheduled conferences to consider complications and outcomes and utilization review.

c. There should be documentation of the fellows' surgical experience. This should include a case log with operative reports and pre- and postoperative photographs in appropriate cases. The surgical director should review and confirm the operative experience records of all fellows.

D. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

E. Fellow Duty Hours and the Working Environment

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energies. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

1. Supervision of Fellows
a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

c. Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when fellows are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient activities, and maintain continuity of medical and surgical care.

c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the fellow has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

i. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

ii. When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

iii. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III.D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.
C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
2. Outcome assessment
   a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.
   b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the fellowship program.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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Program Requirements for Residency Education in Emergency Medicine

I. Introduction

A. General Characteristics of Accredited Programs
Residencies in emergency medicine are designed to prepare physicians for the practice of emergency medicine. These programs must teach the fundamental skills, knowledge, and humanistic qualities that constitute the foundations of emergency medicine practice and provide progressive responsibility for and experience in the application of these principles to enable effective management of clinical problems. Equal opportunity must be provided for the residents, under the guidance and supervision of a qualified faculty, to develop a satisfactory level of clinical maturity, judgment, and technical skill. On completion of the program, residents should be capable of practicing emergency medicine, able to incorporate new skills and knowledge during their careers, and able to monitor their own physical and mental well being and that of others.

B. Length of the Program
1. The required length of an emergency medicine residency is 36 months in a curriculum under the control of the emergency medicine program director. Accreditation by the Accreditation Council for Graduate Medical Education (ACGME) is required for all years of the educational program.
2. Prior to entry into the program, each resident must be notified in writing of the required length of the program. This period may not be changed for a particular resident during his or her program unless there is a significant break in his or her education or the resident needs remedial education.

II. Institutions
The institution(s) involved in the program must provide evidence of commitment to graduate medical education, including emergency medicine. While it is recognized that the practice of emergency medicine occurs within a variety of organizational structures, the administrative and academic structure must be organized in a way that facilitates the provision of an adequate educational experience. There must be evidence of an adequate financial commitment to the program.

A. Medical School Affiliation
Medical school affiliation is desirable. When a medical school affiliation is present, there must be a written affiliation agreement or a letter of understanding documenting the duties and responsibilities of both the medical school and the program. Program core faculty should have appropriate faculty appointments at the medical school.

B. Affiliation Agreements
1. When there is a cooperative educational effort involving multiple institutions, the commitment of each institution to the program must be made explicit in an affiliation agreement with each institution that conforms to ACGME Institutional Requirements Section I.C.1-5.
2. In addition, there must be a current letter of understanding between the program director and the individual responsible for each resident rotation in the program that describes a. the educational objectives and the means by which they will be accomplished and evaluated;
b. the resources and facilities in the institution(s) that will be available to each resident, including but not limited to library and medical records;
c. the duties and responsibilities the resident will have on each rotation;
d. the relationship that will exist between emergency medicine residents and residents and faculty in other programs; and
e. the supervision emergency medicine residents will receive on each rotation.
3. For emergency medicine rotations, the physician responsible under the authority of the program director for the teaching and supervision of emergency medicine residents must be identified.

C. Participating Institutions
1. The program should be based at a primary hospital (hereafter referred to as the primary clinical site.) More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.
2. Programs using multiple hospitals must ensure the provision of a unified educational experience for the residents. Each affiliated institution must offer significant educational opportunities to the overall program. The reasons for including each institution must be stated. Affiliations that merely duplicate experiences otherwise available within the program are not desirable.
3. To maintain program cohesion, continuity, and critical mass, as well as to reduce stress on the residents and their families, mandated rotations to affiliated institutions that are geographically distant from the sponsoring institution are acceptable only if they offer special resources, unavailable locally, that significantly augment the overall educational experience of the program.
4. The number and geographic distribution of participating institutions must not preclude the satisfactory participation by all residents in conferences and other educational exercises.

D. Facilities and Resources
In every hospital in which the emergency department is used as a training site, the following must be provided:
1. Adequate patient care space,
2. Adequate space for clinical support services,
3. Laboratory and diagnostic imaging results, especially those required on a STAT basis, returned on a timely basis,
4. Adequate program support space, including office space for faculty and residents,
5. Current medical library resources, including access to appropriate informational resources and medical databases in the emergency department. In addition, residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Services available should include the electronic retrieval of information from medical databases,
6. Adequate and readily accessible instructional space,
7. Information systems,
8. Appropriate security services and systems to ensure a safe working environment.

III. Personnel
The program leadership and the program faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation. Specific responsibilities are defined below. Frequent changes in leadership or long periods of temporary leadership may adversely affect the accreditation status of the program.

A. Chair/Chief of Emergency Medicine
The chair/chief of emergency medicine shall
1. be licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted);
2. be a member of the program's core teaching faculty;
3. be qualified and have at least 3 years' experience as a clinician, administrator, and educator in emergency medicine;
4. be certified in emergency medicine by the American Board of Emergency Medicine or have appropriate educational qualifications in emergency medicine;
5. demonstrate active involvement in emergency medicine through a. continuing medical education,
   b. professional societies, and
   c. scholarly activities; and
6. demonstrate leadership qualities and be capable of mentoring faculty, residents, administrators, and other health-care professionals.

B. Program Director
There must be a single program director responsible for the program. The program director must function within a sound administrative organizational framework and have an effective program faculty as essential elements of an approved residency program. The program director must be a member of the program's core teaching faculty. The program director shall
1. be licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted);
2. be qualified and have at least 3 years' experience as a clinician, administrator, and educator in emergency medicine;
3. be certified in emergency medicine by the American Board of Emergency Medicine or have appropriate educational qualifications in emergency medicine;
4. be active full time in emergency medicine, be clinically active, devote sufficient time and effort to the program to provide day-to-day continuity of leadership, and fulfill all of the responsibilities inherent in meeting the educational goals of the program;
5. maintain appointment in good standing, including clinical privileges, and provide clinical supervision at the primary clinical site; he/she should be based at the primary clinical site.
6. demonstrate leadership qualities and the capability to mentor emergency medicine residents;
7. demonstrate active involvement in a. continuing emergency medical education;
   b. state, regional, or national scientific societies;
   c. presentations and publications and other scholarly activities;
8. have at least 50% of his or her time protected from clinical service; and
9. have appropriate authority to oversee and to organize the activities of the educational program, including but not limited to a. resident appointments and assignments;
   b. supervision, direction, and administration of the educational activities; and
   c. evaluation of the residents, faculty, and residency program.

C. Responsibilities of the Program Director
Responsibilities of the program director include the following:
1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the program faculty. It should be readily available for review.
2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

3. Participation in the evaluation of the program faculty and other program personnel at each institution participating in the program.

4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

5. Regular evaluation of residents' knowledge, skills, and overall performance based on the competency standards listed in this document.

6. Provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

7. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.

8. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- and/or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

9. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.

D. Program Faculty

1. There must be a sufficient number of program faculty with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the program faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. To ensure a sufficient number of faculty to provide adequate on-line 24-hour emergency department attending staff supervision and participation in ongoing scholarly activity and research in support of the emergency medicine residents, there must be a minimum of one core physician faculty member for every three residents in the program. When the total resident complement exceeds 30, the faculty-resident ratio of one core faculty member for every three residents may be altered with appropriate educational justification.

2. A core physician faculty member, a member of the program faculty, is one who provides clinical service and teaching, devotes the majority of his or her professional efforts to the program, and has sufficient time protected from direct service responsibilities to meet the educational requirements of the program. The majority of the core faculty must
   a. be certified by the American Board of Emergency Medicine or have appropriate educational qualifications in emergency medicine.
   b. be residency trained in emergency medicine.
   c. show evidence of participation in a spectrum of professional activities within the institution as well as within local, state, regional, and national associations.
   d. be engaged in research and have protected time and adequate support services to accomplish these tasks.

E. Core Faculty Development

Each program should encourage the academic growth of its core faculty. Faculty development opportunities should be made available to each core faculty member. A written plan for each member of the core faculty should be prepared in consultation with the core faculty member for whom the plan is being developed. At the time of the program review, an example of a core faculty development plan must be included in the Program Information Forms.

F. Other Program Personnel

Programs must be provided adequate professional, technical, and clerical personnel needed to support the administration and educational conduct of the program. Clinical support services must be provided on a 24-hour basis. The services must be adequate to meet reasonable and expected demands and must include the following: nursing, clerical, intravenous, EKG, respiratory therapy, messenger/transporter, and phlebotomy services.

IV. The Educational Program

The director and program faculty of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) for Emergency Medicine as part of the regular review process.

A. Organization and Structure

1. Patient population
   a. There must be an adequate number of patients of all ages and both sexes with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of emergency medicine residents and other residents who are assigned for training in emergency medicine. Except under unusual circumstances, the primary clinical site and other
Program Requirements for Residency Education in Emergency Medicine

4. Number of residents
b. Pediatric experience, defined as the care of patients less than 18 years of age, should be at least 16% of all resident emergency department encounters, or 4 months of full-time-equivalent experience dedicated to the care of infants and children. The program can balance a deficit of patients by offering dedicated rotations in the care of infants and children. The formula for achieving this balance is a 1-month rotation equals 4% of patients. Although this experience should include the critical care of infants and children, at least 50% of the 4 months should be in an emergency setting.

c. The number of critically ill or critically injured patients treated in aggregate by the residents at the primary clinical site should be significant, constituting at least 3% or 1,200 of the emergency department patients per year (whichever is greater) who are admitted to monitored care settings, operative care, or the morgue following treatment in the emergency department. Additional critical care experience is required during off-service rotations.

d. There shall be a policy to provide personal and consultant physicians access to the emergency department for patient care. This policy must be consistent with those for physician access to other special care areas. Consultations from other clinical services in the hospital must be available in a timely manner. All consultations must be provided by or under the supervision of a qualified specialist.

2. Supervision
a. All residents within the emergency department must be under the supervision of emergency medicine faculty in the emergency department at all times, except when residents from other services provide supervised care to patients on their service. In such circumstances, they must be supervised by emergency medicine faculty or by faculty from their services. Sufficient faculty must be present to provide supervision appropriate to the care of each patient.

b. All residents assigned to the emergency department must have supervision commensurate to their level of training.

c. Allied health professionals, such as physician assistants and nurse practitioners, and residents from other specialties who rotate through the emergency department must not compromise the educational objectives of the emergency medicine program by diluting the training experience or preventing appropriate progressive responsibility for the emergency medicine residents.

d. The program director should ensure that all emergency medicine residents, while on rotation on other services, are appropriately supervised and are provided with an educational experience equivalent to that of an ACGME-approved residency in that specialty.

3. Progressive responsibility
The program director must ensure that the degree of professional responsibility accorded to a resident is progressively increased through the course of training commensurate with skill and experience. Included should be opportunities to develop clinical and administrative judgment in the areas of patient care, teaching, administration, and leadership.

4. Number of residents
a. There should be a minimum of six residents per year of training to achieve a major impact in the emergency department, to ensure meaningful attendance at emergency medicine conferences, to provide for progressive responsibility, and to foster a sense of residency program and departmental identity.

Exceptions to these standards will require justification based on sound educational principles and must demonstrate substantial compliance with the intent of this requirement.

b. The program should request a number or range (minimum-maximum) of emergency medicine residents per year. The RRC will approve a range (minimum-maximum) or number of residents per year based on the educational resources of the program.

5. Presence of other residencies and other educational resources
The sponsoring institution for emergency medicine education must have a major educational commitment, as evidenced by training programs in other specialties or educational resources for the education of emergency medicine residents. A lack of such resources will adversely affect the accreditation status of the program.

6. Fellowships
Programs must notify the RRC if they sponsor any emergency medicine-related fellowships within institutions participating in the program. Documentation must be provided describing the fellowship's relationship to and impact on the residency.

b. Addition or integration of such individuals into an existing residency program requires a clear statement of the areas of education, clinical responsibilities, duration of training, and overall impact on the educational needs of existing emergency medicine residents.

7. Duty hours
a. Emergency medicine rotations
1) As a minimum, residents shall be allowed 1 full day in 7 days away from the institution and free of any clinical or academic responsibilities, including planned educational experiences.

2) While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods.

3) A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all clinical duty time and conferences, whether spent within or outside the educational program, including all on-call hours.

b. Other rotations
The program director must ensure that all residents have appropriate duty hours when rotating on other clinical services, in accordance with the ACGME-approved program requirements of that specialty.

c. Extracurricular activities
Activities that fall outside the educational program may not be mandated, nor may they interfere with the resident's performance in the educational process as defined in the agreement between the institution and the resident.

B. Curriculum
1. The program director must provide each resident and member of the faculty, in writing and in advance of the experience, a comprehensive curriculum specific to the educational needs of the emergency medicine resident and designed to accomplish the defined goals and core competencies of the emergency medicine training program. The curriculum shall be readily available for review. It shall include
Program Requirements for Residency Education in Emergency Medicine

1. the educational objectives for each rotation or other program assignment;
2. methods of implementation, including specific educational experiences used to meet each objective;
3. evaluation processes that are linked to the accomplishment of objectives; and
4. feedback mechanisms.

2. Goals of education

Residency programs in emergency medicine should produce emergency physicians prepared with the following basic competencies:

a. Provide the recognition, resuscitation, stabilization, evaluation, and care of the full range of patients who present to the emergency department
b. Apply critical thinking to determine the priorities for evaluation and treatment of multiple emergency department patients with different complaints and needs
c. Arrange appropriate follow-up or referral as required
d. Manage the out-of-hospital care of the acutely ill or injured patient
e. Participate in the administration of the emergency medical services system providing out-of-hospital care
f. Provide appropriate patient education directed toward the prevention of illness and injury
g. Engage in the administration of emergency medicine
h. Teach emergency medicine
i. Understand and evaluate research methodologies and their application
j. Understand and apply the principles and practice of continuous quality improvement
k. Manage resource utilization effectively
l. Utilize information resources effectively and apply evidence-based medicine to update their clinical practice
m. Communicate effectively with patients, families, and health-care professionals
n. Utilize resources to address domestic violence and other public health issues, including violence prevention
o. Demonstrate the fundamental qualities of professionalism
p. Demonstrate how optimal patient care is provided in the context of a larger health-care delivery system by effectively using system resources to support the care of patients

3. Planned educational experiences

a. Each program must offer its residents an average of at least 5 hours per week of planned educational experiences (not including change of shift report) developed by the emergency medicine residency program.
b. These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, evidence-based learning, laboratories, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.
c. Emergency medicine faculty are expected to attend and meaningfully participate in these planned educational experiences. Participation in resident conferences should be one component in the annual evaluation of the core emergency medicine faculty.

4. The program should ensure that residents are relieved of clinical duties to attend these planned educational experiences. Although release from some off-service rotations may not be possible, the program should require that each resident participate in at least 70% of the planned emergency medicine educational experiences offered (excluding vacations). Attendance should be monitored and documented.

5. The curriculum must include didactic and clinical information to enable the residents to achieve the goals and competencies of the training program. These include knowledge- and skill-based competencies as listed in the Core Content of Emergency Medicine.

6. The curriculum must include at least 2 months of inpatient critical care rotations, during which the residents should have decision-making experience that allows them to develop the skills and judgment necessary to manage critically ill and injured patients who present to the emergency department.

7. The program must develop a system that provides and documents efforts to teach residents the importance of patient follow-up. This should involve a representative sample of patients who are admitted to the hospital and who are discharged from the emergency department. Acceptable methods include but are not limited to:

   a. written documentation of individual resident efforts (ward/ICU visits, telephone calls, and chart review);
   b. timely provision of patient discharge summaries, operative reports, autopsy summaries, and/or consultation notes;
   c. regular case conferences (other than morbidity and mortality conference) that cover a representative sample of patient follow-ups.

8. At least 50% of the training beyond the first year must take place in the emergency department. Excessive clinical time in the emergency department should not preclude adequate experience in off-service areas needed to cover the curriculum.

9. Of the total educational experience, no less than 50% should take place under the supervision of emergency medicine faculty. Such experiences can include emergency medical services, toxicology, pediatric emergency medicine, sports medicine, emergency medicine administration, and research in emergency medicine.

10. Out-of-hospital care

Since out-of-hospital care is an integral and vital part of emergency medicine, there must be a formal, structured resident experience. This should include participation in paramedic base station communications; emergency transportation and care in the field, including ground units and possible air ambulance units; teaching and oversight of out-of-hospital personnel; and disaster planning and drills. If residents are required to ride in ground or air ambulance units, they must be notified of this requirement during the resident recruitment process.

11. Resuscitations and procedures

Each resident must have sufficient opportunities to perform invasive procedures, monitor unstable patients, and direct major resuscitations of all types on all age groups. A major resuscitation is patient care for which prolonged physician attention is needed and interventions such as defibrillation, cardiac pacing, treatment of shock, intravenous use of drugs (eg, thrombolytics, vasopressors, neuromuscular blocking agents), or invasive procedures (eg, cutdowns, central line insertion, tube thoracostomy, endotracheal intubation) that are necessary for stabilization and treatment. The resident must have the opportunity to make admission recommendations and direct resuscitations.

a. Programs must maintain a record of all major resuscitations and procedures performed by each resident. The record must document their role, ie, participant or director; the type of procedure(s); the location (ED, ICU, etc); age of patient; and admission diagnosis. Only one resident may be credited with the direction of each resuscitation and the performance of each procedure.
b. These records should be verified by the residency director and should be the basis for documenting the total number of resuscitations and procedures in the program. They should be available for review by the site visitor and the RC.

12. Systems-based practices and performance improvement
Each resident must actively participate in emergency department continuous performance (quality) improvement (PI) programs. Program components should include:
   a. basic principles and application of PI;
   b. formal regular clinical discussions, rounds, and conferences that provide critical review of patient care and promote PI and quality care, such as mortality and morbidity conferences that analyze system factors in medical errors; efforts should be made to gain permission for postmortem examinations and to review the results of these examinations;
   c. evidence of development, implementation, and assessment of a project to improve care, such as a clinical pathway, a patient satisfaction survey, or improvement of a recognized problem area.

13. Research and scholarly activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the program faculty. The staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include the following:
   a. Active participation of the program faculty in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
   b. Participation in journal clubs and research conferences.
   c. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals.
   d. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
   e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
   f. Provision of support for resident participation in scholarly activities. The curriculum should include resident experience in scholarly activity prior to completion of the program. Some examples of suitable resident scholarly activities are the preparation of a scholarly paper such as a collective review or case report, active participation in a research project, or formulation and implementation of an original research project.
   g. Residents must be taught an understanding of basic research methodologies, statistical analysis, and critical analysis of current medical literature.

14. Physician wellness
Physical and mental well being are critical to the emergency physician’s ability to provide proper care in a stressful environment. The residents should be taught to balance personal and professional responsibilities. Emergency medicine residencies should include opportunities to address physician wellness within the educational program, as well as to address stress, circadian rhythms, and substance abuse among health-care professionals.

15. Professionalism
Residents should be taught the fundamental qualities of professionalism in emergency medicine. These include:
   a. provision of compassionate emergency medical care with the best interest of the patient as the focus of decision making;
   b. respect, regard, integrity, and a responsiveness to the needs of patients and society that supersedes self-interest, that assumes responsibility and acts responsibly, and that demonstrates commitment to excellence and ongoing professional development;
   c. commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; and
   d. sensitivity and responsiveness to cultural differences, including awareness of their own and their patients’ cultural perspectives.

16. Interpersonal skills and communication
Residency programs must ensure that residents develop appropriate communication skills to effectively create a therapeutic relationship with patients, to educate and provide useful information to patients and families, and to work collaboratively in health-care teams for the benefit of their patients.

17. Family violence
There must be instruction on the presentation, detection, and management of domestic violence, including child, partner, and elder abuse (physical and sexual) as well as neglect. Such instruction should promote the understanding of its effects on both victims and perpetrators.

V. Evaluation
There must be effective, ongoing evaluation of all components of the residency program. This evaluation process must relate to the educational objectives of the program and provide a mechanism to effect change.

A. Evaluation of Residents
1. At least semiannually, there must be an evaluation of the knowledge, skills, and professional growth in emergency medicine of each resident, using appropriate criteria and procedures. Documentation of management of patients with emergency conditions, to include major trauma, medical and pediatric resuscitations, and performance of emergency procedures by each resident in the program, must be kept and reviewed periodically by the program director.
2. Formal evaluation of each resident during training is required and must include oral and written examinations. In addition, there must be a mechanism for formal evaluation of the resident on each rotation. A summary of the evaluations must be communicated in writing to and should be signed by the resident. Discussions of these results between the resident and the program director or his or her designee must be held on at least a semiannual basis.
3. Residents should be advanced to positions of higher responsibility on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. A plan to remedy deficiencies must be in writing and on file. Progress and improvement must be monitored at a minimum of every 3 months if a resident has been identified as needing a remediation plan.
5. A permanent record of evaluation for each resident must be maintained and must be accessible to the resident and other authorized personnel.
6. A written final evaluation must be provided for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated
sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.

B. Evaluation of Faculty
1. At least annually, individual faculty members must be formally evaluated by the chair/chief of emergency medicine, who should include information from the program director and the emergency medicine residents. A mechanism for preserving resident confidentiality in the evaluation process must be implemented.
2. Faculty evaluations should include documentation of teaching ability, clinical knowledge, administrative and interpersonal skills, participation and contributions to resident conferences, and scholarly contributions. A summary of the evaluations should be communicated in writing to each faculty member.

C. Evaluation of the Program
1. At least annually, the educational effectiveness of the entire program, including the quality of the curriculum and the clinical rotations, must be evaluated by residents and faculty in a systematic manner. The extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be used in this process. The results of these evaluations must be kept on file.
2. The RRC will take into consideration information provided by the American Board of Emergency Medicine performance of the program’s graduates on the certifying examinations over a period of several years.

VI. Other

A. Notice of Changes in the Program
1. The program leadership is responsible for notifying the Executive Director of the RRC within 30 days, in writing, of any major changes in the program that may significantly alter the educational experience for the residents, including the following:
   a. Changes in leadership of the department or the program
   b. Changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution
   c. A drop in the core faculty complement below the required minimum number or if one-third or more of the core faculty leave within 1 year
   d. A drop below the minimum approved number of residents in the program for 2 consecutive years

Should the RRC determine that a significant alteration of the educational resources has occurred, an immediate resurvey of the program may be performed.

2. The program director must obtain prior approval for the following changes in the program in order for the RRC to review the changes:
   a. The addition or deletion of any participating institution to which a resident will rotate for 4 months or longer.
   b. The addition or deletion of any rotation of 4 months or longer.
   c. Any change in the approved resident complement of the program. (Prior approval is not required for temporary changes in resident numbers due to makeup or remedial time for currently enrolled residents or to fill vacancies at the same level of education in which the vacancy occurs.)
   d. Any change in the length or educational format of the program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

B. Combined Programs
The RRC will review combined education program proposals only after the review and approval of the American Board of Emergency Medicine. Review by the RRC will consider only whether the residency has sufficient resources to support combined education without diluting the experience of the regularly appointed residents. The RRC does not accredit the combined education. The proposal must be submitted to the RRC prior to the implementation of required education.

C. Certification
Residents who plan to seek certification by the American Board of Emergency Medicine should communicate with the Secretary of that Board for information regarding the requirements for certification.

ACGME: June 2000 Effective: January 1, 2001

Program Requirements for Residency Education in the Subspecialties of Emergency Medicine

The following requirements pertain to programs in the subspecialties of emergency medicine. Each program must comply with the requirements listed below as well as with the specialty content found in the program requirements for the respective area.

These programs must exist in conjunction with and be an integrated part of a residency program in emergency medicine. They must be approved by the RRC. The existence of a program should not compromise the integrity of the core program.

Residents appointed to the subspecialties programs should have completed an ACGME-accredited residency in emergency medicine, family practice, internal medicine, or pediatrics. [Note: Those lacking board certification in one of these areas will not be considered eligible for a Certificate of Added Qualifications from any of the corresponding specialty boards.]

I. Program Goals and Objectives

The director and teaching staff of a program must prepare and comply with written educational goals for the program.

A. Program Design

All educational components of a residency program should be related to program goals.

1. The program design and/or structure must be approved by the Residency Review Committee (RRC) for Emergency Medicine as part of the regular review process.
2. Participation by any institution providing more than 3 months of training in a program must be approved by the RRC.

B. Program Evaluation

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.
II. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program.
1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by one of the following boards: American Board of Emergency Medicine, American Board of Family Practice, American Board of Internal Medicine, or American Board of Pediatrics, and possess a Certificate of Added Qualifications in Sports Medicine from that same board. The RRC will determine the adequacy of alternate qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

   The program director, with participation of members of the teaching staff, shall:
   1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
   2. Communicate each evaluation to the resident in a timely manner.
   3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
   4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
   f. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
   g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   h. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
   i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Program Research and Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Graduate Medical Education Directory 2004-2005
Program Requirements for Residency Education in the Subspecialties of Emergency Medicine

2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

B. Library
1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

ACGME: September 1994 Effective: September 1994

Program Requirements for Residency Education in Medical Toxicology (Emergency Medicine)

I. Introduction

A. Definition and Description of the Subspecialty
1. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation and treatment of injury and illness due to occupational and environmental exposures, pharmaceutical agents, as well as unintentional and intentional poisoning in all age groups. A medical toxicology residency must be organized to provide residents with experience in the clinical practice of medical toxicology for all age groups and to provide a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.
2. Residencies in medical toxicology must teach the basic skills and knowledge that constitute the foundations of medical toxicology practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in medical toxicology.
3. Programs must provide a broad education in medical toxicology to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education
1. Prerequisite training for entry into a medical toxicology program should include the satisfactory completion of an ACGME-accredited residency. [Note: Candidates who do not meet this criterion should consult the American Board of Emergency Medicine or the American Board of Preventive Medicine regarding their eligibility for subspecialty certification.]
2. The length of the educational program is 24 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
3. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. Sponsoring Institution
1. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school, a school of public health, and a school of pharmacy or department of pharmacology.
2. Programs in medical toxicology should be based at a primary hospital (hereafter referred to as the primary clinical site). The majority of the didactic and clinical experiences should take place at the primary clinical site.
3. The following services must be organized and provided at the primary clinical site:
   a. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric intensive care facilities
   b. Renal dialysis services with 24-hour availability
   c. Toxicology laboratory services with 24-hour availability
   d. Inpatient and outpatient facilities with staff who consult the toxicology service
   e. It is desirable that hyperbaric oxygen therapy is available
4. The program must develop an institutional affiliation to provide residents with clinical experiences not provided at the primary clinical site, other than those listed in II.A.3.a-d.

B. Participating Institutions
1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
   a. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, either as primary physicians or consultants, the entire course of critically poisoned patients in both the pediatric and adult categories.
   b. Institutional resources must be available to support the provision of clinical experience in adult and pediatric critical care areas for residents without prior experience of at least 1 month in an adult intensive care unit and 1 month in a pediatric intensive care unit.
   c. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
Program Requirements for Residency Education in Medical Toxicology (Emergency Medicine)

A. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.

C. Library
Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Reference material specific to the content of the subspecialty must be available in either text or electronic retrieval form.

D. Appointment of Residents
The Residency Review Committee (RRC) will approve the number of medical toxicology residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources available to the program.

III. Faculty Qualifications and Responsibilities
A. In addition to the qualifications and responsibilities of the program director and faculty described in the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine or the Program Requirements for Residency Education in Preventive Medicine, there must be at least two medical toxicology faculty who devote a minimum of 5 hours a week of direct teaching time to the residents and whose medical practice makes them available to the residents for consultation as the primary or consulting physician responsible for providing bedside evaluation, management, screening, and preventive services.

B. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.

C. Consultants from appropriate medical subspecialties including those with special expertise in disaster and mass casualty incident management, hyperbaric medicine, immunology, industrial hygiene, occupational toxicology, pulmonary medicine, biostatistics, epidemiology, public health, botany, cardiology, dermatology, gastroenterology, nephrology, ophthalmology, pathology, pharmacology, surgical subspecialty, zoology, hazardous materials and mass exposure to toxins, laboratory toxicology, forensic toxicology and environmental toxicology, and nonmedical specialties, such as botany, herpetology, and mycology should be available for consultation and academic lectures.

IV. The Educational Program
A. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC.

B. The curriculum must include the following academic and clinical content:
1. The clinical manifestations, differential diagnosis, and management of poisoning
2. The biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity, and interactions of therapeutic drugs
3. The biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis
4. Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research
5. Laboratory techniques in toxicology
6. Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene
7. Prevention of poisoning, including prevention of occupational exposures by intervention methodologies, that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention
8. Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures
9. The function, management, and financing of poison control centers
10. Oral and written communication skills and teaching techniques
11. Principles of epidemiology and risk communication, analytical laboratory techniques, and research methodologies in toxicology

C. Clinical Experience
Residents must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.

D. Residents must have opportunities to evaluate and manage patients with acute and long-term workplace and environmental toxic exposures. Clinical training should include experience in an industrial setting or an occupational medicine clinic or access to occupational medicine patients in a referral setting. The resident should also have the opportunity to evaluate and manage intoxicated patients in both industrial and referral setting, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent.

E. Regional Poison Information Center
1. The program must provide residents with educational experiences in a regional poison control center certified by the American Association of Poison Control Centers or its equivalent. It is highly desirable that the poison control center be in physical proximity to the primary clinical site.
2. Each resident must have 12 months’ experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology or who possesses suitable equivalent qualifications as determined by the RRC.
3. The poison control center should have at least 1,500 calls annually that require physician telephone consultation or intervention.

F. Planned Educational Conferences
Program Requirements for Residency Education in Medical Toxicology (Emergency Medicine)

Program Requirements for Residency Education in Pediatric Emergency Medicine (Emergency Medicine)

I. Introduction
The goal of a residency program in pediatric emergency medicine is to produce physicians who are clinically proficient in the practice of pediatric emergency medicine, especially in the management of the acutely ill or injured child, in the setting of an emergency department that is approved as a 911 receiving facility or its equivalent and has an emergency medical services system.

A program in pediatric emergency medicine must be administered by, and be an integral part of, an ACGME-accredited program in either emergency medicine or pediatrics and must be associated with an ACGME-accredited residency program in the corresponding discipline.

There must be written agreements between the director of the program in pediatric emergency medicine and the directors of the participating residencies in pediatrics and emergency medicine specifying the experiences that will compose this subspecialty program. These agreements should address appropriate curriculum content, supervision of the resident, amount and distribution of clinical and nonclinical time, conferences, clinical performance criteria, and mechanisms for resolving performance problems.

Prerequisite training should include satisfactory completion of an ACGME-accredited residency program in either emergency medicine or pediatrics.

II. Duration and Scope of Training
A training period of 2 years is required for all subspecialty residents. [Note: For those planning to seek certification in the American Board of Pediatrics, 3 years of training is required.] [Note: If a third year is offered, it must be described when the program is reviewed by the Residency Review Committee. Those planning to seek certification should consult with the appropriate certifying board regarding the criteria for eligibility, including duration of training.]

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families while providing residents the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators. The program must emphasize the fundamentals of assessment, diagnosis, and management. Residents also should be exposed to the academic debate, intensive research review, and the interaction between and among the specialties of pediatrics and emergency medicine.

III. Curriculum
The residents in pediatric emergency medicine must participate in the care of pediatric patients of all ages, from infancy through young adulthood, with a broad spectrum of illnesses and injuries of all severities. At least 12 months of the clinical experience must be obtained seeing children in an emergency department where children, ages 21 years of age or less, are treated for the full spectrum of illnesses and injuries. To provide adequate exposure for selected problems, additional experience with anesthesiologists, intensivists, neurologists, psychiatrists, pre-hospital care providers, orthopedists, surgeons, toxicologists, traumatologists who have training and experience in the care of children and adolescents, and other specialists must be available.

Specialty-specific content must include at least 4 months of training in the reciprocal specialty from which the resident enters the training program. Additional elective months of reciprocal training should be scheduled when deemed appropriate by the program director on the basis of the background of the resident and his/her progress in acquiring the essential skills of a pediatric emergency specialist.

For the emergency medicine graduate, the reciprocal time must include time spent in pediatric subspecialty and ambulatory clinics, inpatient management, neonatal management, and pediatric critical care in an ACGME-accredited residency program in pediatrics.

For the pediatric graduate, this must include 4 months in an adult emergency department that is part of an ACGME-accredited residency program in emergency medicine. One month of that experience may occur off site as approved by the ACGME-accredited program in emergency medicine, in EMS, adult trauma, or toxicology.

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Program Requirements for Residency Education in Medical Toxicology (Emergency Medicine)

Program Requirements for Residency Education in Pediatric Emergency Medicine (Emergency Medicine)
Additional experiences may be necessary for residents from both core specialties. For example, adolescents have unique aspects of disease and injury. Experience with blunt and penetrating trauma, and with significant gynecologic and obstetrical emergencies, as well as psychiatric emergencies of the adolescent, must be a part of a resident's training if previous experience in these areas was not adequate. These experiences should be in settings best suited for the resident's training.

The core content must include training in EMS, administration, ethics, legal issues, and procedures. It must also include but not be limited to structured opportunities to develop special competence in such areas as cardiopulmonary resuscitation; trauma; disaster and environmental medicine; transport; triage; sedation; monitoring (biomedical instrumentation); emergencies arising from toxicologic, obstetric, gynecologic, allergic/immunologic, cardiovascular, congenital, dermatologic, dental, endocrine/metabolic, gastrointestinal, hematologic/oncologic, infectious, musculoskeletal, neurologic, ophthalmic, psychosocial, and pulmonary causes; renal/guatonituary and surgical disorders; and physical and sexual abuse.

In addition to achieving an understanding of the pathophysiology, epidemiology, and management of these problems, the resident must learn how to evaluate the patient with an undifferentiated chief complaint such as abdominal pain. The resident must be taught to arrive at a diagnosis, whether it falls in areas traditionally designated medical or surgical, eg, appendicitis, ectopic pregnancy, intussusception, sickle cell anemia; to perform the evaluation rapidly in accordance with any pathophysiologic disturbances in the patient; and to proceed with an appropriate life-saving therapy, such as endotracheal intubation or thoracotomy or administration of antibiotics, before arriving at a definitive diagnosis.

The resident must learn the skills necessary to prioritize and manage the emergency care of multiple patients. Finally, the resident must have supervised experience in a range of technical/procedural skills, as they apply to pediatric patients of all ages.

The resident must be given increasing responsibilities for patient care as she or he progresses through the program. In the final year of training, the resident must be given the opportunities to demonstrate the skills appropriate to a supervisor, teacher, and a decision maker in pediatric emergencies.

There must be an emphasis on developing a compassionate understanding of the stress associated with sudden illness, injury, and death so that the resident may be responsive to the emotional needs of the patients, their families, and the staff of the emergency department. Discussion and appreciation of the many ethical issues involved in pediatric emergency medicine should be part of the educational program.

Residents should be exposed to formal sessions on organizing teaching programs, medical writing, and oral presentation. Residents should have the opportunity to develop teaching skills by conducting lectures, seminars, and clinical conferences and by preparing written reports and teaching materials. These efforts must be reviewed and evaluated by the supervising faculty in light of competency-based objectives developed by the program. The resident must receive instruction and experience in the administrative and management skills necessary to oversee a division or department.

IV. Conferences

There should be opportunities to participate in regularly scheduled, multidisciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include instruction in or other educational exposure to related basic sciences, including physiology, growth and development, pathophysiology, and epidemiology, and prevention of pediatric illnesses and injuries.

The program also should provide education on physician wellness and stress management.

V. Teaching Staff

There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries to provide adequate supervision of residents and to ensure the educational and research quality of the program. Two of the faculty must be certified in pediatric emergency medicine or have equivalent qualifications. For a subspecialty program that functions as an integral part of a pediatric residency program, there must be adequate exposure to faculty who are certified by the American Board of Emergency Medicine. Conversely, for a subspecialty program based in an emergency medicine residency program, there must be adequate exposure to faculty certified by the American Board of Pediatrics.

The availability of consultant and collaborative faculty in related medical and surgical disciplines, as referred to in Section III, must be ensured.

The pediatric emergency medicine faculty must have an active role in curriculum development and in the supervision and evaluation of the subspecialty residents.

VI. Patient Population

A sufficient number of patients must be available to provide adequate opportunity for subspecialty residents to acquire competence in the management of the full spectrum of acutely ill and injured children, adolescents, and young adults. The subspecialty residents must provide the initial evaluation of and treatment to all types of patients.

To meet the educational objectives of the program and to provide both the pediatric and subspecialty residents with an adequate experience to acquire competence in clinical management, there should be a minimum of 15,000 pediatric patient visits per year in the primary emergency department that is used for the program. Patient acuity and the total number of trainees will be considered in assessing the adequacy of the patient population. These must include a sufficient number of patients with major and minor trauma, airway insufficiency, ingestions, obstetric and gynecologic disorders, psychosocial disturbances, and emergent problems from all pediatric medical and surgical subspecialties.

Subspecialty residents should not serve as the only care givers for children seen in the emergency department. They should provide supervision and consultation to other residents who are assigned to the emergency department and will be caring for patients. These subspecialty residents must, however, have the opportunity to manage multiple patients at the same time, to learn the skills necessary to prioritize the evaluation and treatment of these patients.

In addition, the program must provide the pediatric emergency medicine residents the opportunity to assume leadership responsibility for the pediatric emergency department.

VII. Facilities

There must be an acute care facility that receives patients via ambulance from the prehospital setting, is equipped to handle trauma, and that has a full range of services associated with residencies in pediatrics and emergency medicine. This facility should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The emergency department must be adequately staffed, have appropriate bedside monitoring capability, and be capable of resuscitating medical and trauma patients. Facilities and equipment must
Program Requirements for Residency Education in Pediatric Emergency Medicine (Emergency Medicine)

I. Introduction
In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine.

II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology: effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources
The program must include the following:

A. Patient Population
A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend 1/2 day per week maintaining their skills in their primary specialty.
Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Emergency Medicine)

I. Introduction

A. Definition and Scope of the Specialty

1. The subspecialty of Undersea and Hyperbaric Medicine is a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased, such as in diving or hyperbaric chamber exposure, and the therapeutic use of high environmental pressure and the delivery of oxygen under high pressure to treat disease. The scope of the subspecialty emphasizes the occupational, environmental, safety, and clinical aspects of diving, hyperbaric chamber operations, compressed air work and hyperbaric oxygen therapy. A program in undersea and hyperbaric medicine must provide a broad educational experience and a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing in academic and clinical settings.

2. Training in undersea and hyperbaric medicine must teach the basic skills and knowledge that constitute the foundations of undersea and hyperbaric medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in undersea and hyperbaric medicine.

3. Programs must offer a broad education in undersea and hyperbaric medicine to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. The length of the educational program must be 12 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
2. Prior to entry into the program, each prospective resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. The sponsoring institution must provide sufficient faculty, financial resources, clinical, research, and library facilities to meet the educational needs of the residents and enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school.

B. The program should be based at a primary hospital (hereafter referred to as the primary clinical site). More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.

C. The following services must be organized and provided at the primary clinical site:
   1. Twenty-four hour availability of hyperbaric medicine services, with at least 100 consultations and 1000 patient treatments per year
   2. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric surgical and intensive care facilities
   3. Inpatient and outpatient facilities with staff who consult the hyperbaric medicine service

D. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.

3. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, as appropriate, either as primary physicians or consultants, the entire course of therapy, including critically ill patients in both adult and pediatric categories.

4. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program.

An acceptable educational rationale must be provided for each participating institution.

5. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.

6. The number and geographic distribution of participating institutions must not preclude all residents’ participation in conferences and other educational exercises.

7. A letter of agreement with each institution participating in the program must be developed to include:
   a. The educational objectives and the method to accomplish and to evaluate each objective;
   b. The resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
   c. The resident’s duties, responsibilities, and duty hours for the assignment; and
   d. The relationship that will exist between undersea and hyperbaric medicine residents and the faculty in other programs.

8. Participation by any institution that provides 3 months or more of education in a program must be approved by the RRC.

E. Appointment of Subspecialty Residents

1. The Residency Review Committee (RRC) will approve the number of undersea and hyperbaric medicine residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for education purposes; and the institutional resources available to the program.

2. Prerequisite training for entry to an undersea and hyperbaric medicine program is contingent upon completion of an ACGME-accredited residency program involving a minimum of 12 months of preventive, primary, surgical, and/or critical care training.

F. Resident Policies

1. Supervision
   a. All patient care services must be supervised by appropriately qualified faculty.
   b. The program director must ensure, direct, and document proper supervision of residents at all times.
   c. Residents must be provided with rapid, reliable systems for communicating with faculty. Supervising faculty with appropriate experience for the severity and complexity of patient conditions and treatments must be available at all times.

2. Duty hours and conditions of work
   It is desirable that residents’ work schedules be designed so that on the average, excluding exceptional patient care needs, resident have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night.

III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director
   a. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   b. Certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine or possess appropriate educational qualifications as determined by the RRC.
   c. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.

d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.

e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

f. The program director, with participation of the faculty, shall:

1) at least quarterly evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;

2) communicate each evaluation to the resident in a timely manner;

3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;

4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and

5) provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

g. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.

i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.

j. Notification of the RRC regarding major programmatic changes.

B. Faculty

1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program at each participating institution. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, one additional faculty member must possess certification by the American Board of Emergency Medicine or the American Board of Preventive Medicine in undersea and hyperbaric medicine or possess appropriate educational qualifications as determined by the RRC.

2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity.

4. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. Consultants from appropriate medical subspecialties should be available for consultation and didactic teaching, including those with experience and understanding of such fields of medicine as preventive medicine, infectious disease, orthopaedics, vascular surgery, plastic surgery, anesthesia, critical care, emergency medicine, ophthalmology, oral surgery, podiatry, pulmonary medicine, otolaryngology, rehabilitative medicine, and other disciplines as they pertain to the comprehensive treatment of the clinical hyperbaric patient.

C. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program

The program director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency should be related to the program goals. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty must be conducted regularly and as scheduled. The program design and/or structure must be approved by the RRC.

A. The curriculum must include the following academic and clinical content:

1. History of undersea and hyperbaric medicine

2. Decompression theory and physiology, including theory and application of decompression tables

3. Oxygen physiology in normobaric, hyperbaric and hypocbaric environments; oxygen toxicity

4. Pathophysiology of decompression illness and arterial gas embolism, including iatrogenic gas embolism

5. Diving operations and human performance in the hyp/o hyperbaric environments

6. Medical examination/standards for divers and personnel working in hyp/o hyperbaric environments

7. Effects of hyperbaric oxygenation on infectious disease

8. Principles of treatment of toxic gas exposures, such as carbon monoxide poisoning

9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds

10. Tissue oxygen measurement

11. Multiplace and monoplace hyperbaric chamber operations, including safety considerations, management of critically ill patients in the hyperbaric environment, clinical monitoring, and mechanical ventilation

12. Evaluation of the patient for clinical hyperbaric treatment, including contraindications and side effects

13. Hazards of standard electrical therapies in hyperbaric environment, eg, electrical defibrillation and precautions

14. Emergency procedures for both monoplace and multiplace installations

15. Saturation diving covering air quality standards and life support requirements, including the physiology and practical (medical) issues associated with heliox, trimix, and hydrogen/oxygen/helium mixtures
Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Emergency Medicine)

16. Systems management, including administrative aspects of chamber operations, such as billing issues, quality assurance, and peer review.

B. Residents must have a minimum of 10 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation and management. A maximum of 2 elective months can be offered in appropriate related areas.

C. Residents must have opportunities to evaluate and manage patients with both acute and non-emergency indications for hyperbaric oxygen therapy. The resident should have the opportunity to evaluate and manage 100 or more patients, including responsibility for providing bedside evaluation and management. This experience should be organized for a minimum of 10 months or its full-time equivalent and cover IV.C.1 through IV.C.8. Up to 2 months of elective time may be allowed for additional training in areas of relevance to undersea and hyperbaric medicine, such as critical care, surgery, submarine medicine, toxicology, or radiation oncology. Competencies that will be attained at the end of the 12-month training period must include:
1. Assessment of prospective divers for fitness to dive
2. Assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiphase hyperbaric chamber
3. Assessment of patients with suspected decompression sickness or iatrogenic gas embolism and prescription of treatment
4. Assessment of patients with specific problem wounds with respect to indications for hyperbaric oxygen therapy, fitness for hyperbaric treatment, and prescription of treatment
5. Assessment and management of patients with complications of hyperbaric therapy
6. Management of critically ill patients in the hyperbaric environment
7. Knowledge of the indications for hyperbaric oxygen therapy
8. Assessment of patients with toxic gas exposure (eg, carbon monoxide)

D. Planned Educational Conferences
Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

E. Additional Clinical and Educational Experiences
The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to hyperbaric medicine as a condition of the educational program.

F. Teaching and Research Experience
Residents must have progressive experience and responsibility for the teaching of undersea and hyperbaric medicine to health care trainees and professionals, including medical students, interns, residents, and nurses. Residents should participate in the formal didactic teaching program. Research leading to publication should be encouraged.

V. Facilities and Resources

A. Space and Equipment
Adequate space must be available for faculty to perform their educational, research, and administrative functions. A library containing hyperbaric texts and journals must be readily available. Adequate conference and teaching space must be available for didactic and case conferences.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities
A hyperbaric chamber must be available that is capable of treatment of the full range of conditions amenable to hyperbaric oxygen therapy. A full service clinical laboratory must be available at all times that is capable of measurement of chemist, blood indices, and microbiology of patients needing hyperbaric therapy. Radiologic services must be available within the institution at all times. Inpatient and outpatient facilities, including intensive care units capable of addressing the needs of patients with respiratory poisons, gas forming infections, wound healing problems, gas embolism, and other conditions requiring hyperbaric treatment, must be available.

C. Patient Population
There shall be sufficient patients of all ages and both sexes with medical and surgical conditions requiring hyperbaric therapy. Patients with necrotizing infections, carbon monoxide and cyanide poisoning, diving problems, gas embolism, and osteomyelitis must be present in the patient population.

D. Support Services
Support services must include physical therapy, social services, occupational medicine, and psychological and psychological testing services.

VI. Certification
Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the Board to ascertain the full requirements.

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Program Requirements for Residency Education in Family Practice

I. Introduction

A. Duration of Training

Residencies in family practice must be 3 years in duration after graduation from medical school and must be planned so that a coherent, integrated, and progressive educational program with progressive resident responsibility is ensured.

B. Scope of Training

The programs must be specifically designed to meet the educational needs of medical school graduates intending to become family physicians and must provide experience and responsibility for residents in those areas of medicine that will be of importance to their future practice. The goal of the family practice training program is to produce fully competent physicians capable of providing care of high quality to their patients.

Residents must learn to gather essential and accurate information about the patient and use it together with up-to-date scientific evidence to make decisions about diagnostic and therapeutic intervention. They must learn to develop and carry out patient management plans.

Family practice residency programs should provide opportunity for the residents to learn, in both the hospital and ambulatory settings, those procedural skills that are within the scope of family practice.

The residency program must ensure that its residents, by the time they graduate, possess knowledge in established and evolving biomedical and clinical science domains and apply it to clinical care. Residents are expected to gather essential and accurate information about the patient and use it together with up-to-date scientific evidence to make decisions about diagnostic and therapeutic interventions, develop and carry out patient management plans, provide health care services aimed at preventing health problems or maintaining health.

Residents must locate, appraise, and assimilate "best practices" related to their patients' health problems.

C. Clinical Care

The residency program must ensure that its residency, by the time they graduate, possess knowledge in established and evolving psycho-social biomedical and clinical science domains and apply it to clinical care. Residents are expected to demonstrate rigor in their thinking about clinical situations and to know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

Use of the computer to manage information, access on-line medical information, and support clinical care and patient education is required.

The residency program must ensure that its residents, by the time they graduate, demonstrate the fundamental qualities of professionalism. Residents are expected to demonstrate respect, regard, and integrity and a responsiveness to the needs of patients and society that supersedes self-interest. They must assume responsibility and act responsibly, and demonstrate a commitment to excellence.

Residents must learn to apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

The residency program must ensure that its residents are aware that health care is provided in the context of a larger system and can effectively call on system resources to support the care of patients. Residents are expected to understand how their patient-care practices and related actions impact component units of the health care delivery system and the total delivery system, and how delivery systems impact provision of health care. They must be taught systems-based approaches for controlling health care costs and allocating resources and must learn to practice cost-effective health care and resource allocation that does not compromise quality of care.

Residents must learn how to advocate for quality patient care and assist patients in dealing with system complexities. They must be taught how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can impact system performance.

The presence of other programs sponsored by the residency, eg, geriatric medicine and/or sports medicine, must not result in significant dilution of the experience available to the family practice residents.

II. Institutional Organization

A. Sponsoring Institution

There must be one sponsoring institution for each residency, as mandated by the Institutional Requirements. This entity must be identified at the time of each review of the residency.

The sponsoring institution must ensure the existence and availability of those basic educational and patient care resources necessary to provide the family practice resident with meaningful involvement and responsibility in the required clinical specialties.

Since family practice programs are dependent in part on other specialties for the training of residents, the ability and commitment of the institution to fulfill these requirements must be documented. Instruction in the other specialties must be conducted by faculty with appropriate expertise. There must be agreement with specialists in other areas/services regarding the requirement that residents maintain concurrent commitment to their patients in the Family Practice Center (FPC) during these rotations.

B. Participating Institutions

When a residency relies on multiple institutions to provide curricular components, the arrangements between the program/primary site and each affiliated facility must be described in a written document that is signed by the appropriate administrators of the respective institutions. These arrangements must be specific to the family practice residency and must address the scope of the affiliation, the content and duration of the rotations involved, the duties and patient care responsibilities of the residents during these rotations and the details of the supervision and resident evaluation that will be provided. These documents should be appended to the program information forms each time there is a site visit and review of the program.

Participation by an institution that provides more than 6 of the 36 months of training in the program must be approved by the Residency Review Committee (RRC).

A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

C. Appointment of Residents

[Note: Applicants who have had previous graduate training may be considered for admission to family practice residencies. Credit for this other training may be given only in the amount that is compatibil-
able with the Program Requirements for Residency Education in Family Practice. Directors should consult with the American Board of Family Practice on each case prior to making a determination regarding the equivalence of such training.

Programs should appoint only those candidates who intend to complete the full program. As a general rule, programs should appoint residents to the first year of training and those accepted into the first year of training should be assured of a position for the full 3 years, barring the development of grounds for dismissal. A family practice program should endeavor not to function as a transitional year program.

To provide adequate peer interaction, a program should offer at least four positions at each level and should retain, on average, a minimum complement of 12 residents. Except for periods of transition, the program should offer the same number of positions for each of the 3 years.

In certain cases, for urban or rural areas serving underserved communities, tracks may be approved that have a smaller resident complement but with at least one resident at the second and third levels or two residents at one of the levels to ensure peer interaction. In such cases, programs are encouraged to arrange opportunities for the residents to interact with other residents, e.g., through didactic sessions at the parent program.

The degree of resident attrition and the presence of a critical mass of residents are factors that will be considered by the RRC in the evaluation of a program.

III. Faculty Qualifications and Responsibilities

The program director and teaching staff are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

A. Program Director

There must be a single program director responsible for the residency.

Continuity of leadership over a period of years is important to the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have an adverse effect on an educational program and will be cause for serious concern. The RRC must be notified promptly in writing of any change in the leadership of the program.

In order to provide continuity of leadership and to fulfill the administrative and teaching responsibilities inherent in achieving the educational goals of the program, the director must devote sufficient time to the residency program, i.e., at least 1,400 hours per year exclusive of time spent in direct patient care without the presence of residents. Where a program in the 1-2 format operates in conjunction with a 3-year program, there must be a separate rural site director.

1. Qualifications of the Program Director

The following are the requirements for the program director. An acting or interim director should be similarly qualified.

a. Academic and professional qualifications: The director must have demonstrated ability as a teacher, clinician, and administrator; must be capable of administering the program in an effective manner; and must be actively involved in the care of patients. Prior to assuming this position, the program director must have had a minimum of 2 years full-time professional activity in family practice and should have had teaching experience in a family practice residency.

b. Licensure: The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

c. Certification requirements: The director must be currently certified by the American Board of Family Practice or have appropriate educational qualifications, as so judged by the RRC.

d. Medical staff appointment: The director must hold an appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the Program Director

The program director is responsible for the following:

a. Written educational goals: The director must have responsibility for a written statement outlining the educational goals of the program. These must be provided in a document that outlines the specific knowledge, skills, and other attitudes expected of residents at each level of training and for each major rotation or other program assignment. The goals must be distributed to residents and teaching staff and should be available for review by the site visitor.

b. Selection of residents: Residents for appointment to the program must be selected in accordance with institutional and departmental policies and procedures.

c. Teaching staff and other program personnel: The director must have responsibility for selection and supervision of these staff members at each institution participating in the program.

d. Supervision of residents: Institutional and program policies and procedures must ensure that all residents are adequately supervised in carrying out their patient care responsibilities. It is the responsibility of the program director and faculty to ensure that residents are appropriately supervised. Supervising policies of the residency should be consistent with those of the institution. They must be in writing and be distributed to all members of the program staff.

Faculty schedules including their time on-call, must be structured to ensure that supervision is readily available to residents on duty.

e. Resident evaluation: There must be regular and formal evaluation of residents with participation of the teaching staff.

f. Discipline: The director has responsibility for the implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

g. Resident well-being: The director must monitor resident stress, including mental or emotional conditions that inhibit performance or learning, and dysfunction related to drugs or alcohol. The director and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support service to residents. To promote physician well-being and prevent impairment, residents should be trained to balance personal and professional responsibilities in a way that can be reflected throughout their careers. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

h. Provision of accurate information: The director must submit accurate and complete information as requested by the RRC on the program information forms or in special communication as directed by the committee.

i. Notification of change: The director must notify the RRC regarding major programmatic changes and obtain approval prior to their implementation.
B. Family Physician Faculty
The faculty must contain teachers with the diversified interests and expertise necessary to meet the training responsibilities of the program. There must be a sufficient number of hours contributed by a critical mass of family physician faculty to prevent fragmentation of the learning experience. Where part-time faculty are utilized, there must be evidence of sufficient continuity of teaching and supervision.

In addition to the program director, there must be at least one full-time equivalent (FTE) family physician faculty for each six residents in the program. By the time a program offers all 3 years of training, there should be at least one additional family physician faculty member in each setting. Full-time commitment is at least 1,400 hours per year devoted to the residency, exclusive of time spent in direct patient care without the presence of residents. Any program in operation must have at least two family physician faculty members, including the director, regardless of resident complement.

The family physician faculty should have a specific time commitment to patient care to enable them to maintain their clinical skills. Some of the family physician teaching staff must see patients in the FPC to serve as role models for the residents. In addition, the program must have family physician faculty with admitting privileges in the hospital(s) where the FPC patients are hospitalized.

The family physician faculty must be currently certified by the American Board of Family Practice or must demonstrate appropriate educational qualifications, as so judged by the RRC. The RRC will determine the acceptability of alternate qualifications.

C. Other Faculty
Physicians in the other specialties must devote sufficient time to teaching and supervising the family practice residents and providing consultation to ensure that the program's goals for their specialty areas are accomplished.

Additional teaching staff will be needed to provide training in areas such as behavioral science, nutrition, and the use of drugs and their interaction.

D. Qualifications and Development of Faculty
All of the key members of the teaching staff in the program must demonstrate appropriate qualifications for their specialty areas, eg, certification by a member board of the American Board of Medical Specialties (ABMS) or appropriate educational qualifications for physician faculty, and appropriate credentials for the nonphysician faculty. The RRC will determine the acceptability of alternate qualifications.

There must be an explicit system to develop and maintain academic and clinical skills of the faculty and to foster their continual professional growth and development.

IV. Facilities
A program must provide the facilities required for the education of residents in sufficient proximity to the primary hospital to allow for the efficient functioning of the educational program.

A. Primary and Affiliated Hospitals
1. Multiple Hospitals
If the primary facility is unable to provide all of the required experiences, additional facilities may be used. Such arrangements will be considered acceptable only if there is no compromise in the quality of the educational program and no significant reduction in attendance of residents at teaching sessions or of camaraderie and exchange of information among residents and with the faculty. These affiliated hospitals may not be at such a distance from the primary teaching sites that they require excessive travel time or otherwise fragment the educational experience.

2. Number of Beds
It is essential that the participating hospitals, primary and affiliated, be of sufficient size and have an adequate number of occupied teaching beds to ensure a sufficient patient load and variety of problems for the education of the number of residents and other learners on the services. Inpatient facilities must also provide adequate physical, human, and educational resources for training in family practice. In determining the adequacy of the number of occupied beds in the primary and affiliated hospitals, the patient census, the types of patients, and their availability for residency education will be considered.

3. Medical Staff
The medical staff should be organized so that family physician members may participate in appropriate hospital governance activities on a basis equivalent to that of members in other specialties. Where a hospital is departmentalized, there must be a clinical department of family practice.

B. Family Practice Center
1. Introduction
The primary setting for training in the knowledge, skills, and attitudes of family practice is the model office or FPC, where each resident must provide continuing, comprehensive care to a panel of patient families. The FPC must be for the exclusive use of the residency, ie, all activities in the FPC must be residency-related and under the direction of the program director. The center must be clearly and significantly identified as a Family Practice Center.

An FPC must be in operation on the date the program begins. If a temporary center is used, it must meet the criteria specified below. If multiple centers are used for training, each must be approved by the RRC and must meet the same criteria as the primary center. All of the FPCs used in a program must provide comparable experiences.

Programs that involve training in Community or Migrant Health Centers (C/MHCs) [Note: See Section 380 of the Public Health Service Act.] must provide assurance that these facilities meet the criteria for an FPC, as outlined below, unless an exception is approved by the RRC.

2. Administration and Staffing
The program director must have administrative responsibility for and control of the FPC and its staff. The director of the FPC must report to the program director. In cases where the facility is not owned by the program, its primary hospital, or its sponsoring institution, eg, a Community Health Center, a letter of agreement must be provided that guarantees the program director's authority over and responsibility for the educational activities that take place in the facility.

The FPC must be appropriately staffed with nurses, technicians, clerks, and administrative and other health professional personnel to ensure efficiency and adequate support for patient care and educational needs.

3. Location and Access
The FPC must be close enough to the hospital to require minimal travel time. It may not be at such a distance as to require travel that interferes with the educational opportunities, efficiency, or patient care responsibility.

When a FPC is at such a distance from the primary hospital that the patients are hospitalized elsewhere, the program director must demonstrate how the residents will efficiently maintain continuity for their hospitalized patients at one hospital while having their required rotations at another and the extent to
which they are able to participate in the program’s educational activities, such as attendance at required conferences.

The facility must be designed to ensure adequate accessibility and efficient patient flow, be environmentally sensitive to patient care needs, and provide appropriate access and accommodations for the handicapped.

4. Required Areas
Each FPC must have
a. a reception area and waiting room that is consistent with the patient care and educational needs of the residency;
b. suitable resident work space and space for individual and small group counseling;
c. an office library resource, office laboratory, and a business office

d. two examining rooms that are large enough to accommodate the teaching and patient care activities of the program for each physician faculty member and resident when they are providing patient care

e. faculty offices, if not in the FPC, then immediately adjacent to the center

f. a conference room that is conveniently accessible and readily available, as needed, and is large enough to accommodate the full program. Where multiple FPCs are used in a program, there must be a meeting room within or immediately adjacent to each FPC that is large enough for smaller meetings of all faculty, residents, and staff at that site.

When other learners, eg, fellows, residents from other specialties, medical students, and nurses, are being trained by family physicians in the FPC, additional space may be required. Efficiency and education of the family practice residents must not be compromised by the training of other health care professionals.

5. Equipment
There must be
a. appropriate diagnostic and therapeutic equipment in the FPC to meet the basic needs of an efficient and up-to-date family practice office and an acceptable educational program for residents in family practice and

b. provision for diagnostic laboratory and imaging services so that there is prompt and convenient access by patients and residents for patient care and education.

6. Patient Access to the Family Practice Center
The FPC must be available for patient services at times commensurate with community medical standards and practice. When the center is not open, there must be a well-organized plan that ensures continuing access to the patient’s personal physician or a designated family physician from the FPC.

Patients of the FPC must receive education and direction as to how they may obtain access to their physician or a substitute physician for continuity of care during the hours the center is closed. Patients should have access to printed policies and procedures of the Center.

7. Record System
The FPC patients’ records should be maintained in the FPC. However, if a centralized record system is used, easy and prompt accessibility of the records of the FPC patients must be ensured at all times, ie, during and after hours. The record system should be designed to provide information on patient care and the residents’ experience. These records must be well maintained, legible, and up-to-date, and should document the patient’s primary physician.

The record system must provide the data needed for patient care audits and chart review of all facets of family care, including care rendered in the FPC, in the hospital, at home, by telephone, through consultations, and by other institutions.

8. Source of Income
The fiscal operation of the FPC must reflect a balance between education and service. Service demands must not adversely affect educational objectives. A plan should be in place to ensure fiscal stability of the program.

Residents, faculty, and staff should be educated periodically on the importance of cost-effective quality health care and the importance of efficiency within the FPC.

C. Library Services
In addition to the office library in the FPC, residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

Library services should include the electronic retrieval of information from medical databases.

There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program, and these must be readily available during nights and weekends.

D. Patient Population
A patient population of adequate size and representing a broad spectrum of problems, various ages and both sexes should be attended in the hospital, in the FPC, at home, and in institutions for long-term care or rehabilitation. A sufficient number of inpatients must be available to provide a broad spectrum of problems in any area listed in these requirements that involves inpatient care. The disease spectrum available for resident education must be that common to the general community. These experiences must include the opportunity to attain expertise in emergency initial care of unusual or life-threatening problems.

V. The Educational Program
A. Introduction
The curricula and plans for all rotations and experiences must be developed by the family practice faculty. Other specialty faculty should be consulted for assistance as needed. All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, specific methodologies for teaching, and methods of evaluation exist.

While every residency program must have the required core curriculum as contained in this document, curriculum components may vary, with approval of the RRC, to reflect current regional practice patterns and patient care needs and may be flexible enough to utilize the strengths of the program.

Family physicians must be utilized to the fullest extent as teachers consistent with their experience, training, and current competence.

1. Program Design
The program design and/or structure must be approved by the RRC as part of the regular review process. All components of a residency program should be related to the program goals. Programs utilizing multiple sites and/or tracks must describe a core curriculum of at least 20 months that is participated in by all of the residents. If the remaining months are offered at more than one site they must be comparable in terms of their content, duration, and intensity.

Innovative and experimental educational designs and formats will be considered. For example, programs in family practice may propose utilization of a nonrotational format for providing resident education in areas usually taught in block rotations. Such
proposals must demonstrate that the program provides experience equivalent to that of block rotations for its residents and must include documentation that residents will have all of the required experiences during their training, including experience with an adequate volume and mix of patients, the required continuity of care experiences, and appropriate faculty supervision.

2. Approval of Changes

Prior approval of the RRC is required for major changes in the curriculum, format, or design of the program; the addition or deletion of a major participating hospital; and/or the utilization of a new or additional FPC or the alteration of an existing center in any way that might make the facility less suitable.

On review of a proposal for major change in curriculum, facilities, or design of a program, the RRC may determine that a site visit is necessary before a decision can be made.

B. Principles of Family Practice

Continuity of care and family-oriented comprehensive care must be integral components of all programs. Residents must be taught throughout their training to demonstrate and to articulate clearly the following philosophy and concepts of family practice to patients and colleagues.

1. Continuity of Care

The program must instruct residents in the provision of continuity of care and ensure that each resident has experience with the interrelating roles played by the physician, the patient, the patient’s family, the health care system, and the community in optimizing the patient’s care.

The learning of continuity of care requires stable, protected physician-patient relationships that are structured to enhance both resident learning and patient care. This must occur primarily with a panel of patients in the FPC. Additional continuity patients, who may not be able to visit the FPC, should be enrolled and assigned as needed to provide residents with continuity experience in home care and long-term care settings.

The program must require that each resident maintain continuity of responsibility for his/her patients when such patients require hospitalization or consultation with other providers, both to integrate each patient’s care and to optimize each resident’s continuity training. The resident must maintain active involvement in management and treatment decisions.

2. Family-Oriented Comprehensive Care

The family physician assumes responsibility for the total health care of the individual and family, taking into account social, behavioral, economic, cultural, and biologic dimensions. Therefore, a program must emphasize comprehensive, family-oriented care that must be taught in didactic and clinical settings during the entire period of residency training. Residents must have experience in all patient care contexts, including outpatient, inpatient, home, and long-term care settings.

The resident must be given the opportunity to achieve high levels of competence in health maintenance and in disease and problem management and to develop attitudes that reflect expertise in comprehensive patient management and education.

The program must provide the opportunity for residents to acquire knowledge and experience in the provision of longitudinal health care to families, including assisting them in coping with serious illness and loss and promoting family mechanisms to maintain wellness of its members.

Essential elements to be integrated into the teaching of family care to residents include, for the individual patient, health assessment, health maintenance, preventive care, acute and chronic illness and injury, rehabilitation, behavioral counseling, health education, and human sexuality. Elements for the family include family structure and dynamics, genetic counseling, family development, family planning, child rearing and education, aging, end of life issues, epidemiology of illness in families, the role of family in illness care, family counseling and education, nutrition, and safety.

The resident must be taught patterns of record keeping that incorporate a comprehensive information base, retrievable documentation of all aspects of care, and mechanisms for promotion of health maintenance and quality assessment of care.

C. Family Practice Center Experience

1. Orientation

First-year residents must have an orientation period in the FPC to introduce the comprehensive approach to health care and to promote resident identity as a family physician.

2. Faculty Supervision

The number of family physician faculty assigned to the FPC must be sufficient to ensure that there is always an appropriate number who, without other obligations, supervise and are immediately available on-site to the residents in the FPC whenever two or more residents are seeing patients. If there is only one resident seeing patients, the preceptor may engage in other activities in the FPC to a maximum of 50%. In addition to their availability when needed by residents, these supervisors must provide active precepting of the residents.

3. Patient Population

Each program must document the availability of a stable patient population of sufficient number and variety to ensure comprehensiveness and continuity of experience for the residents in the FPC. Patient populations seeking only episodic care will not satisfy this requirement.

The majority of the scheduled patient visits in the FPC should be from families for whom a resident is responsible. To achieve this, appointments must be scheduled by regular employees of the FPC or by an employee assigned specifically to scheduling family practice patients. These employees must be cognizant of the significance of the appointment policy on continuity of care and patient access to personal physicians. Wherever possible, assignment of family groups to a resident and priority scheduling with the primary provider should be considered.

4. Continuity Patient Panels

Residents should develop and maintain a continuing physician-patient relationship with an undifferentiated panel of patients and their families throughout the 3-year period. The program must be structured to ensure that residents maintain such continuity at least throughout their second and third years of training. This continuity may be interrupted for a maximum of 1 month in the first year of training. During the last 2 years of training the resident may not be absent longer than 2 months in each year, and these 2 two-month periods may not be consecutive. After the first interruption, the residents must return to provide continuity care for their patient panels for at least 2 months before interrupting continuity again.

Each resident must be assigned to the same FPC for the minimum number of half days specified below. A half-day session must be at least 3 hours. To gain adequate experience, each resident must see, on average, more than an average of 500 patient visits by the end of the year.

a. Each first-year resident must be assigned to the FPC at least 1 half day per week and see a total of at least 140 patient visits by the end of the year.
b. Each second-year resident must be assigned to the FPC at least 2 half days per week and see a total of at least 500 patient visits during the year.
c. Each third-year resident must be assigned at least 3 half days per week in the FPC and see a total of at least 1000 patient visits during the year.

D. Focused Experiences

The program should implement a plan to ensure that residents retain their identity and commitment to the principles and philosophic attitudes of family practice throughout the training program, particularly while they rotate on other specialty services.

An appropriately qualified member of the program’s faculty must be in attendance on site when the services or procedures needed exceed the capability of the most senior supervising resident or when qualified senior residents are unavailable for supervision of more junior residents.

While the content of a rotation is more important than the time assigned to it, it is necessary to establish guidelines for the allocation of time segments to provide an objective measure of the opportunity provided for residents to achieve the cognitive knowledge, psychomotor skills, attitudinal orientation, and practical experience required of a family physician in each of the curricular elements. Time spent in the FPC seeing continuity patients may not be included when calculating the duration of the specialty rotations for which a number of required hours is specified. It is understood, however, that FPC time is included in the required rotations that are specified in months.

The following curricular areas must be included in each program.

1. Human Behavior and Mental Health

Knowledge and skills in this area should be acquired through a program in which behavioral science and psychiatry are integrated with all disciplines throughout the resident's total educational experience. Training should be accomplished primarily in an outpatient setting through a combination of longitudinal experiences and didactic sessions. Intensive short-term experiences in facilities devoted to the care of chronically ill patients should be limited. Instruction must be provided by faculty who have the training and experience necessary to apply modern behavioral and psychiatric principles to the care of the undifferentiated patient. Family physicians, psychiatrists, and behavioral scientists should be involved in teaching this curricular component.

There must be instruction in the following areas:

a. Diagnosis and management of psychiatric disorders in children and adults
b. Emotional aspects of non-psychiatric disorders
c. Psychopharmacology
d. Alcoholism and other substance abuse
e. The physician/patient relationship
f. Patient interviewing skills
g. Counseling skills
h. Normal psychosocial growth and development in individuals and families
i. Stages of stress in a family life cycle
j. Sensitivity to gender, race, age, sexual orientation and cultural differences in patients
k. Family violence including child, partner, and elder abuse (physical and sexual), as well as neglect, and its effect on both victims and perpetrators
l. Medical ethics, including patient autonomy, confidentiality, and issues concerning quality of life
m. Factors influencing patient compliance

2. Adult Medicine

This experience must provide the resident with the opportunity to acquire the knowledge and skills necessary for the diagnosis, treatment, and management of non-surgical diseases of adults. This experience should enhance the resident's understanding of the pathophysiologic basis for non-surgical diagnostic and therapeutic techniques and promote development of a disciplined, scientific approach to the practice of adult medicine. Faculty must include family physicians and may include internists or other specialists.

There must be a minimum of 8 months of experience in adult medicine. At least 6 months should occur in the inpatient setting, on either a family practice or an internal medicine service. In all cases, experiences should progress from general to specific content areas, with graduated resident responsibilities and supervision.

This training must include a separate defined critical care experience of at least 1 month's duration, or its equivalent, and a structured clinical experience in cardiology.

The curriculum must also provide instruction in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology through lectures, rotations, or interaction with consultants.

There must be education in the prevention and detection of diseases in women. Instruction on women should also cover social issues of concern to women, including domestic violence, rape, sexual abuse, and the changing role of women in society. Residents should have the opportunity to develop an understanding of the effect of the community on women's health care, including the epidemiology of infant mortality and prevention of teenage pregnancy. Residents must have the opportunity to learn about the mental health issues of women, including problems that are seen predominantly in women, such as eating disorders and the sequelae of sexual abuse.

3. Maternity and Gynecologic Care

a. Maternity Care

The resident must be provided instruction in the biological and psychosocial impacts of pregnancy, delivery, and care of the newborn on a woman and her family. There must be a minimum of 2 months of experience in maternity care, including the principles and techniques of prenatal care, management of labor and delivery, and postpartum care. This must involve sufficient instruction and experience to enable residents to manage a normal pregnancy and delivery.

The program must have family physician faculty who are engaged in providing these services and who can supervise the residents and serve as role models for them.

The resident must be trained in the recognition and initial management of the high-risk prenatal patient, including consultation and referral. Additionally, the residents must be taught to recognize and manage complications and emergencies in pregnancy, labor, and delivery. Residents also must receive training in genetic counseling. When appropriate for the resident's future practice and patient care, the resident must be trained in the management of the high-risk prenatal patient.

Each resident must perform a sufficient number of deliveries to ensure adequate opportunity for the achievement of competencies appropriate to family physicians. A portion of the maternity care experience must be derived from patients seen in continuity. To accomplish the objectives of the curriculum in maternity care, residents must assume the responsibility of longitudinal provision of antenatal, natal, and postnatal care during their 3 years of training. Whenever possible, these patients should be derived from the residents' panels of patients in the FPC.

Supervision of labor and delivery care must be immediately available. For deliveries, and for labor when risk factors are
present, there must be on-site supervision in the delivery suite/labor deck by a family physician, an obstetrician, a senior resident in an ACGME obstetrics residency or by a senior family practice resident who has had sufficient experience. In determining the supervision that is required, the program director must consider the year of training and previous obstetrical experience of the supervising resident. If supervision is provided by a senior resident it must be documented that s/he has had sufficient maternity care experience to function in this capacity. When the direct supervision is provided by a senior resident, there must be on-site physician faculty supervision immediately available in the hospital.

The program must make available additional training in maternity care as an elective within the 36-month curriculum. This elective experience must include high-risk maternity care, including the opportunity for residents to develop technical proficiency in appropriate operative procedures that may form a part of their future practice.

b. Gynecological Care
There must be a minimum of 140 hours of structured experience in the care of the gynecological system in nonpregnant women. This experience must be in addition to the routine care of continuity patients in the FPC and gynecological experience gained during family practice call or during the emergency medicine rotation.

All residents must be provided instruction in normal growth and development; diseases of the female reproductive tract; reproductive physiology including fertility, family planning, and human sexuality; physiology of menopause; and pelvic floor dysfunction. The program must also provide adequate instruction and clinical experience in managing emergency problems of the female reproductive system. This experience should be predominantly ambulatory, but residents must participate in the management of gynecological/surgical emergencies. The training should include some inpatient care, preoperative care, assisting in surgery, and postoperative care. The residents must have the opportunity to learn to perform appropriate procedures.

4. Care of the Surgical Patient
The program must provide instruction with special emphasis on the diagnosis and management of surgical disorders and emergencies and the appropriate and timely referral of surgical cases for specialized care.

Residents must be taught to appreciate the variety of surgical treatments and the potential risks associated with them to enable them to give proper advice, explanation, and emotional support to patients and their families. The residents should also be taught to recognize conditions that are preferably managed on an elective basis.

The program must provide all residents with training in preoperative and postoperative care, basic surgical principles, asepsis, handling of tissue, and technical skills to assist the surgeon in the operating room. The program should provide the opportunity for residents to develop technical proficiency in those specific surgical procedures that family physicians may be called on to perform. If the residents expect to include surgery as a major aspect of their practice, additional training must be considered.

a. General Surgery
The residents must be required to participate in a structured experience in general surgery of at least 2 months, including ambulatory and operating room experience. Experiences in general surgery must be designed to provide opportunity for residents to achieve competency in the diagnosis and management of a wide variety of common surgical problems typically cared for by family physicians.

b. Surgical Subspecialties
The required experiences in surgical subspecialties may occur in a block or longitudinal format and are exclusive of time spent caring for patients in the assigned panel of FPC patients and of the learning acquired through consultations. A minimum of 140 hours of structured experience in the care of orthopaedic disorders is required. If sports medicine experience is integrated with orthopaedics, the time devoted to it must be in addition to the 140 hours required for experience in orthopaedics.

This experience must include caring for a broad variety of acute and emergency musculoskeletal injuries and illnesses, as well as for chronic disorders. Residents must have the opportunity to develop skills in casting and splinting. The program also must provide experience in the initial evaluation and rehabilitation of adult and pediatric musculoskeletal disorders, including the appropriateness of consultation. This educational experience must include didactic conferences and clinical exposure, and should occur primarily in an outpatient setting. Supervision must be provided by faculty with demonstrated expertise in evaluation and treatment of musculoskeletal disorders.

The curriculum also must include structured experiences in the care of genitourinary disorders and disorders of the eye, ear, nose, and throat. Residents must have the opportunity under appropriate supervision to learn to perform appropriate procedures. Most of these experiences should occur in outpatient settings and must be in addition to the experiences residents have during the care of their continuity patients in the FPC.

5. Sports Medicine
The sports medicine experience must include didactic and clinical experience in the areas of preparticipation assessment, injury prevention, evaluation, management, and rehabilitation related to athletic and recreational injuries.

The orthopaedic aspects of sports medicine training may be integrated into the orthopaedic curriculum, but the time devoted to sports medicine should be in addition to the minimum requirement of 140 hours for orthopaedics.

6. Emergency Care
There must be a structured educational experience of at least a 1-month block rotation in the delivery of emergency care. Additional required or elective emergency care experiences may be in either a block or longitudinal format. There must be on-site supervision by qualified physicians whenever residents are on the service.

A sufficient volume and variety of patient visits, adequate numbers and types of support personnel, and suitable facilities must be available to ensure the residents an adequate experience in the initial management of serious illnesses and injuries.

The emergency care training should include didactic as well as clinical experiences. Residents should receive training in all standard current life support skills and procedures for both trauma and medical emergencies in patients of all ages.

7. Care of Neonates, Infants, Children, and Adolescents
There must be a structured educational experience in the care of children that is at least 4 months in duration and involves pediatric ambulatory clinic and inpatient experience with a sufficient volume of patients in each setting. This must include the newborn nursery as well as clinical experience in management of the distressed neonate who may need resuscitation, stabilization, and preparation for transport. The resident should have
the opportunity to develop an understanding of the prenatal period, the growth and development of the newborn through adolescence, child rearing, and emotional problems of children and their management. In addition, the resident should be taught to recognize and manage behavioral, medical, and surgical problems of children and adolescents in home, school, ambulatory, and hospital settings.

8. Community Medicine
Residents must be taught to assess and understand the important health needs of the community in which they work. Instruction and clinical experiences in the following areas must be provided:

a. Occupational medicine, including disability assessment, employee health, and job-related injury and illness
b. Community health resources that may be utilized in the care of patients and their families, including school health services and public health (including environmental health) services

c. Disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

9. Care of the Older Patient
Educational experience must be provided in the common and complex clinical problems of the older patient and must include the preventive aspects of health care, functional assessment, the physiological and psychological changes of senescence, the sociocultural parameters of the patient and his or her greater community, the nutritional and pathological (acute and chronic) entities of aging, and the effective utilization of all members of the health care team.

There must be experience with the older adult patient in the hospital, the FPC, a long-term care facility, and the home.

10. Care of the Skin and Associated Organs
The curriculum must include a required educational experience of at least 60 hours, most of which should be in an outpatient setting and be supplementary to the learning that results from consultations. The experience should be supervised by a physician with competence in this area.

11. Diagnostic Imaging and Nuclear Medicine
The program must provide the residents with a structured opportunity to learn the appropriate application of techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of organs and body systems. Instruction should include the limitations and risks attendant to these techniques. The format of the instruction should be adapted to the resources available, but must include radiographic film/diagnostic imaging interpretation and nuclear medicine therapy pertinent to family practice.

12. Conferences
Conferences should be offered to cover the breadth of the specialty of family practice.

There should be a core curriculum that is based in the residency and that is specifically directed to the residents as learners. This core curriculum should be supplemented by conferences during other rotations. Residents and faculty should periodically be presenters at conferences, but residents should not be used excessively in this role. Resident and faculty attendance at conferences must be monitored and documented, and these records should be reviewed periodically by the program director and they should also be available for review by the site visitor.

13. Resident Research and Scholarly Activity
Each program must provide opportunity for residents to participate in research or other scholarly activities. Instruction in the critical evaluation of medical literature, including assessing study validity and the applicability of studies to the residents' patients, must be provided.

The participation of each resident in an active research program should be encouraged as preparation for a lifetime of self-education after the completion of formal training. Generally, this activity should be concurrent with other assignments, provided that the responsibilities of the resident are adjusted to permit a reasonable time for research activity. This experience should be designed to give the residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as of the relevance of research to patient care.

Other acceptable forms of scholarly activity include presentations at national, regional, state, or local meetings, and presentation and publication of review articles and case presentations.

14. Practice Management
There must be at least 60 hours of formal instruction in practice management in both the didactic and the practical setting. A practice management curriculum should include but not be limited to the areas of personal finance, office and personnel management, business planning, use of computers in practice, managed care, alternative practice models, professional liability, and risk management.

The FPC should be considered a primary site for teaching practice management and should serve as an example on which residents may model their future practice.

15. Electives
Electives are intended primarily to enrich the residents' training with experiences relevant to their plans for future practice or their interests as family physicians. There must be a minimum of 3 and a maximum of 6 months of appropriately supervised electives available to all residents. The choice of electives by the resident, including those for remedial purposes, must be made with the approval of the program director.

E. Resident Workload and Impairment
Each program must ensure an appropriate working environment and a duty hour schedule that are consistent with proper patient care and the educational needs of the residents. The educational goals of the program and the learning objectives of the residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations.

There must be formal written policies on the following matters that demonstrate compliance with these requirements. These documents must be available to the RRC, if requested.

1. Moonlighting
It is the responsibility of the program to see that residents provide patient care in the pursuit of their education without additional remuneration based on productivity. Residency training is a full-time responsibility. The program director should monitor the effects of outside activities, including moonlighting inside or outside the participating institutions, to ensure that the quality of patient care and the resident's educational experience are not compromised.

2. Workload/Duty Hours
Resident assignments must be made in such a way as to prevent excessive patient loads, excessive new admission workups, inappropriate intensity of service or case mix, and excessive length and frequency of call contributing to excessive fatigue and sleep deprivation. The program must also ensure the following:
a. At least 1 day out of 7, averaged monthly, away from the residency program
b. On-call duty no more frequently than every third night, averaged monthly
c. Adequate backup if sudden and unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods

Programs must have formal mechanisms specifically designed for promotion of physician well-being and prevention of impairment. There also should be a structured and facilitated group designed for resident support that meets on a regular schedule.

F. Faculty Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include

1. Active participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship.
2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
3. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
4. Provision of guidance and technical support (eg, research design, statistical analysis) to residents involved in research.

VI. Evaluation

A. Evaluation of Residents

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Entry evaluation assessment, interim testing, and periodic reassessment, as well as other modalities for evaluation, should be utilized. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program, be available for review by the site visitor, and be used to provide documentation for future hospital privileges.

The program must demonstrate that it has developed an effective plan for evaluation and provision of feedback to the residents and that it uses specific performance measure in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

The faculty must provide a written evaluation of each resident after each rotation, and these must be available for review by the residents and site visitor. Written evaluation of each resident's knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semiannually and must be communicated to and discussed with the resident in a timely manner.

Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship, and professional growth.

The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. The program director and faculty are responsible for provision of a written final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record that is maintained by the institution.

B. Evaluation of Faculty

All teaching faculty must be formally evaluated at least annually. Documentation of faculty evaluation should include teaching ability, clinical knowledge, attitudes, and communication skills. There should be a mechanism for confidential input by the residents.

C. Evaluation of the Program

The family practice residency must incorporate all elements of these Program Requirements. The educational effectiveness of a program must be evaluated in a systematic manner at least annually. The program should engage in self-evaluation within the context of the educational goals and objectives, the needs of the residents, teaching responsibilities of the faculty, and the availability of administrative and financial support and of adequate health care resources within the community. This evaluation should include an examination of the balance among education, research, and service. The teaching staff must hold regular, documented meetings to accomplish these reviews. At least one resident representative should participate in these reviews and written evaluations by residents and feedback from the program's graduates should be utilized in the process.

D. Evaluation of Patient Care

A mechanism must be in place to evaluate the care provided in both inpatient and outpatient settings. There should be evidence that this evaluation is used to improve education and the provision of care.

The residency program must ensure that its residents, by the time they graduate, are able to investigate, evaluate, and improve their patient care practices. Residents are expected to analyze practice experience and perform practice-based improvement activities using a systematic methodology.

E. Evaluation of the Graduates

Each program must maintain a system of evaluation of its graduates. The residency should obtain feedback on demographic and practice profiles, licensure and board certification, the graduates' perceptions of the relevancy of training to practice, suggestions for improving the training, and ideas for new areas of curriculum. The suggested format is a written survey after 1 year and every 5 years thereafter.

The data from the evaluation of the graduates should be used as part of the program's determination of the degree to which the program's stated goals are being met.

VII. Evaluation of the Program by the RRC

The program will be evaluated by the RRC at regular intervals, at which times the RRC will judge the degree of its compliance with the Program Requirements.

One measure of the quality of a residency program is the performance of its graduates on the certifying examination of the American Board of Family Practice. In its evaluation of residency programs, the RRC will take into consideration the information provided by ABFP regarding resident performance on the certifying examinations over a period of several years.
Program Requirements for Residency Education in Family Practice Geriatric Medicine and Family Practice Sports Medicine

The following generic requirements pertain to programs in Family Practice Geriatric Medicine and Family Practice Sports Medicine. Each program must comply with the requirements listed below as well as with the specialty content found in the Program Requirements for the respective area.

These programs must exist in conjunction with and be an integrated part of an Accreditation Council for Graduate Medical Education (ACGME)-accredited family practice residency program. Their existence should not compromise the integrity of the core program.

Residents who are appointed to programs in geriatric medicine must have satisfactorily completed an ACGME-accredited residency in family practice or internal medicine. Residents appointed to the sports medicine programs should have completed an ACGME-accredited residency in emergency medicine, family practice, internal medicine, or pediatrics. [Note: Those lacking board certification in one of these areas will not be considered eligible for a Certificate of Added Qualifications from any of the corresponding specialty boards.]

I. Program Organization

A. Program Design

The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of the residency program must be related to these goals and should be structured educational experiences for which a specific methodology and method of evaluation exist.

The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

B. Participating Institutions

Participation by any institution providing more than 3 months of training in a program must be approved by the RRC.

A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

II. Program Personnel

The program director and the teaching staff are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program, who is based primarily at the teaching center. The director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. He or she must have sufficient authority to manage, control, and direct the program.

1. Qualifications

   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the specialty board in the discipline of the program or demonstrate suitable equivalent qualifications.
      For directors of programs in geriatric medicine this means certification by the American Board of Family Practice or the American Board of Internal Medicine and a Certificate of Added Qualification in Geriatric Medicine from the same board. Directors of programs in sports medicine may be certified by any of the following boards: American Board of Emergency Medicine, American Board of Family Practice, American Board of Internal Medicine, or American Board of Pediatrics, and must possess a Certificate of Added Qualification in Sports Medicine from that same board. The RRC will determine the adequacy of alternate qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities

   The responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff and be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications, i.e., board certification for the physician faculty and appropriate credentials for the nonphysician teaching staff, to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Workload/Call Schedule
The schedule for the residents should allow them to make full utilization of their educational experiences without resultant counterproductive stress, fatigue, and depression. There should be adequate staff to prevent excessive patient loads and excessive length and frequency of call. On-call duty should occur no more frequently than every third night, averaged monthly, and residents must be permitted to spend a monthly average of at least 1 day out of 7 away from program duties. Formal written policies on these matters must be established and available for review.

There must be attention given to monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

IV. Program Research and Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Teaching Staff Research/Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
3. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentation at regional and national scientific meetings.

B. Resident Research/Scholarly Activity
The residents must be exposed to and take part in research programs that provide an environment conducive to a questioning attitude and critical analysis. The program must provide support for resident participation in scholarly activities and offer guidance and technical support, eg, research design, statistical analysis, for residents involved in research. Residents must participate in journal clubs and research conferences.

C. Library
Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The library services should include the electronic retrieval of information from medical databases.

There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. Evaluation
A. Evaluation of Residents
There must be regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall

1. Evaluate the knowledge, skills, and professional growth of the residents at least semiannually, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
6. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

B. Evaluation of the Teaching Staff
Formal mechanisms for annual evaluation of the teaching staff must exist and must include confidential resident participation.

C. Program Evaluation
The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. At least one resident representative should participate in these reviews, and written evaluations by residents should be utilized in this process.

There should also be periodic evaluation of the utilization of resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

One measure of the quality of a program will be the performance by its graduates on the examinations of the certifying board.

VI. Certification
These planning to seek a Certificate of Added Qualifications from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACOME: September 1994 Effective: July 1995
Program Requirements for Residency Education in Family Practice Geriatric Medicine

In addition to complying with the Program Requirements for Residency Education in Family Practice Geriatric Medicine and Family Practice Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

I. Educational Program
An educational program in geriatric medicine must be organized to provide a well-supervised experience at a sufficient level for the resident to acquire the competence of a physician with added qualifications in the field. It shall be 12 months in duration. The program must be conducted by an accredited residency program in internal medicine or family practice.

Clinical experience must include opportunities to manage elderly patients with a wide variety of medical problems on an inpatient and outpatient basis. Residents must be given the opportunity to provide both primary care and consultation for patients in acute, ambulatory, community, and long-term care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management. Additionally, residents must be given the opportunity to care for persons who are generally healthy and require primarily preventive health-care measures.

The program should include an emphasis on the physiology of aging, the pathophysiology that commonly occurs in older persons, atypical presentations of illnesses, functional assessment, cognitive status and affective assessment, and concepts of treatment and management in both the acute and long-term care settings, as well as in the community and in the home.

Attention also should be directed to the behavioral aspects of illness, socioeconomic factors, and ethical and legal considerations that may impinge on medical management.

The program must provide the opportunity for residents to maintain their basic primary skills during the course of this training. At least ½ day per week must be spent in a continuity of care experience in the resident's primary discipline.

II. Faculty and Staff
A. Program Director
The program director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. The director must have demonstrated experience in geriatric medicine and must have demonstrated experience in education and scholarly activity and have a career commitment to academic geriatric medicine. The director must be primarily based at the teaching center.

B. Other Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program. For programs with more than two residents, there must be 0.5 additional faculty member for each additional resident. Some of these faculty may be part-time in geriatric medicine or drawn wholly from collaborating programs. The faculty commitment must not attenuate the quality of the core residency training program. The program must ensure that interdisciplinary relationships with the following specialties occur: physical medicine and rehabilitation, neurology, and psychiatry. Appropriate relationships with other disciplines including but not limited to general surgery, orthopedics, ophthalmology, otolaryngology, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services should be maintained. Additionally, a liaison with the physician assistants, when available, should be established.

C. Geriatric Care Team
The resident must have experience with physician-directed interdisciplinary geriatric teams in an acute-care hospital, in a nursing home, that includes subacute and long-term care, in a home care setting, and in a family practice center or other outpatient settings. Essential members include a geriatrician, a nurse, and a social worker. Additional members may be included in the team as appropriate, including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care. Regular team conferences must be held as dictated by the needs of the individual patient.

III. Facilities/Resources
A patient population adequate to meet the needs of the training program must be available in the facilities in which the educational experiences take place. Elderly patients of both sexes with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. At all facilities utilized by the program the resident must be given opportunities to assume meaningful patient responsibility. At each setting certain activities are mandated and must be supervised and taught by the appropriate clinician. The program must include the following:

A. Acute-Care Hospital
The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

B. Long-term Care Institution
One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, is a necessary component of the geriatric medicine program. Exposure to subacute care and rehabilitation care in the long-term care setting is desirable. The total number of beds available must be sufficient to permit a comprehensive educational experience. The institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on Accreditation of Healthcare Organizations.

C. Long-term Noninstitutional Care
Noninstitutional care service, for example, home care, day care, residential care, or assisted living, is a major component of the geriatric medicine program. A home care program or home health agency is a necessary resource to permit residents to learn to provide care for patients who are homebound but not institutionalized. Day care or day hospital centers, life care communities, and residential care facilities for the elderly are also desirable training sites.

D. Ambulatory Care Program
The ambulatory care program must comprise a minimum of 33% of the resident's time. Each resident should evaluate approximately 1 to 3 new geriatric patients and 4 to 8 follow-up geriatric patients.
Program Requirements for Residency Education in Family Practice Geriatric Medicine

Each program must be formally available in the ambulatory setting, A. Geriatric Medicine

During all of their educational experiences, residents and to develop the necessary administrative skills must be fostered interaction and development skills in interpreting the medical literature are necessary.

The opportunity to provide continuing care and to coordinate the implementation of recommendations from those medical specialties and disciplines is mandatory. In addition, experiences in relevant ambulatory specialty and subspecialty clinics (eg, geriatric psychiatry and neurology) and those that focus on geriatric syndromes (eg, falls, incontinence, osteoporosis) are highly desirable.

E. Additional Educational Environment

Peer interaction is essential for residents. To achieve this goal, an accredited training program in at least one relevant specialty other than family practice must be present at the teaching center sponsoring the training program in geriatric medicine. This may be accomplished by affiliation with another educational institution for the enrichment of the educational experience.

Involvement in other health care and community agencies is desirable. There must be a formal affiliation agreement between each long-term care facility included in the program and the sponsoring institution, in which each institution must acknowledge its responsibility to provide high-quality care, adequate resources, and administrative support for the educational mission. In addition, there must be a letter of agreement between each long-term care facility and the office of the director of the geriatric medicine program that guarantees the director appropriate authority at the long-term care institution to carry out the training program.

IV. Specific Program Content

All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, a specific methodology for teaching, and a method of evaluation exist. A written curriculum that describes the program comprehensively, including sites, educational objectives for each component, and topics to be covered in didactic sessions, should be available to residents and faculty. The curriculum must ensure the opportunity for residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of a physician who specializes in the care of the aged.

Didactic as well as clinical learning opportunities must be available to the resident. Conferences or seminars/workshops in geriatric medicine should be specifically designed to augment the residents' clinical experiences. Journal club or other activities that foster interaction and develop skills in interpreting the medical literature are necessary.

All deaths of patients who receive care by residents should be reviewed and autopsies performed whenever possible.

As the residents progress through their training, they must have the opportunity to teach personnel such as nurses, allied health personnel, medical students, and residents. Appropriate experiences designed to refine educational and teaching skills of the residents and to develop the necessary administrative skills must be provided.

Appropriate faculty supervision of the residents must be provided during all of their educational experiences.

The following components must be provided:

A. Geriatric Medicine Consultation Program

This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care hospital or at an ambulatory setting administered by the primary teaching institution.

B. Long-term Care Experience

In the long-term care institutional setting each resident must have 12 months of continuing longitudinal clinical experience with an assigned panel of patients for whom the resident is the primary provider. Additional block time to provide long-term care experience is encouraged. Emphasis during the longitudinal experience should be focused on (1) the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment than the acute-care hospital; (2) working within the limits of a decreased staff-patient ratio compared with acute-care hospitals; (3) a much greater awareness of and familiarity with subspecialist care of physical medicine and rehabilitation; (4) the challenge of the clinical and ethical dilemmas produced by illness of the very old; and (5) administrative aspects of long-term care.

Experience with home visits and hospice care must be included. The resident must be exposed to the organizational and administrative aspects of home health care. Continuity of care with an assigned panel of home or hospice care patients for whom the resident is the primary provider is essential.

C. Geriatric Psychiatry

Identifiable structured didactic and clinical experiences in geriatric psychiatry must be included in the program of each resident. Behavioral sciences such as psychology/social work and others must be included in the curriculum.

D. Curriculum

The training program must provide opportunities for the residents to develop clinical competence in the overall field of geriatric medicine. The curriculum of the program must exhibit, as a minimum, the following content and skill areas:

1. Current scientific knowledge of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged.

2. Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities should be included.

3. Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); the appropriate use of the history, physical and mental examination; and laboratory.

4. Appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment.

5. Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment.

6. Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders.

7. Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence.
Program Requirements for Residency Education in Family Practice Geriatric Medicine

8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.

9. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.

10. Ethical and legal issues, especially pertinent to geriatric medicine, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs.

11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.

12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.

13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.


15. Iatrogenic disorders and their prevention.

16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.

17. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.

18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.

19. Home care, including the components of a home visit, and accessing appropriate community resources to provide care in the home setting.

20. Hospice care, including pain management, symptom relief, comfort care, and end-of-life issues.

V. Certification

Those planning to seek a Certificate of Added Qualifications from the American Board of Internal Medicine or the American Board of Family Practice should communicate with the administrative office of the board as listed in the Graduate Medical Education Directory to ascertain the full requirements.


Program Requirements for Residency Education in Family Practice Sports Medicine

I. Introduction

In addition to complying with the Program Requirements for Residency Education in Family Practice Geriatric Medicine and Family Practice Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

II. Scope and Duration of Training

An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources

The program must include the following:

A. Patient Population

A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.
B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend ¼ day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events
The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills
A. Clinical
The program must provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:
1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, eg, diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching
The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, eg, nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of pa-
Program Requirements for Residency Education in Family Practice Sports Medicine

ACGME: June 2000  Effective: June 2000

Patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

Program Requirements for Residency Education in Internal Medicine

Common Program Requirements are printed in bold.

I. Introduction

A. Definition and Scope of Specialty

Internal medicine is the discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

B. Duration and Scope of Education

1. An accredited residency program in internal medicine must provide 36 months of supervised graduate education.

2. A minimum of one-third of the training time must be spent in ambulatory sites and a minimum of one-third of the time in inpatient sites.

3. Over the 36 months of training, at least 1/2 day each week must be spent in a continuity ambulatory experience (continuity clinic) managing a panel of general internal medicine patients.

4. The internal medicine component of special educational tracks must be conducted under the auspices of the Department of Internal Medicine. Although such tracks may differ in educational content, the core experience of residents must provide training in both inpatient and ambulatory general internal medicine to enable the graduates of such special tracks to function as general internists. The Residency Review Committee (RRC) evaluates the internal medicine components of the special educational tracks in the accreditation process.

C. Educational Standards

Residency training is primarily an educational experience. These program requirements define the minimum standards and outcomes for residency education in internal medicine. They balance didactic instruction and education through direct patient care.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The sponsoring institution must:

1. demonstrate a commitment to education and research sufficient to support the residency program;

2. establish the internal medicine residency within a department of internal medicine or an administrative unit whose primary mission is the advancement of internal medicine education and patient care;

3. provide resident compensation and benefits, faculty, facilities, and resources for education, clinical care, and research required for accreditation;

4. designate and support a single program director within the internal medicine administrative unit with the qualifications and appropriate authority (Defined in Section IV.B);

5. provide at least 50% salary support for the program director.

Graduate Medical Education Directory 2004-2005
6. provide 20 hours per week salary support for each associate program director (APD) required to meet these Program Requirements;
7. notify the RRC within 60 days of:
   a. a change in departmental leadership.
   b. a change in the program director. The qualifications and the curriculum vitae of the new program director must be submitted to the RRC.
   c. changes in institutional governance, affiliation, or resources that affect the educational program.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV., and VI.A. of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment to the participating institution, the financial agreements, and the details for insurance and benefits.
   d. establish the policies and procedures that will govern resident education during the assignment.
4. Participation by any institution that provides 6 months or more of the training in the program must be approved by the RRC.

C. Facilities and Resources
Adequate outpatient and inpatient facilities, support services, and space for teaching and patient care must be available. Residents must have clinical experiences in efficient, effective ambulatory and inpatient care settings.
1. Space and equipment
   There must be space and equipment for the educational program, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for teaching staff.
2. Facilities
   a. To ensure that a spectrum of cardiovascular disorders is available for resident education, cardiac catheterization facilities should be present at the site(s) where the residents see the majority of their acutely ill, hospitalized patients.
   b. Additional facilities must include those for: bronchoscopy, gastrointestinal endoscopy, noninvasive cardiology studies, pulmonary function studies, hemodialysis, and imaging studies, including radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging.
   c. Residents must have sleeping, lounge, and food facilities during assigned duty hours.
   d. When residents are assigned night duty in the hospital, they must be provided with on-call facilities that are convenient and that afford privacy, safety, and a restful environment with a secure space for their belongings.

D. Medical Records
Clinical records that document both inpatient and ambulatory care must be readily available at all times. (See Institutional Requirements)

E. Medical Reference Material
1. There must be a means of access to an on-site library or to reference material (print or electronic) in each participating institution at all times.
2. Residents must have ready access to a computerized literature search system and electronic medical databases at all times.

F. Patient Population
1. The patient population must have a variety of clinical problems and stages of disease.
2. There must be patients of both sexes, with a broad age range, including geriatric patients. (Note: The resident's panels of patients must include at least 25% of patients of each gender.)

G. Pathology Material
1. All deaths of patients who received care by residents must be reviewed, and autopsies performed whenever possible.
2. Residents must receive autopsy reports after autopsies are completed on their patients.

H. Support Services
1. Support must include adequate professional and teaching staff in each of the major subspecialties of internal medicine.
2. Administrative support must include adequate secretarial and administrative staff and technology to support the program director and associate program director(s).
3. It is desirable that each program appoint a professional administrator/ordinator to oversee the program director's office staff and to assist in the administration of the residency program.
4. Inpatient clinical support services must be available on a 24-hour basis to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, and laboratory and radiologic information retrieval systems that allow prompt access to results.
5. Consultations from other clinical services in the hospital must be available in a timely manner. All consultations should be performed by or under the supervision of a qualified specialist.

III. Resident Appointment
A. Eligibility Criteria
1. The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
2. The program should demonstrate the ability to retain qualified residents by graduating at the end of the residency at least 80% of the enrolled, first-year, categorical residents.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, fac-
ulty-resident ratio, institutional funding, and the quality of faculty teaching.

1. A program must have a minimum of 12 residents enrolled and participating in the training program at all times.

2. The program director must obtain written approval from the RRC before changing the total number of approved residency positions.

3. A resident who has satisfactorily completed a preliminary training year should not be appointed to additional years as a preliminary resident.

C. Resident Transfer

1. To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. B., prior to acceptance into the program.

2. A program director must provide verification of residency education for any residents who may leave the program prior to completion of their education.

3. Residents must not be accepted for advanced standing from non-ACGME-accredited programs. Exceptions will be permitted for physicians with at least 3 years of verified internal medicine training abroad or other training that has been approved by the American Board of Internal Medicine (ABIM)

D. Appointment of Fellows and Other Students

The presence of fellows, other specialty residents, or students must not dilute or detract from the educational opportunities of internal medicine residents.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director

1. must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

2. The program director must

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including

1) at least 5 years of participation as an active faculty member in an ACGME-accredited internal medicine residency program and

2) at least three years of graduate medical education administrative experience prior to appointment.

b. be certified in General Internal Medicine by the American Board of Internal Medicine.

c. be appointed in good standing and based at the primary teaching site, i.e., his or her home office must be at the principal clinical training institution. The program director must be responsible to the sponsoring organization.

B. Responsibilities of the program director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program, as requested by the RRC as well as update annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.

4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified. These must include:

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the education experience of the residents, for example:

a. The addition or deletion of major participating institutional(s) as specified in section II.B of this document.

b. Change in the approved resident complement

c. Change in the format of the educational program.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

7. Dedicating no less than 50% (at least 20 hours per week) of his or her professional effort to the internal medicine educational program and receive institutional support for this time. This effort must be devoted to administrative and educational activities of the internal medicine educational program.

8. Having primary responsibility and appropriate authority for the organization, implementation, and supervision of all aspects of the training program, including the selection and supervision of teaching faculty and other program personnel at each institution participating in the program.

9. Having the authority to ensure effective teaching and obtain teaching commitments from other departments involved in the education of internal medicine residents.

10. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures and evaluate the quality of care rendered by the residents.

11. Preparing written educational goals and objectives of the program with respect to the Competencies of residents at each level of training and for each major rotation or other program assignment.

12. Ensuring that the written educational goals and objectives are readily available for review and are distributed to residents and faculty members.

13. Ensuring that the residency does not place excessive reliance on residents for service as opposed to education.

14. Having responsibility for and appropriate authority to accomplish the general administration of the program and the maintenance of records related to program accreditation.
15. Establishing a process to teach and document the residents' achievement of milestones in the Competencies.

16. Monitoring any internal medicine subspecialty training programs sponsored by the institution to ensure compliance with the ACGME accreditation standards.

17. Having supervisory authority over all educational tracks in the internal medicine residency program.

18. Outlining in writing the lines of responsibility for and supervision of patient care on all inpatient and ambulatory settings for all members of the teaching teams.

19. Participating in academic societies and in educational programs designed to enhance his/her educational and administrative skills.

20. Implementing a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the Competencies.

C. Faculty Qualifications

1. The physician faculty must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
   d. must be licensed to practice medicine in the state where the sponsoring institution is located or the major teaching activity occurs. (Certain federal programs are exempted.)
   e. must meet professional standards of ethical behavior.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities.

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E. While not all faculty members must be investigators, collectively their activity must include all of the elements outlined in that section.

4. All clinical faculty members:
   a. must have a commitment to the goals and objectives of the teaching program, including mastery of the Competencies and clinical judgment.
   b. should nurture the attributes of the scholar, scientist, teacher, and humanist in residents.
   c. should be available to residents for advice and counseling.
   d. must implement the written curriculum that describes both patient-based and educational elements of the residency.
   e. should participate in prescribed faculty development programs designed to enhance their teaching effectiveness.
   f. should review the written learning objectives and expectations for each rotation or assignment with residents at the beginning of the rotation or assignment.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administrative and educational conduct of the program.

F. Associate Program Directors

Associate program directors (APD's) are faculty who assist the program director in the administrative and clinical oversight of the educational program. Sponsoring organizations must provide associate program directors based on program size. At a minimum, associate program directors are required at resident complements of 24 or greater according to the following parameters: 24 to 40 residents, 1 APD; 41 to 79, 2 APDs; 80 to 119, 3 APDs; 120 to 159, 4 APDs; more than 159, 5 APDs.

1. Qualifications. Associate program directors must:
   a. be an institutionally based faculty appointee;
   b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable;
   c. have documented clinical and academic experience to ensure effective implementation of the Program Requirements; and
   d. be clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, whether they themselves were trained as general internists or as subspecialists.

2. Responsibilities. Associate program directors must:
   a. dedicate an average of at least 20 hours per week to the administrative and educational aspects of the educational program, as delegated by the program director, and receive institutional support for this time;
   b. assist in the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents as well as the maintenance of records related to program accreditation;
   c. report directly to the program director; and
   d. participate in academic societies and in educational programs designed to enhance their educational and administrative skills.

G. Key Clinical Faculty

The residency program must include institutionally based key clinical faculty (KCF) in addition to the program director, associate program directors, and chief residents. KCF are attending physicians who dedicate significant effort to the educational program [Section III.C]. Sponsoring institutions must provide KCF based on program size. Four KCF are required at resident complements of 79 or less. At resident complements of 80 or greater, minimum KCF are required, according to the following parameters: 80 to 119 residents, 6 KCF; 120 to 159, 8 KCF; more than 159, 10 KCF.

1. Qualifications. Key clinical faculty must:
   a. be active clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, and
   b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.

2. Responsibilities. Key clinical faculty must:
   a. dedicate an average of at least 15 hours per week throughout the year to the internal medicine residency program;
   b. provide teaching and supervision of residents in the clinical setting;
   c. assist in the preparation of the written curriculum;
   d. assist in the development and evaluation of the Competencies in the residents; and
e. assist in monitoring resident stress, with the goal of identifying mental or emotional conditions inhibiting performance or learning (including drug or alcohol-related dysfunction), and advise the program director or associate program director(s) as indicated.

H. Subspecialty education coordinators
   a. In conjunction with division chiefs, the program director must identify a qualified individual (subspecialty education coordinator) in each of the subspecialties of internal medicine (cardiology, critical care, endocrinology, hematology, gastroenterology, geriatric medicine, infectious diseases, nephrology, oncology, pulmonary disease, and rheumatology). The subspecialty education coordinator must be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.
   b. Each subspecialty education coordinator should have a sufficient term of office to achieve the educational goals and objectives of the residency.

2. Responsibilities: Subspecialty education coordinators.
   The subspecialty education coordinator must
   a. dedicate an adequate portion of his or her professional effort throughout the year to the internal medicine training program to accomplish the educational goals in each subspecialty; and
   b. be accountable to the program director for coordination of the residents' subspecialty educational experiences. (NOTE: KCF can also serve as subspecialty education coordinators.)

I. Site Coordinating Faculty
At each participating inpatient institution where residents spend 6 or more months, the sponsor must ensure that a designated faculty member coordinates the activities of the residents. This faculty member must be based at that participating institution and report to the program director. At a minimum, the site coordinating faculty member must satisfy the qualifications and responsibilities of a KCF member.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment. For each rotation or major learning experience, the written curriculum:
   a. should include the educational purpose; teaching methods; the mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services; reading lists, pathological material, and other educational resources to be used; and a method of evaluation of resident competence;
   b. must define the level of residents' supervision by faculty members in all patient-care activities; and
   c. should be reviewed and revised at least every three years by faculty members and residents to keep it current and relevant.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.
   a. The program must advance residents to positions of higher responsibility on the basis of their satisfactory demonstration of achievement of program-developed milestones in the Competencies.
   b. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching, and administration.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactics
1. Formal Teaching Program
   a. Inpatient teaching
      1) Teaching (attending) rounds.
         Teaching or attending rounds must be patient-based sessions in which current cases are presented as a basis for discussion of such points as interpretation of clinical data, pathophysiology, differential diagnosis, specific management of the patient, the appropriate use of technology, the incorporation of evidence and patient values in clinical decision making, and disease prevention.
         i) On all inpatient and consultative teaching services, teaching rounds must be regularly scheduled and formally conducted.
         ii) Teaching rounds must include direct resident and attending interaction with the patient, and must include bedside teaching and the demonstration of interview and physical examination techniques.
         iii) Teaching rounds must occur at least 3 days of the week for a minimum of 4.5 hours per week.
   2) Management (work) rounds by the physician of record.
Management or work rounds involve the bedside review of patients and their clinical data and the development of the daily plan of care (therapeutic and diagnostic) by the physician of record with the residents. Such rounds are distinguished from teaching (attending) rounds by their focus on the care plan (resident order writing; record documentation; communication with nurses, pharmacists, families; etc).

i) Each physician of record has the responsibility to make management rounds on his or her patients and to communicate effectively with the residents participating in the care of these patients at a frequency appropriate to the changing care needs of the patients.

ii) To avoid interference with the residents' educational experience and ability to accomplish their daily tasks of patient care, including resident work rounds, residents should not be required to relate to an excessive number of physicians of record.

iii) Note writing and other coding/documentation activities by the physician of record must not infringe upon teaching rounds or resident education.

3) Combined teaching and management rounds

Inpatient teaching rounds and management rounds may be functionally combined when:

i) there is a single physician of record for most or all patients on the teaching service, and

ii) that attending physician of record is also the teaching physician conducting teaching for those same patients, and

iii) the total time spent in combined inpatient rounds must exceed by a minimum of 4½ hours per week the time required to supervise the care of the patients, with this time dedicated to fulfill the requirements outlined above for teaching rounds.

b. Ambulatory teaching

In every ½-day session in the ambulatory setting, each resident should have at least 30 minutes of contact time with the supervising faculty physician.

2. Conferences and Seminars

In addition to morning report and rounds, the program must provide core conferences (e.g., CPC conferences, grand rounds, morbidity and mortality review conferences, literature-review activities, and other seminars covering both general medicine and the internal medicine subspecialties), for a minimum of 150 hours per year of conference-based educational experience.

a. The core conference series must

1) cover the major topics in general internal medicine (including issues arising in ambulatory and extended care settings) and the internal medicine subspecialties;

2) be repeated often enough, or be made available for review on tape or electronically, to afford each resident an opportunity to attend or review most of the core conference topics;

3) include the following interdisciplinary topics: adolescent medicine, clinical ethics, medical genetics, quality assessment, quality improvement, risk management, preventive medicine, medical informatics and decision-making skills, law and public policy, pain management, end-of-life care, domestic violence, physician impairment, and substance-use disorders; and

4) be made available to residents at each of the program's participating institutions.

b. Conferences should include information from the basic medical sciences, with emphasis on the pathophysiology of disease and reviews of recent advances in clinical medicine and biomedical research.

c. The program must sponsor monthly conferences in which faculty members are involved. These must include

1) a journal club emphasizing critical appraisal of the medical literature and evidence-based medicine; and either

2) clinical pathologic conferences correlating current pathologic material, including material from autopsies, surgical specimens, and other pathologic material, with the clinical course and management of patients; or

3) clinical quality improvement (morbidity and mortality) conferences focusing on adverse clinical events on the teaching services. It should analyze the causes and consequences of each event, and should result in proposals for actions to avoid recurrence of similar events.

d. It is desirable that each resident attends at least 60% of these conferences.

D. Clinical

1. Ambulatory Medicine

a. At least one-third of the residency training must be in the ambulatory care setting. (NOTE: In assessing the contribution of various clinical experiences with ambulatory patients to the 33½ minimum, the following guidelines can be used: ½ day per week assigned to an ambulatory setting throughout all 3 years of training is equivalent to 10%; a 1-month block rotation is equivalent to 3%; 1 full day per week throughout a single year of training is equivalent to 7%. Examples of settings that may be counted toward this requirement are general medicine continuity clinics, subspecialty clinics, ambulatory block rotations, physicians' offices, managed health-care systems, emergency medicine, walk-in clinics, neighborhood health clinics, and home-care visits.)

1) In an ambulatory setting, one faculty member must be responsible for no more than five residents or other learners.

2) On-site faculty members' primary responsibilities must include the supervision and teaching of residents. On-site supervision as well as the quality of the educational experience must be documented.

3) Residents must be able to obtain appropriate and timely consultation from other specialties for their ambulatory patients.

4) There should be services available from other health-care professionals such as nurses, social workers, language interpreters, and dietitians.

b. Ambulatory Medicine — Continuity Clinic

1) At the program director's discretion, residents may be excused from attending their continuity clinic when they are assigned to an intensive care unit, to emergency medicine, to an away-elective, or to night float.

2) Residents must attend a minimum of 108 weekly continuity clinic sessions during the 36 months of training.

3) The continuing patient-care experience should not be interrupted by more than 1 month, excluding a resident's vacation.

4) The number of patients seen by a first-year resident, when averaged over the year, must not be less than 3 or greater than 5 per scheduled ½-day session.

5) The number of patients seen by a second-year resident, when averaged over the year, must not be less than 4 or greater than 6 per scheduled ½-day session.

6) The number of patients seen by a third-year resident, when averaged over the year, must not be less than 4 per scheduled ½-day session.
7) During the continuity experience, arrangements should be made to minimize interruptions of the experience by residents' duties on inpatient and consultation services.
8) Each resident must follow patients with chronic diseases on a long-term basis.
9) It is desirable that residents be informed of the status of their continuity patients when they are hospitalized so the resident can make appropriate arrangements to maintain continuity of care.

c. Ambulatory Medicine — Emergency Medicine
1) Internal medicine residents assigned to emergency medicine must have first-contact responsibility for a sufficient number of unselected patients to meet the educational needs of internal medicine residents. Triage by other physicians prior to this contact is unacceptable.
2) Internal medicine residents must be assigned to emergency medicine for at least 4 weeks of direct experience in blocks of not less than 2 weeks.
3) Total required emergency medicine experience must not exceed 3 months in 3 years of training.
4) During emergency medicine assignments, continuous duty must not exceed 12 hours.
5) Residents must have direct patient responsibility, including participation in diagnosis, management, and admission decisions across the broad spectrum of medical, surgical, and psychiatric illnesses, such that the residents learn how to determine which patients require hospitalization.
6) Internal medicine residents assigned to rotations on emergency medicine must have on-site, 24-hour, supervision by qualified faculty members.
7) Timely, on-site consultations from other specialties must be available.

2. Inpatient Medicine
a. On inpatient rotations:
1) A first-year resident must not be assigned more than five new patients per admitting day; an additional 2 patients may be assigned if they are in-house transfers from the medical services.
2) A first-year resident must not be assigned more than eight new patients in a 48-hour period.
3) A first-year resident must not be responsible for the ongoing care of more than 12 patients.
4) The program must demonstrate a minimum of 210 admissions per year to the medical teaching services for each first-year resident.
5) When supervising more than one first-year resident, the supervising resident must not be responsible for the supervision or admission of more than 10 new patients and 4 transfer patients per admitting day or more than 16 new patients in a 48-hour period.
6) When supervising one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 16 patients.
7) When supervising more than one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 24 patients.
8) First-year residents should interact with second- or third-year internal medicine residents in the care of patients.
9) Second- or third-year internal medicine residents or other appropriate supervisory physicians (e.g., subspecialty residents or attendings) with documented experience appropriate to the acuity, complexity, and severity of patient illness must be available at all times on-site to supervise first-year residents.
10) On inpatient rotations, residents should have continuing responsibility for most of the patients they admit.
11) Residents from other specialties must not supervise internal medicine residents on any internal medicine inpatient rotation.
12) Residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident's patient, the attending or subspecialty resident must communicate his or her action to the resident in a timely manner.
13) There must be a resident on-call schedule and detailed check-out and check-in procedures, so residents will learn to work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients.
14) The on-call system must include a plan for backup to ensure that patient care is not jeopardized during or following assigned periods of duty.
15) There must be a minimum of 6 months of inpatient internal medicine teaching service assignments in the first year.
16) There must be a minimum of 6 months of inpatient internal medicine teaching service assignments over the second and third years of training combined.
17) The required 12 months of inpatient internal medicine must include a minimum of 3 months of inpatient general internal medicine teaching service assignments over the 3 years of training.
18) Geographic concentration of inpatients assigned to a given resident is desirable because such concentration promotes effective teaching and fosters interaction with other health-care personnel.

b. Inpatient Medicine — Critical Care
1) Residents must be assigned to critical care rotations (e.g., medical or respiratory intensive care units, cardiac care units) no fewer than 3 months in 2 years of training.
2) Total required critical care experience must not exceed 6 months in 3 years of training. (NOTE: When elective experience occurs in the critical care unit, it must not result in more than a total of 8 months of critical care in 3 years of training for any resident.)
3) All critical care training must occur in critical care units that are directed by ABMS-certified critical care specialists.
4) All coronary intensive care unit training must occur in critical care units that are directed by ABIM-certified cardiologists.
5) Timely and appropriate consultations must be available from other internal medicine subspecialists and specialists from other disciplines.

3. Subspecialty Experience
a. Clinical experience in each of the subspecialties of internal medicine must be included in the training program and may occur in either inpatient or ambulatory settings (see IV.H.1.a for the list of required specialties).

b. Although it is not necessary that each resident be assigned to a dedicated rotation in every subspecialty, the curriculum must be designed to ensure that each resident has sufficient clinical exposure to the diagnostic and therapeutic methods of each of the recognized internal medicine subspecialties.
c. Residents must have formal instruction and assigned clinical experience in geriatric medicine. The curriculum and clinical experience should be directed by an ABMS-certified geriatrician. These experiences may occur at one or more specifically designated geriatric inpatient units, geriatric consultation services, long-term care facilities, geriatric ambulatory clinics, and/or in home-care settings.

d. Total required transplant rotations in dedicated units should not exceed 1 month in 3 years.

4. Other Specific Experiences and Skills

a. Gender-specific health care
Residents should receive instruction and clinical experience in the prevention, counseling, detection, and diagnosis and treatment of gender-specific diseases of women and men. (NOTE: This clinical experience may occur in general medicine clinics or other specialty clinics.)

b. Experiences in other specialties

1) The program must provide residents with instruction and sufficient clinical experience in neurology to acquire the knowledge needed to diagnose, follow, and treat patients with common neurologic disorders and to recognize those disorders that should be referred to a neurologist.

2) Residents should have sufficient instruction and clinical experience in psychiatry, dermatology, medical ophthalmology, office gynecology, otolaryngology, non-operative orthopedics, and rehabilitation medicine to become familiar with those aspects of care in each specialty area that can be diagnosed and managed by general internists and those that should be referred to, or managed jointly with, other specialists. (NOTE: This experience may occur in clinical rotations or consultative interactions with specialists in these disciplines.)

c. Procedures and technical skills

1) Procedures

i) All residents must be instructed in the indications, contraindications, complications, limitations, and interpretations of findings, and they must develop technical proficiency in performing the following procedures: advanced cardiac-life support (American Heart Association documentation of successful training within the teaching institution), abdominal paracentesis, arterial puncture, arthrocentesis, central venous line placement, lumbar puncture, nasogastric intubation, pap smear and endocervical culture, and thoracentesis.

ii) Residents should have the opportunity to achieve competence in additional procedures that may be required in their future practice settings. These may include arterial line placement, cryosurgical removal of skin lesions, elective cardioversion, endotracheal intubation, skin biopsies, soft tissue and joint injections, temporary pacemaker placement, and treadmill exercise testing.

2) Interpretive skills

i) All residents must develop competency in interpretation of electrocardiograms.

ii) All residents should develop competency in interpretation of chest roentgenograms, peripheral blood smears, Gram stains of sputum, microscopic examinations of urine, spirometry, and KOH and wet prep examinations of vaginal discharge.

iii) Residents should have the opportunity to achieve competence in additional common interpretive skills required in the residents' expected practice settings. These include but are not limited to ambulatory electrocardiography, ambulatory blood pressure monitoring, and spirometry.

3) Consultative experience
Residents must have a structured clinical experience to act, under supervision, as consultants to physicians in other specialties.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. There must be regular resident interaction with clearly identified faculty members.

a. who participate in research conferences that emphasize the presentation of original research;

b. who participate in research or scholarly activity that leads to publication or presentations at regional and national scientific meetings;

c. who offer guidance and technical support such as research design and statistical analysis to residents involved in research or scholarly activity.

F. Resident Duty Hours and the Work Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods, and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24 hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient continuity clinics and maintain continuity of medical and surgical care.
   c. No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
      3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hour Exception
   The RRC for Internal Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.

7. Service versus education
   a. A sponsoring institution must not place excessive reliance on residents to meet the service needs of the participating training sites.
   b. To this end, the sponsoring and participating institutions must have written policies and procedures and provide the resources to ensure the implementation of the following:
      1) Residents must not be required to provide routine intravenous, phlebotomy, or messenger/transporter services.
      2) Residents' service responsibilities must be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility. (NOTE: "Teaching Service" is defined as those patients for whom internal medicine residents [PGY 1, 2, or 3] routinely provide care.)
      3) The admission and continuing care of patients by residents must be limited to those on the teaching service.
      4) Residents must not be assigned more than 1.5 months of night float during any year of training, or more than 4 months of night float over the 3 years of residency training. Residents must not be assigned to more than 1 month of consecutive night float rotation.
      5) For each rotation or major clinical assignment, the teaching ratio must not exceed a total of 8 residents and students (excluding subspecialty residents in special care units) to one teaching attending.
      6) Emergency medicine or night float assignments should be separated by at least 10 hours without residency-related activities.

8. Graded Responsibility
   a. Each resident must be assigned at least 24 months of the 36 months of residency education in settings where the resident personally provides, or supervises junior residents who provide, direct patient care in inpatient or ambulatory settings.
   b. These inpatient and ambulatory assignments must include development of diagnostic strategies, planning, record keeping, order or prescription writing, management, discharge summary preparation, and decision making commensurate with residents' abilities and with appropriate supervision by the attending physician.

9. Grievance procedures and due process.
a. In the event of an adverse annual evaluation, a resident must be offered an opportunity to address a judgment of academic deficiencies or misconduct before a constituted clinical committee.
b. There must be a written policy that ensures that academic due process provides fundamental fairness to the resident and protects the institution by ensuring accurate, proper, and definitive resolution of disputed evaluations.

VI. Evaluation

A. Resident Evaluation
   1. Formative Evaluation
      The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) written semiannual evaluation that is communicated to each resident in a timely manner and include formal evaluations of knowledge, skills, and professional growth of residents and required counseling by the program director or designate
         2) the maintenance of a record of evaluation for each resident that is accessible to the resident; that is, permanent records of both the evaluation and counseling sessions (and any others that occur) for each resident must be maintained in the resident's file and must be accessible to the resident and other authorized personnel.
         a) The record of evaluation should be based on close observation of residents performing specific tasks of patient management such as the interview and physical examination, choice of diagnostic studies, formulation of differential diagnosis or problem lists, development of plans for short-term and long-term medical management, communication of treatment plans, invasive procedures, and (when on inpatient services) discharge planning.
         b) It should document
            (1) that residents have demonstrated an in-depth understanding of the basic mechanisms of human biology, and the application of current knowledge to practice, by the integration of pathophysiologic processes into the diagnosis, treatment, and management of clinical disorders.
            (2) that prior to the completion of training, each resident has demonstrated
               (a) acceptable scholarly activity such as: original research, comprehensive case reports, or review of assigned clinical and research topics.
               (b) basic science literacy and understands the fundamental principles of clinical study design and evaluation of research findings.
               (c) the effective application of knowledge and clinical skills (patient care), utilizing the synthetic skills of clinical judgment.
               (3) that structured clinical evaluations were conducted during the first year (for examples see ACGME Website's Outcome Toolbox).
      (4) that the review of residents' clinical documentation for format, quality of data entry, accuracy of the assessment, and appropriateness of the plan was completed on resident inpatient and outpatient records (including inpatient discharge summaries) during each rotation, with feedback to the residents. The program director should ensure that the review of medical records is incorporated into residents' evaluation.
      (5) that records were maintained by documentation log-book or by an equivalent method to demonstrate that residents have achieved competence in the performance of invasive procedures. These records must state the indications and complications and include the names of the supervising physicians. Such records must be of sufficient detail to permit use in future credentialing.
      (6) that residents were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period.
      (7) that residents were evaluated in writing and their performance in continuity clinic reviewed with them verbally on at least a semiannual basis.
      c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff, including nurses.
   2. Summative Evaluation
      The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
      a. The program director must also prepare a written summative evaluation of the clinical competence of each resident annually. (NOTE: This is in addition to the completion of the ABIM tracking form.)
      b. The summative evaluation must stipulate the degree to which the resident has achieved the level of performance expected in each Competency (ie, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice).

B. Faculty Evaluation
   1. The performance of the faculty must be evaluated by the program annually. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Provision must be made for residents to confidentially provide written evaluations of each teaching attending at the end of a rotation and for the evaluations to be reviewed with faculty annually.
   2. The results of the evaluations must be used for faculty-member counseling and for selecting faculty members for specific teaching assignments.

C. Program Evaluation
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner:
   1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident,
Program Requirements for Residency Education in Internal Medicine

must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' annual confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

a. The evaluation should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the effectiveness of inpatient and ambulatory teaching, the performance of faculty members, and the quality of supervision of residents.

b. The residents must have the opportunity to formally assess the effectiveness of ambulatory teaching on an ongoing basis.

2. Outcome assessment

a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.

b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

a. A program's graduates must achieve a pass rate on the certifying examination of the ABIM of at least 70% for first-time takers of the examination for the most recent defined 3-year period.

b. At least 80% of those completing their training in the program for the most recent defined 3-year period must have taken the certifying examination.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

D. Performance Improvement Process

1. The program should identify and participate in at least two ongoing performance improvement (PI) activities which relate to the competencies.

2. The PI activities must involve both residents and faculty in planning and implementing.

3. The PI activities should result in measurable improvements in patient care or residency education.

VIII. Certification

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the registration section of the board regarding fulfillment of requirements for certification. Residents must be certified in internal medicine prior to seeking certification in a subspecialty.

Effective: July 1, 2003

Policies and Procedures for Residency Education in the Subspecialties of Internal Medicine

1. As a general rule, subspecialty programs will be surveyed and reviewed in conjunction with the parent residency program in internal medicine. In the case of applications, or as determined by the Residency Review Committee (RRC), a subspecialty program may be surveyed and reviewed separately.

2. Subspecialty program information forms will be distributed to the director of the parent internal medicine residency program, who will coordinate the collection of information, completion of the forms, and submission of required materials to the RRC for all subspecialty programs to be reviewed.

3. The survey may be conducted by a member of the Field Staff or by a specialist selected by the RRC. The surveyor will submit a report on the internal medicine residency program as well as on each of the subspecialty programs under review.

4. Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of subspecialty programs will be directly related to that of the parent internal medicine program as follows:

a. Applications for accreditation of new subspecialty programs will be considered only if the parent residency program in internal medicine carries the status of full accreditation.

b. Applications for accreditation of new subspecialty programs will not be considered if the parent residency program in internal medicine is (1) accredited on a provisional or probationary basis; or (2) involved in the process of implementing appeal procedures.

c. Application for combined subspecialty training programs such as hematology and oncology or pulmonary disease and critical care medicine will not be considered if the application is based on an existing subspecialty program accredited with warning.

d. When a subspecialty program is found not to be in substantial compliance with the Essentials of Accredited Residencies, the program director will be warned that accreditation will be withdrawn if the program is found not to be in substantial compliance with the Essentials at the time of the next scheduled review, regardless of the accreditation status of the parent internal medicine program.

e. If the parent internal medicine program is accredited on a probationary basis, or accredited on a provisional basis with a warning that adverse action will be taken if the program is not in substantial compliance with the Essentials of Accredited Residencies at the time of the next scheduled review, the subspecialty programs will be informed that their accreditation status is in jeopardy.

In addition, if the primary subspecialty program is accredited with a warning that adverse action will be taken if the program is not in substantial compliance with the Essentials of Accredited Residencies at the time of the next scheduled review, the subspecialty programs will be informed that their accreditation status is in jeopardy.

Graduate Medical Education Directory 2004-2005
of Accredited Residencies at the time of the next scheduled review, the linked secondary subspecialty program (e.g., cardiovascular disease and clinical cardiac electrophysiology) will be informed that its accreditation status is in jeopardy. Further, accreditation of the secondary subspecialty program will be administratively withdrawn if the RRC withdraws accreditation of the primary subspecialty program.

Thereafter, accreditation of the subspecialty programs will be administratively withdrawn if the RRC (1) continues accreditation of the parent residency program in internal medicine on a probationary basis beyond 2 years; (2) withdraws accreditation of the parent residency program in internal medicine.

f. Withdrawal of accreditation of the parent internal medicine residency program under circumstances other than those described above will also result in simultaneous withdrawal of all subspecialty programs.

5. In case of withholding accreditation or withdrawing accreditation of subspecialty programs, the Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions apply.

Program Requirements for Residency Education in the Subspecialties of Internal Medicine

I. General Information
A. Subspecialty training in internal medicine is a voluntary component in the continuum of the educational process; such training should take place on satisfactory completion of an accredited program in internal medicine. A minimum of 75% of residents in each subspecialty program should be graduates of an Accreditation Council for Graduate Medical Education (ACGME)-accredited internal medicine training program. [Note: The minimum of 75% of residents in the subspecialty of geriatric medicine should be graduates of either an ACGME-accredited internal medicine or family practice training program.]

B. To be eligible for accreditation, a subspecialty program must function as an integral part of an accredited residency program in internal medicine. There must be a reporting relationship, to ensure compliance with the ACGME accreditation standards, from the program director of the subspecialty program to the program director of the parent internal medicine residency program. The discipline must be one for which a certificate of special qualifications or a certificate of added qualifications is offered by the American Board of Internal Medicine. (The information herein applies to subspecialty disciplines in internal medicine as well as to disciplines for which a certificate of added qualifications is offered by the American Board of Internal Medicine. For editorial purposes, the term subspecialty is used throughout the document for both types of training programs.)

C. Applications for accreditation of new subspecialty programs will not be considered if the parent residency program in internal medicine is accredited on a provisional or probationary basis.

D. Sponsoring institutions must have an affiliation with a Liaison Committee on Medical Education-accredited medical school or demonstrate that the primary clinical site has a commitment to education and research similar to that of a medical school. In addition, the sponsoring institution must provide adequate faculty, resident compensation, facilities, and resources for education, clinical care, and research required for accreditation.

E. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

F. Graduate education in the subspecialties of internal medicine requires a major commitment to education by the sponsoring institution. Evidence of such a commitment includes each of the following:
1. The minimum number of resident positions in each training program must not be less than the number of accredited training years in the program.
2. The institution must sponsor significant research in each subspecialty for which it sponsors a training program.
3. The institution should sponsor a minimum of three accredited subspecialty programs, including three programs based at the primary training site of the parent internal medicine residency program. [Note: Internal medicine training programs in geriatric medicine and sports medicine are exempt.]

II. Educational Program
A. Subspecialty programs must provide advanced training to allow the resident to acquire expertise as a consultant in the subspecialty.

B. All educational components of the program should be related to the program's goals and objectives and set down in a written curriculum. The curriculum must ensure the opportunity for residents to achieve the cognitive knowledge, procedural skills, interpersonal skills, professional attitudes, humanistic qualities, and practical experience required of a subspecialist. The written curriculum should
1. Include for each rotation or major learning experience the educational purpose; teaching methods; the mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services; reading lists, pathological material, and other educational resources to be used; and a method of evaluation of resident performance.
2. Include a description of all required educational and clinical experiences specified in the Program Requirements.
3. Include a description of the clinical experience in inpatient or outpatient settings.
4. Define the level of residents' supervision by faculty members in all patient care activities.
5. Integrate medical problems, health promotion, and cultural, socioeconomic, ethical, occupational, environmental, and behavioral issues in most rotations or major learning experiences.
6. Include teaching rounds and conferences.
7. Indicate that residents care for patients with a wide range of clinical problems in all stages of illness.
8. Emphasize the importance of humanistic qualities throughout the residency.
10. Be revised by faculty members and residents to keep it current and relevant.
11. Be approved as part of the regular review process by the RRC.
C. The program should provide residents adequate opportunity to become leaders in the organization and management of patient care.
D. The program must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions.
E. Appropriate faculty supervision of the residents must be provided during all of their educational experiences.
F. Participation by any institution providing more than 3 months of training in a program of less than 3 years in duration or more than 6 months of training in a program of 3 years in duration must be prior approved by the RRC. The principles of education enumerated in the Program Requirements for Residency Education in Internal Medicine [Note: Specifically, paragraphs V.E., and V.G.] and the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education also apply to subspecialty programs. The following principles require special emphasis:

1. Educational environment
   Refer to the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education (I. Institutional Organization and Commitment) and the Program Requirements for Residency Education in Internal Medicine, Sections I and II.A.

2. Duty hours
   a. When averaged over any 4-week rotation or assignment, residents must not spend more than 80 hours per week in patient care duties.
   b. Residents must not be assigned on-call in-house duty more often than every third night.
   c. When averaged over a year, including vacation, residents must be provided with a minimum of 48 days free of patient care duties, including home-call responsibility.

3. Professionalism and ethical behavior
   a. Physician accountability
      1. The training program must have mentors, role-model clinicians, and a resident culture that demonstrates the values of professionalism, such as placing the needs of patients first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, establishing a commitment to continuous quality improvement, and being responsive to society's health-care needs.
      2. Residents should be given the opportunity to participate in community service, professional organizations, and institutional committee activities.
   b. Humanistic qualities
      Physicians must have the welfare of their patients as their primary professional concern. Thus, the residents, faculty members, and program must demonstrate humanistic qualities that foster the formation of empathetic, constructive, and effective patient-physician relationships. These qualities include integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and a professional attitude and behavior toward colleagues.
   c. Physician impairment
      The training program must instruct residents and faculty members in physician impairment, to include the recognition of, intervention in, and management of impairment such as alcohol and other substance abuse; depression; dementia; and other mental, emotional, and physical disorders in their peers, as well as in the principles and methods of active intervention.
   d. Professional ethics
      The training program must foster a commitment to professional ethics in residents that is demonstrated by a spirit of collegiality and a high standard of moral and ethical behavior within the clinical setting in the care of patients, in the education of residents, in conducting research, and in interacting with medical device and pharmaceutical companies and funding organizations.
   e. Responsibility and professional relationships

G. Peer interaction
   To ensure adequate peer interaction, the total number of residents enrolled in the program must at all times be equal to or greater than the number of years of accredited training.

III. Program Director and Faculty Qualifications and Responsibilities

A. General Qualifications and Responsibilities

1. Qualifications
   a. must be licensed to practice medicine in the state where the sponsoring institution is located. (Certain federal programs are exempted, as appropriate.)
   b. must have appointments in good standing to the medical staff of an institution participating in the training program.
   c. should be certified by the specialty board or present equivalent credentials acceptable to the RRC.
   d. must meet professional standards of ethical behavior.

2. Responsibilities
   a. must have a commitment to the goals and objectives of the teaching program, including development of the residents' medical knowledge; clinical, technical, and management skills; and clinical judgment.
   b. should be able to nurture the attributes of the scholar, scientist, teacher, and humanist in residents.
   c. must be available to residents for advice and counseling.
   d. must comply with the written curriculum that describes both patient-based and educational elements of the residency.
   e. should review the written learning objectives and expectations for each rotation or assignment with residents at the beginning of the rotation or assignment, when designated to a rotation or assignment.
   f. must be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
   g. should participate actively in the clinical practice of the subspecialty, as appropriate.
   h. should participate in their own continuing education.
   i. should participate in the activities of regional and national scientific societies.
   j. must provide written and verbal feedback to residents at the end of each rotation or assignment, when designated as a supervisor of residents during a rotation or assignment.

B. Program Director

1. Qualifications
   a. be an institutionally based appointee, i.e., his or her home office must be at the primary training site.
   b. have at least 5 years of participation as an active faculty member in an accredited subspecialty residency program.
c. be subspecialty certified by the American Board of Internal Medicine or present equivalent credentials acceptable to the RRC.

2. Responsibilities
The program director
a. must devote an average of at least 20 hours per week throughout the year to the training program.

2. Responsibilities
The program director
a. must devote an average of at least 20 hours per week throughout the year to the training program.

b. must be primarily responsible for the organization, implementation, and supervision of all aspects of the training program, including the selection and supervision of the faculty members and other program personnel at each institution participating in the program.

c. must select residents for appointment to the program in accordance with institutional and departmental policies and procedures, evaluate the quality of care rendered by the residents, have the authority to ensure effective teaching, and obtain teaching commitments from other departments involved in the education of internal medicine residents.

d. must prepare written learning objectives and expectations outlining the educational goals and objectives of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment.

e. must ensure that the written learning objectives and expectations are readily available for review and are distributed to residents and faculty members.

f. must ensure that the residency does not place excessive reliance on service.

g. must notify the RRC promptly of
   1. any change in the total number of residents in the training program and
   2. major changes in the structure of the educational program. The RRC may schedule a site visit when notified about either of the above changes.

h. must prepare an accurate statistical and narrative description of the program, as required by the RRC.

i. must monitor the residents' stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction.

j. must evaluate and modify training situations that consistently produce undesirable stress on residents.

k. must be responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

l. must establish and use educational standards that determine the residents' competence in procedures and skills.

m. should ensure that there is a rapid and reliable system for residents to communicate with supervising attending physicians and residents.

n. must establish a system that ensures that attending physicians are available to participate in the residents' diagnostic and management decisions in a timely manner.

o. should outline in written policies the lines of responsibility and supervision for the care of patients on all inpatient and ambulatory settings, including all clinical sites for all members of the teaching teams and program staff.

C. Key Clinical Faculty Members
The training program must include a minimum of three institutionally based key faculty members, including the program director.

[Note: Subspecialty programs in clinical cardiac electrophysiology, interventional cardiology, internal medicine-geriatric medicine, and internal medicine-sports medicine are exempt from this requirement.] For programs with more than five residents enrolled during the accredited portion of the training program, a ratio of such faculty to residents of at least 1:1.5 must be maintained. (These minimums may be exceeded in certain subspecialties.) Each resident must have, on average, a minimum of 10 hours per week of direct clinical faculty teaching hours.

1. Qualifications
Key clinical faculty members must
a. be certified by the American Board of Internal Medicine or present equivalent credentials acceptable to the RRC.

b. have documented clinical, academic, and administrative experience to ensure effective implementation of the Program Requirements.

c. be clinicians with broad knowledge of, experience with, and commitment to the subspecialty.

2. Responsibilities
Key clinical faculty members
a. must dedicate, on average, 10 hours per week throughout the year to the training program.

b. should participate in activities designed to enhance their teaching effectiveness.

c. should assist in the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

d. must assist in the preparation of a written curriculum that describes both patient-based and educational elements of the residency and outlines the goals and objectives of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment.

e. must assist in nurturing the attributes of the scholar, scientist, teacher, and humanist in the residents.

f. must assist in monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction.

D. Other Faculty
PhD faculty members not holding an MD may be included as other teaching faculty but they may not be regarded as key clinical faculty members.

IV. Facilities and Resources
A. The Program Requirements for Residency Education in Internal Medicine governing the provision of appropriate facilities also apply to subspecialty training. Unique facilities required for a particular subspecialty will be found in the Program Requirements for that subspecialty.

B. As used in this document, the primary training site shall mean the health-care facility that provides the required services, is the location of the program director's major activity, is the location where the resident spends the majority of clinical time, and is ordinarily the primary location of the core program in internal medicine.

C. Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program. In addition, refer to the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education, 11th Edition.

D. A sufficient number of new and follow-up patients, including the geriatric age group, and patients of both sexes must be available to ensure adequate inpatient and ambulatory experience for each subspecialty resident without diluting the experience of the residents in the general internal medicine residency program.
V. Specific Program Content

A. Patient Care Experience
The program must provide subspecialty residents with the support for continuous care of patients and ambulatory services, communicating with referring physicians and other members of the health-care team, and ensuring that the patient volume in the ambulatory environment is large enough to provide adequate numbers of new and returning patients. Residents should, on average, be responsible for one to three new patients and three to six return patients during each 1/2-day session.

1. Experience with ambulatory patients
   a. The residents should have an opportunity to follow a panel of patients with a diversity of disease.
   b. The residents should have experience in patient care, including the role of the health-care team, and ensuring support for continuous care by the patient's primary physician.

2. Experience with continuity ambulatory patients
   a. The residents should have an opportunity to follow a panel of patients with a diversity of disease.
   b. The residents should have experience in patient care, including the role of the health-care team, and ensuring support for continuous care by the patient's primary physician.

B. Consultation Experience
Subspecialty residents must have the appropriate supervised experience to develop skills in providing consultation services on inpatient and ambulatory services, communicating with referring physicians and other members of the health-care team, and ensuring support for continuous care by the patient's primary physician.

C. Teaching Experience
The program must provide subspecialty residents with the opportunity to teach general internal medicine residents, medical students, physicians, and other professional personnel.

D. Conferences
1. Core conferences must be conducted regularly as scheduled and must be attended by faculty and residents. At a minimum, these must include at least one clinical conference weekly and one basic science conference, one literature review conference (journal club), and one research conference monthly.
2. Residents must participate in formal review of gross and microscopic pathological material from patients who have been under their care.
3. Residents must participate in planning and in conducting conferences.
4. Faculty and resident attendance and participation at multidisciplinary conferences is also expected.

E. Procedures
1. Residents must develop a comprehensive understanding of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline. Residents must acquire knowledge of and skill in educating patients about the technique, rationale, and complications of procedures and in obtaining procedure-specific informed consent.
2. Faculty supervision by key clinical faculty or other designated physicians of procedures performed by each resident is required until proficiency has been acquired and documented for the program director. Each program must
   a. identify key procedures,
   b. define a standard for proficiency,
   c. document achievement of proficiency.

F. Occupational Safety and Health Administration (OSHA) and Health-Care Regulations
Residents must have formal instruction in current OSHA regulations and universal precautions and protection of health-care workers.

G. Medical Informatics and Decision-Making Skills
1. Residents should receive instruction in the critical assessment of medical literature, in clinical epidemiology, in biostatistics, and in clinical decision theory.
2. Each resident should have the opportunity to learn basic computer skills, including an introduction to computer capabilities and medical applications, basic techniques for electronic retrieval of medical literature, computer-assisted medical instruction, and electronic information networks.

H. Quality Assessment, Quality Improvement, Risk Management, and Cost Effectiveness in Medicine
1. Residents should receive instruction in the social and economic impact of medical decisions on patients and society and the need to be the primary advocate for patients' needs.
2. It is desirable that all residents receive formal instruction regarding the principles, objectives, and processes of quality assessment and improvement and of risk management.

I. Clinical Ethics
The program must include education in the principles of bioethics as applied to medical care, and the residents must participate in decision making involving ethical issues that arise in the diagnosis and management of their patients.

J. Educational and Counseling Skills
Residents should have instruction and experience in patient counseling skills and community education. This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education.

K. End-of-Life Care
1. Each resident should receive instruction in the principles of palliative care for terminally ill patients, including the role of the health-care team. Instruction should include psychosocial, cultural, and religious issues related to death and dying.
2. It is desirable that residents participate in hospice and home care.

L. Research
As part of the academic environment, an active research component must be included within each accredited subspecialty program. The program must ensure a meaningful, supervised research experience with appropriate protected time—either in blocks or concurrent with clinical rotations—for each resident, while maintaining the essential clinical experience. Evidence of recent productivity by both the program faculty and by the residents as a whole, will be required, including publication in peer-reviewed journals. Residents must learn the design and interpretation of research studies, responsible use of informed consent, and research methodology and interpretation of data. The program must provide instruction in the critical assessment of new therapies and of the...
medical literature. Residents should be advised and supervised by qualified faculty members in the conduct of research. [Note: Training programs in internal medicine-geriatric medicine are exempt from this requirement relative to research productivity by residents.]

M. Other Scholarly Activities
The resident should make presentations at lectures, medical grand rounds, journal clubs, and research and other conferences.

VI. Evaluation
A. Residents
1. Formative Evaluation
   a. Subspecialty program directors must establish procedures for evaluating and documenting the clinical and technical competence of subspecialty residents. These procedures must include observation, assessment, and substantiation of residents' comprehensive and specialized medical knowledge and provision of medical care, including advanced skills in history-taking, physical examination, clinical judgment, management, and consultation, and their ability to critically analyze clinical situations and make medical decisions. The program must also evaluate residents' technical proficiency, teaching skills, communication, humanistic qualities, professional attitudes and behavior, and commitment to scholarship as demonstrated within the clinical setting.
   b. Records must be maintained by documentation logbooks or an equivalent method to demonstrate that subspecialty residents have had adequate experience with invasive and noninvasive procedures. Records should state the indications and complications and include the name of the supervising physician. Such records must be kept in sufficient detail to permit use in future credentialing.
   c. Regular and meaningful feedback to subspecialty residents about their performance is essential to their continuing growth and development as subspecialty internists. There must be regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   d. Residents must be evaluated and their performance reviewed with them on completion of each rotation period.
   e. At least semiannually, the program must provide to the resident structured feedback on performance, including appropriate counseling and other necessary remedial effort.
   f. Adequate records of the evaluation and counseling process must be maintained for each resident. Such records must be available in the resident's file and must be accessible to the resident.

2. Summative Evaluation
   a. The program director must prepare a written evaluation (eg, the American Board of Internal Medicine's tracking form) of the clinical competence of each subspecialty resident annually and at the conclusion of the resident's period of training in the program. Such evaluations must stipulate the degree to which the resident has mastered each component of clinical competence (ie, clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, research and scholarship, and provision of medical care) and has acquired proficiency in each of the various procedural skills identified in the program's curriculum.
      The program director must verify whether the resident has demonstrated sufficient professional ability to practice competently and independently by the end of the residency program.
   b. A record of the evaluation must be maintained in the program files to substantiate future judgments provided to hospital credentialing and privileging, board certification, and agency licensing bodies, and to support other bodies' actions.
   c. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth. In the event of an adverse annual evaluation, residents must be offered the opportunity to address judgments of academic deficiencies or misconduct before an independent, appropriately constituted clinical competence committee.
   d. There must be a written policy to ensure that academic due process provides fundamental fairness to the resident and protects the institution by ensuring accurate, proper, and definitive resolution of disputed evaluations.

B. Faculty Members and Program
   1. Resident evaluation of faculty members and program
      a. The educational effectiveness of a program must be evaluated in a systematic manner. Specifically, the quality of the curriculum and the extent to which the educational goals and objectives have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.
      b. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them.
      c. At least one resident representative must participate in these reviews of the training program.
      d. The faculty should at least annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty members, and the quality of supervision of residents.
      e. Provision must be made for residents to evaluate the faculty and the training program in writing at least annually. The results of such evaluations should be used for faculty counseling and for selecting faculty members for specific teaching assignments.

C. Evaluation of the Graduates
   Each program must maintain a system of evaluation of its graduates. The residency should obtain feedback on demographic and practice profiles, licensure and board certification, the graduates' perceptions of the relevancy of training to practice or other career pathways, suggestions for improving the training, and ideas for new areas of curriculum. The suggested format is a written survey after 1 year and every 5 years thereafter. The data from the evaluation of the graduates should be used as part of the program's determination of the degree to which the program's stated goals are being met.

VII. Program Requirements
The Program Requirements for training programs in a specific subspecialty may exceed the minimum requirements set forth above.

ACGME: June 1998 Effective: July 1999
Program Requirements for Residency Education in Cardiovascular Disease (Internal Medicine)

I. Educational Program
A subspecialty educational program in cardiology must be organized to provide training and supervised experience in the evaluation and management of a wide variety of patients with acute and chronic cardiovascular conditions including chronic coronary heart disease, congestive heart failure, arrhythmias, acute myocardial infarction and other acute ischemic syndromes, lipid disorders, hypertension, cardiomyopathy, valvular heart disease, pulmonary heart disease, peripheral vascular disease, infections and inflammatory heart disease, and adult congenital heart disease. The training and experience must be at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 3 years in duration.

II. Key Clinical Faculty
The program must provide a minimum of four institutionally based faculty members, including the program director. In programs with a total of more than six residents enrolled, a ratio of such faculty to residents of at least 1:1.5 must be maintained.

III. Facilities and Resources
Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. These include inpatient, ambulatory care, and clinical and research laboratory resources. Specifically, there must be laboratories in which cardiac hemodynamics, angiography, percutaneous transluminal coronary angioplasty, invasive electrophysiologic studies, and other interventional procedures are performed. There must be laboratories that provide resources for electrocardiography, ambulatory electrocardiogram (ECG) recording, exercise testing, echocardiography (including Doppler and transesophageal studies), and radionuclide techniques. Other hospital resources should include facilities for assessment of peripheral vascular disease and pulmonary physiology. Critical care units must include a cardiac care unit and a cardiac surgery intensive care unit. Resources must be available for implantation of pacemakers, implantable cardioverter/defibrillator, and follow-up. There must be a cardiac catheterization laboratory and active cardiac surgery at the primary training site.

IV. Specific Program Content
The goal of the training program is to provide opportunities for the residents to develop clinical competence in the field of adult cardiovascular disease.

A. Clinical Experience
1. Special Clinical Experiences
   There must be at least 24 months of clinical training, including inpatient and special experiences. The program must provide a minimum of
   a. Four months in the cardiac catheterization laboratory
   b. Six months in noninvasive cardiac evaluations, consisting of
      1. three months of echocardiography;
      2. two months of nuclear cardiology; and
   c. Two months devoted to electrophysiology, pacemaker follow-up and ICDs.
   d. Six months in noninvasive cardiac evaluations, consisting of
      1. three months of echocardiography;
      2. two months of nuclear cardiology; and
   e. Two months devoted to electrophysiology, pacemaker follow-up and ICDs.

B. Technical and Other Skills
1. The program must provide sufficient experience for the resident to acquire skill in the performance and interpretation of
   a. history and physical examination
   b. basic and advanced cardiac life support
   c. elective cardioversion
   d. bedside right heart catheterization
   e. insertion and management of temporary pacemakers, including transvenous and transcutaneous
   f. right and left heart catheterization including coronary arteriography; residents must participate in a minimum of 100 catheterizations
   g. exercise stress testing; residents must perform a minimum of 50 ECG tests
   h. echocardiography; residents must perform and interpret a minimum of 150 studies, including transthoracic and transesophageal cardiac studies
   i. pericardiocentesis
   j. programming and follow-up surveillance of permanent pacemakers and ICDs
   k. cardiovascular rehabilitation
2. The program must provide opportunities for residents to acquire experience with the performance and (where applicable) interpretation of
   a. intracardiac electrophysiologic studies
   b. intra-aortic balloon counterpulsation
   c. percutaneous transluminal coronary angioplasty and other interventional procedures
3. The program must provide sufficient experience for residents to acquire skill in the interpretation of
   a. chest x-rays
   b. a minimum of 3500 electrocardiograms
   c. a minimum of 75 ambulatory ECG recordings
   d. radionuclide studies of myocardial function and perfusion
   e. cardiovascular literature

C. Formal Instruction
The program must provide instruction in the following:
1. Basic science, including
   a. cardiovascular anatomy
   b. cardiovascular physiology
   c. cardiovascular metabolism
   d. molecular biology of the cardiovascular system
   e. cardiovascular pharmacology, including drug metabolism, adverse effects, indications, the effects on aging, relative costs of therapy, and the effects of noncardiovascular drugs upon cardiovascular function
   f. cardiovascular pathology
   g. Prevention of cardiovascular disease, including
      a. epidemiology and biostatistics
      b. risk factors

Program Requirements for Residency Education in Cardiovascular Disease (Internal Medicine)
Program Requirements for Residency Education in Clinical Cardiac Electrophysiology (Internal Medicine)

I. Educational Program
A. A subspecialty educational program in clinical cardiac electrophysiology (CCEP) must function as an integral component of an accredited subspecialty fellowship in cardiovascular disease and must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field.

B. During training in CCEP, the resident's clinical experience must include opportunities to observe, diagnose, manage, and judge the effectiveness of treatment for inpatients and outpatients with palpitations, syncope, and bradyarrhythmias and with both supraventricular and ventricular tachyarrhythmias. The resident should be given opportunities to assume continuing and increasing responsibility for both acutely and chronically ill patients to learn the natural history of a wide variety of cardiac arrhythmias and how to treat them.

C. The CCEP program must be 1 year in length, following completion of an accredited cardiovascular disease residency program.

II. Key Clinical Faculty
Faculty responsible for training must be board certified in CCEP or possess equivalent qualifications. In addition, there must be a minimum of two key clinical CCEP faculty members, including the program director. In programs with a total of more than two residents enrolled, a ratio of such faculty to residents of at least 1:1 must be maintained.

III. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. Specifically, there must be a clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiologic studies and catheter ablation and laboratories to provide the noninvasive diagnostic and therapeutic techniques detailed below.

B. The electrophysiology laboratory must contain appropriate cardiac fluoroscopic equipment, programmable stimulator, recording devices, and resuscitative equipment. An outpatient follow-up program must exist for care for patients with pacemakers and implantable cardioverters/defibrillators (ICDs). Clinical care units must include cardiac care units (CCUs), cardiac surgical intensive care units, and outpatient clinics. A cardiac surgery program must be at the primary training site.

IV. Specific Program Content
A. Clinical Experience
1. Residents must have clinical experiences with the required procedures and skills, which includes the knowledge of their indications, contraindications, risks, and limitations. Residents must be instructed in the sensitivity, specificity, and the positive and negative predictive accuracy of any test employed. They must be instructed in the appropriate techniques for evaluating patients with
   a. a variety of rhythm disorders, including but not limited to
      1. sinus node dysfunction,
      2. atrioventricular (AV) and intraventricular block, and
      3. supraventricular and ventricular tachyarrhythmias.
   b. clinical conditions such as
      1. unexplained syncope,
      2. aborted sudden cardiac death,
      3. palpitations,
      4. Wolff-Parkinson-White (WPW) syndrome, and
      5. long QT syndrome.
   c. conditions that make them candidates for nonpharmacological therapy such as ablation, surgery, and ICD implantation.

2. Clinical experiences involving
   a. consultation to physicians in other disciplines
   b. care of patients in the cardiac care unit, emergency room, or other intensive care settings.
   c. care of the patient before and after an electrophysiologic procedure.
   d. care of patients with postoperative arrhythmias.
   e. outpatient follow-up of patients treated with drugs, devices, or surgery.
   f. electrocardiography—proficiency in the interpretation of the standard 12-lead ECG, stress testing, ambulatory ECG recording, signal-averaged ECG, and telephone-transmitted ECGs.
   g. care of patients with temporary and permanent pacemakers.
   h. care of patients with ICDs.

B. Technical and Other Skills
1. To become proficient in CCEP, residents must have the opportunity to acquire a broad knowledge base of cardiac electrophysiology. There must be opportunity to develop a high level of performance in such areas as interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment, performance and interpretation of invasive electrophysiologic testing, performing therapeutic catheter ablation procedures, and
performing or assisting in the implantation of cardioverter/defibrilators and pacemakers.

2. The program must ensure that residents have the necessary opportunities to acquire skill in the interpretation of
   a. activation sequence mapping recordings.
   b. invasive intracardiac electrophysiologic studies, including endocardial electrogram recording.
   c. relevant imaging studies, including chest radiography.
   d. tilt testing.
   e. electrocardiograms and ambulatory ECG recordings.
   f. continuous in-hospital ECG recording.
   g. signal-averaged ECG recordings.
   h. stress test ECG recordings.
   i. transtelephonic ECG readings.

3. The program must ensure that residents have the necessary opportunities to acquire skill in the performance of clinical cardiac
   electrophysiological studies.
   a. The resident is expected to perform an average of three or more electrophysiology invasive diagnostic/interventional
      catheter procedures per week as the primary operator or as an assistant closely involved with data collection and analysis.
   b. A minimum of 150 intracardiac procedures in at least 75 patients will be required.

4. The program director of the CCEP training program will be expected to ensure the competency of the resident in the following:
   a. Electrode catheter introduction
   b. Electrode catheter positioning in atria, ventricles, coronary sinus, His bundle area, and pulmonary artery
   c. Stimulating techniques to obtain conduction times and refractory periods and to initiate and terminate tachycardias
   d. Recording techniques, including an understanding of amplifiers, filters, and signal processors
   e. Measurement and interpretation of data

5. A minimum of 75 catheter ablative procedures, including post-diagnostic testing, will be required for each resident. These cases
   must include a mix of AV nodal reentrant tachycardia and accessory pathway modification, atrial tachycardia and atrial flutter,
   AV junctional ablation and modification and ventricular tachycardia ablation.

6. Participation in a minimum of 25 initial ICD procedures, including pacemaker and ICD programming, will be required for each
   resident. The program must assure that the residents acquire skill in the following:
   a. Device programming
   b. Noninvasive programmed stimulation for arrhythmia induction through the device
   c. Defibrillation threshold testing
   d. Final prescription of antitachycardia pacing and defibrillation therapies

C. Formal Instruction
The program must provide instruction in
1. basic cardiac electrophysiology, including but not limited to genesis of arrhythmias, normal and abnormal electrophysiologic responses, autonomic influences, effects of ischemia, drugs, and other interventions.
2. clinical cardiac electrophysiology.
3. arrhythmia control device management.
4. the genetic basis of pathological arrhythmias.
5. epidemiology of arrhythmias.
6. clinical trials of arrhythmias management and their impact on clinical practice.

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Program Requirements for Residency Education in Critical Care Medicine (Internal Medicine)

I. Educational Program
A. A subspecialty educational program in critical care medicine must be organized to provide training and supervised experience at a sufficient level for the resident to acquire competency in managing critically ill patients and in supervising critical care units.
B. Critical care medicine training programs may be 1 or 2 years in duration.
   1. Programs that accept only those who have completed training in an accredited program in one of the subspecialties of internal medicine may be organized to offer a single year of training.
   2. Programs organized to provide critical care medicine training in association with an accredited program in one of the subspecialties of internal medicine may fulfill training requirements by devoting 12 months to critical care out of a total of 36 months of training.
   3. Otherwise, a program must provide training of 2 years in duration.
C. To provide evidence of substantial institutional support in those disciplines most relevant to critical care medicine, the sponsoring institution's primary training site should sponsor accredited subspecialty programs in cardiovascular disease, pulmonary disease, and infectious diseases and must have an accredited residency program in general surgery. The presence of training programs in these disciplines ensures the extensive educational, patient care, and research resources that are essential to the learning environment for critical care medicine residents. Furthermore, peer interaction is essential in the education of critical care medicine residents.
D. The sponsoring institution(s) must provide service for the care of patients with major trauma and must have an active open heart surgery program.
E. Institutional policies should be established to govern the educational resources committed to critical care training programs and to ensure cooperation of all involved disciplines.

II. Key Clinical Faculty
A. The program director and the critical care teaching staff must have privileges regarding the admission, treatment, and discharge of patients on the critical care unit(s).
B. The director shall have administrative responsibility for the critical care teaching program, subject to the approval of the director of the parent internal medicine training program.
C. The key clinical teaching faculty at the primary training site must include each of the following:
   1. For each resident there must be no less than one key clinical faculty member.
   2. There must be at least two key clinical faculty members each in nephrology, gastroenterology, pulmonary, cardiology, infectious diseases, and hematology who must devote substantial effort to the education of critical care medicine residents.
   3. There must be key clinical faculty members in geriatric medicine and oncology who are available to participate in the education of residents in critical care medicine.
D. Faculty members in anesthesiology, neurology and neurosurgery who are certified by an American Board of Medical Specialties.
member board in their respective disciplines or who have equivalent training and experience must also participate at the primary training site in the education of residents in critical care medicine.

Because critical care training is multidisciplinary in nature, faculty from several related disciplines such as general surgery, thoracic surgery, pediatrics, urology, orthopedic surgery, emergency medicine, and obstetrics-gynecology must be available to participate in the training program.

A collegial relationship must exist between the director of the critical care training program and the teaching staff, to enhance the educational opportunities for all residents.

### III. Facilities and Resources

A. Modern facilities to accomplish the educational program must be available and functioning.

1. The critical care unit(s) must be located in a designated area within the hospital and must be constructed and designed specifically for the care of critically ill patients.

2. Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit, and a coronary intensive care unit (CICU).

3. The MICU must be at the primary training site and should be the focus of a teaching service in which the program director in critical care medicine is responsible for the educational program.

B. Available facilities must be adequate to care for patients with acute myocardial infarction, severe trauma, shock, recent open heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions.

C. In units to which a resident is assigned, an average census of at least five patients per resident is required.

D. A sufficient number of knowledgeable personnel and the necessary equipment to care for critically ill patients must be available. Personnel must include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.

E. A supporting laboratory must be available to provide complete and prompt laboratory evaluation.

F. Modern imaging services and an active emergency service must be available.

G. Nutritional support services also must be available.

### IV. Specific Program Content

#### A. Clinical Experience

1. Ultimate integration and application of the necessary knowledge, skills, and attitudes are best experienced in the intensive care environment. The program must be structured to provide adequate and meaningful patient responsibility in critical care unit(s), at least 6 months of which must be devoted to the care of critically ill medical patients (ie, MICU/CICU or equivalent).

2. Residents must be given opportunities to assume responsibility, under appropriate supervision, for the care of patients throughout their stay in the critical care unit(s) and to monitor the subsequent course of patients throughout the remainder of their hospital stay. To assess the various aspects of critical care, the resident must also have organized opportunities to learn about former critical care patients after hospital discharge, including clinical pathological correlations when appropriate.

3. Because critical care medicine is multidisciplinary in nature, clinical experience must include opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting. Therefore, residents must obtain additional clinical experience with other critically ill patients, which may include surgical, shock-trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit; burn unit; dialysis unit; anesthesia service; cardiac catheterization laboratory; high-risk pregnancy intensive care unit; and transplant unit.

#### B. Technical and Other Skills

1. The program must be structured to permit all critical care residents to develop the requisite procedural and technical skills, including the ability to interpret data derived from various bedside devices commonly employed to monitor patients in the critical care setting.

2. The training program must provide opportunities for residents to learn the indications, contraindications, complications, and limitations of the following critical care procedures and the technical skills necessary to perform them. This experience may ordinarily occur in a pulmonary function laboratory or respiratory care service.

   a. Establishment and maintenance of open airway in non-intubated, unconscious, paralyzed patients

   b. Pressure-cycled, volume-cycled, time-cycled, and flow-cycled mechanical ventilation

   c. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry

   d. Management of pneumothorax (needle insertion and drainage systems)

   e. Maintenance of circulation with

      1. Arterial puncture and blood sampling

      2. Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters

      3. Basic and advanced cardiopulmonary resuscitation

      4. Cardioversion

   f. Thoracentesis

3. The training program must provide opportunities for residents to learn the indications, contraindications, limitations, and complications of the following critical care procedures and the technical skills necessary to perform them:

   a. Parenteral nutrition

   b. Monitoring/bioengineering

      1. Utilization, zeroing, and calibration of transducers

      2. Use of amplifiers and recorders

4. The program also must provide opportunities to learn the indications, contraindications, complications, and limitations of the following procedures; practical experience is recommended.

   a. Pericardiocentesis

   b. Transvenous pacemaker insertion

   c. Peritoneal dialysis

   d. Peritoneal lavage

   e. Insertion of chest tubes

   f. Percutaneous needle aspiration

   g. Intracranial pressure monitoring

5. Experience also must be provided in the analysis of data pertaining to the following:

   a. Cardiac output determinations by thermodilution and other techniques

   b. Evaluation of oliguria

   c. Management of massive transfusions

   d. Management of hemostatic defects

   e. Interpretation of antibiotic levels and sensitivities

   f. Monitoring and assessment of metabolism and nutrition

   g. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
h. Pharmacokinetics
6. Opportunities also must be available for residents to acquire
those skills required to organize, administer, and direct a critical
care unit and to work effectively as a member of a multi-
disciplinary team.

C. Formal Instruction
The training program must provide opportunities for the residents
to acquire knowledge of and to develop clinical competence in the
following content areas:
1. Physiology, pathophysiology, diagnosis, and therapy of disorders
   of the cardiovascular, respiratory, renal, gastrointestinal, genito-
   urinary, neurologic, endocrine, hematologic, musculoskeletal,
   and immune systems as well as of infectious diseases
2. Electrolyte and acid-base physiology, pathophysiology, diagnosis,
   and therapy
3. Metabolic, nutritional, and endocrine effects of critical illnesses
4. Hematologic and coagulation disorders associated with critical
   illness
5. Critical obstetric and gynecologic disorders
6. Management of the immunosuppressed patient
7. Management of anaphylaxis and acute allergic reactions
8. Trauma
9. Pharmacokinetics, pharmacodynamics, and drug metabolism
   and excretion in critical illness
10. Use of paralytic agents
11. Ethical, economic, and legal aspects of critical illness
12. Principles and techniques of administration and management
13. Psychosocial and emotional effects of critical illnesses on pa-
   tients and their families
14. Iatrogenic and nosocomial problems in critical care medicine
15. Occupational Safety and Health Administration (OSHA)
   regulations and universal precautions and protection of health-care
   workers

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Program Requirements
for Residency Education
in Endocrinology, Diabetes, and
Metabolism (Internal Medicine)

I. Educational Program
A subspecialty educational program in endocrinology, diabetes, and
metabolism must be organized to provide training and experience
at a sufficient level for the resident to acquire the competency of a
specialist in the field. It must be 2 years in duration.

II. Facilities and Resources
Modern facilities must be available and functioning. Specifically,
there must be a complete biochemistry laboratory and facilities for
radioimmunoassay. Available imaging services must include nu-
clear, ultrasonic, and radiologic facilities and expertise to conduct
studies for all types of endocrine disease. There must be available
endocrine surgical services and a pathology laboratory for the inter-
pretation of surgical and cytologic specimens. There should be ac-
cess to karyotyping and immunohistologic studies. In addition,
there must be a close working relationship with dietary and/or nu-
trition services, as well as specialists in surgery, nephrology, neuro-
logy and neurosurgery, obstetrics and gynecology, ophthalmology,
pediatrics, podiatry, and urology.

III. Specific Program Content

A. Clinical Experience
1. The training program must provide opportunities for the resident
to develop clinical competence in the field of endocrinology, dia-
etes, and metabolism. Clinical experience must include opportu-
nities to diagnose and manage inpatients and outpatients
representing adolescent and adult patients of both sexes and
representing variable acuity and who have a wide variety of endo-
crine and metabolic diseases. The program also must include op-
portunities to function in the role of an endocrinology consultant
for patients and other physicians and services in both inpatient
and outpatient settings.
2. The residents must be given opportunities to assume responsibil-
ity for and follow patients throughout the training period in both
inpatient and outpatient settings to observe the evolution and
natural history of these disorders, as well as the effectiveness of
therapeutic interventions. To accomplish these goals, the educa-
tional program must have at least 30% of the training in endo-
crine subspecialty related ambulatory care settings. Residents
must have experience representing variable acuity and the full
spectrum of endocrine and metabolic diseases.
3. The curriculum must emphasize biochemistry and physiology, in-
cluding cell and molecular biology, as they relate to endocrinol-
gy, diabetes, and metabolism. The appropriate utilization and
interpretation of clinical laboratory, radionuclide, and radiologic
studies for the diagnosis and treatment of endocrine and meta-
bolic diseases must be stressed.
4. Residents must have clinical experience in a multidisciplinary dia-
etes education and treatment program.
5. Residents must have formal instruction, clinical experience, or
opportunities to acquire expertise in the evaluation and manage-
ment of the following disorders:
a. Thyroid disorders, including
   1. hyperthyroidism and hypothyroidism
   2. nodular thyroid diseases
   3. thyroid cancer
   4. goiter, and
   5. thyroiditis, including chronic, silent, subacute, and autoim-
      mune
b. Hypothalamic and pituitary tumors, including
   1. pituitary tumors of all types, with particular experience in
      the diagnosis and management of prolactinoma, acromeg-
      aly, Cushing's disease, and clinically nonfunctioning tumors
   2. craniopharyngeoma and other space occupying and
      infiltrative disorders of the pituitary and hypothalamic
      region
   3. hypopituitarism
   4. growth hormone disorders
   5. hypothalamic insufficiency
   6. SIADH
   7. diabetes insipidus (primary and nephrogenic), and
   8. galactorrhea
c. Type 1 and Type 2 diabetes mellitus, including
   1. patient monitoring and treatment objectives in adolescents
      and adults
   2. acute and chronic complications, including
      a. diabetic ketoacidosis
      b. hyperosmolar non-ketotic syndromes
      c. hypoglycemia, and
      d. microvascular and macrovascular disease, including
         i. diabetic retinopathy

Graduate Medical Education Directory 2004-2005
Program Requirements for Residency Education in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

ii. diabetic nephropathy
iii. diabetic neuropathy
iv. dermatologic aspects of diabetes
v. coronary heart disease
vi. peripheral vascular disease, and
vii. cerebral vascular disease
e. infections in the diabetic patient
3. gestational diabetes mellitus
4. diabetes mellitus in the pregnant patient
5. the surgical patient with diabetes mellitus
6. patient education
7. psychosocial issues
8. genetics and genetic counseling as it relates to patients with endocrine and metabolism disorders
9. dietary principles
d. Hypoglycemic syndromes, including the spectrum of insulinoma and other causes
e. The diagnosis and management of lipid and lipoprotein disorders
f. The diagnosis and management of primary and secondary hypertension
g. Disorders of bone and mineral metabolism, including
   1. hyperparathyroidism and other causes of hypercalcemia
   2. hypoparathyroidism and other causes of hypocalcemia
   3. metabolic bone diseases, with particular emphasis on the diagnosis and management of osteoporosis
   4. evaluation and prevention of kidney stones
   5. Paget's disease
   6. osteomalacia and disorders of vitamin D and phosphorus metabolism
   7. disorders of magnesium metabolism
h. Disorders of the adrenal cortex and medulla including:
   1. benign and malignant adrenal tumors
   2. adrenogenital syndromes
   3. Cushing's syndrome, including drug-induced
   4. adrenal cortex hypofunction—cause and therapy.
   5. pheochromocytoma
   6. primary aldosteronism
i. Disorders of fluid, electrolyte, and acid-base metabolism, including
   1. hyponatremia and hypernatremia
   2. hyperkalemia and hypokalemia
   3. metabolic acidosis
   4. metabolic alkalosis
j. Disorders of magnesium and phosphorous metabolism
k. Endocrine aspects of psychiatric diseases
l. Endocrine aspects of aging, with particular emphasis on the care of geriatric patients with endocrine disease and diabetes and the endocrine changes associated with aging
m. Autoimmune polyglandular failure syndrome
n. Endocrine emergencies, including
   1. hypercalcemia and hypocalcemia
   2. severe hypo- and hyperthyroidism
   3. adrenal insufficiency
   4. pituitary apoplexy
o. Parenteral nutritional support
p. Nutritional disorders
   1. obesity-pathophysiology, diagnosis and management
   2. anorexia nervosa and bulimia
q. Hormone-producing neoplasms, particularly carcinoid syndromes, ectopic hormone production, islet cell tumors and multiple endocrine neoplasia syndromes
r. Female and male reproduction, including
   1. primary and secondary amenorrhea
   2. hirsutism/virilization
   3. dysfunctional uterine bleeding
   4. infertility
   5. menopause
   6. testicular tumors
   7. erectile dysfunction
   8. gynecomastia
   9. hypogonadism
s. Endocrine adaptations and maladaptations to systemic diseases, including effects on the thyroidal, adrenal, and gonadal axes.

B. Technical and Other Skills
Residents should have experience in the performance of endocrine clinical laboratory and radionuclide studies and basic laboratory techniques, including quality control, quality assurance, and proficiency standards.
Provision must be made for the residents to acquire experience and skill in the following areas:
1. The interpretation of laboratory tests; immunoassays; and radionuclide, ultrasound, radiologic, and other imaging studies for the diagnosis and treatment of endocrine and metabolic disease.
2. The effects of a variety of nonendocrine disorders on laboratory and imaging studies and performance and interpretation of stimulation and suppression tests.
3. Performance and cytologic interpretation of fine needle aspiration of the thyroid.
4. Indication and interpretation of quantitative digital radiography and other tests used in the management of osteoporosis and other metabolic bone diseases.
5. Management of adolescent and adult patients of all ages with diabetes mellitus, including but not limited to the following aspects of the disease:
   a. The utilization and interpretation of autoimmune markers of Type 1 diabetes in patient management and counseling
   b. Prescription of exercise programs
   c. Rationale for and calculation of diabetic diets
   d. Oral antidiabetic therapy
   e. The use of intravenous insulin in acute decompensated diabetes mellitus
   f. Chronic insulin administration, including the use of all varieties of insulin delivery systems
   g. Glucose monitoring devices
   h. Funduscopic examination, recognition, and appropriate referral of patients with diabetic retinopathy
   i. Foot care
   j. Psychosocial effects of diabetes mellitus on patients and their families
   k. Patient and community education

C. Formal Instruction
The formal curriculum of the program must, as a minimum, provide instruction in the following:
1. Pathogenesis and epidemiology of diabetes mellitus
2. Genetics as it relates to endocrine diseases
3. Developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation
4. Endocrine physiology and pathophysiology in systemic diseases and principles of hormone action
5. Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to endocrinology and metabolism
6. Signal transduction pathways and biology of hormone receptors

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Program Requirements for Residency Education in Gastroenterology (Internal Medicine)

I. Educational Program
A subspecialty education program in gastroenterology must be organized to provide training and experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 3 years in duration.

II. Key Clinical Faculty
The program must provide a minimum of four institutionally based faculty members, including the program director. In addition, at least one key clinical faculty member should have demonstrated expertise and primary focus in hepatology.

III. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. Specifically, there must be a procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures. This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories plus esophageal motility instrumentation. Facilities for parasitology testing should be provided. Supporting services including pathology, diagnostic radiology, interventional radiology, medical imaging and nuclear medicine, general surgery, and oncology also must be available.

B. Facilities for the intensive care of critically ill patients with gastrointestinal disorders must be provided, including a working relationship with surgery, oncology, pediatrics, radiology, and pathology services.

IV. Specific Program Content
A. Clinical Experience
1. The training program must provide opportunities for residents to develop clinical competence in the field of gastroenterology, including hepatology, clinical nutrition, and gastrointestinal oncology.
2. At least 18 months of the clinical experience should be in general gastroenterology, including hepatology, which should comprise approximately 30% of this experience. The additional 18 months of training must be dedicated to elective fields of training oriented to enhance competency.
3. Residents must have formal instruction, clinical experience, or opportunities to acquire expertise in the evaluation and management of the following disorders:
   a. Diseases of the esophagus
   b. Acid peptic disorders of the gastrointestinal tract
   c. Motor disorders of the gastrointestinal tract
   d. Irritable bowel syndrome
   e. Disorders of nutrient assimilation
   f. Inflammatory bowel diseases
   g. Vascular disorders of the gastrointestinal tract
   h. Gastrointestinal infections, including viral, mycotic, and parasitic diseases
   i. Gastrointestinal and pancreatic neoplasms
   j. Gastrointestinal diseases with an immune basis
   k. Gallstones and cholecystitis
   l. Alcoholic liver diseases
   m. Cholestatic syndromes
   n. Drug-induced hepatic injury
   o. Hepatobiliary neoplasms
   p. Chronic liver disease
   q. Gastrointestinal manifestations of HIV infections
   r. Gastrointestinal neoplastic disease
   s. Acute and chronic hepatitis
   t. Biliary and pancreatic diseases
4. Residents must have formal instruction, clinical experience, and opportunities to acquire expertise in the evaluation and management of patients with the following clinical problems:
   a. Dysphagia
   b. Abdominal pain
   c. Acute abdomen
   d. Nausea and vomiting
   e. Diarrhea
   f. Constipation
   g. Gastrointestinal bleeding
   h. Jaundice
   i. Cirrhosis and portal hypertension
   j. Malnutrition
   k. Genetic/inherited disorders
   l. Depression, neurisis, and somatization syndromes
   m. Surgical care of gastrointestinal disorders

B. Technical and Other Skills
1. The program must provide for instruction in the indications, contraindications, complications, limitations, and (where applicable) interpretation of the following diagnostic and therapeutic techniques and procedures:
   a. Imaging of the digestive system, including
      1. Ultrasound
      2. Computed tomography
   b. Magnetic resonance imaging
   c. Vascular radiography
   d. Nuclear medicine
   e. Percutaneous cholangiography
   f. Percutaneous endoscopic gastrostomy
   g. Gastric, pancreatic, and biliary secretory tests
   h. Other diagnostic and therapeutic procedures utilizing enteral intubation and bougienage
   i. Enteral and parenteral alimentation
   j. Liver transplantation
   k. Percutaneous needle biopsy
   l. ERCP, including papillotomy and biliary stent placement
2. Opportunities also must be provided for the resident to gain competence in the performance of the following procedures. A skilled preceptor must be available to teach and to supervise them. The performance of these procedures must be documented in the resident's record, giving indications, outcomes, diagnoses, and supervisor(s):
   a. Endoscopic gastroscopy; residents should perform a minimum of 100 supervised studies.
   b. Esophageal dilation; residents should perform a minimum of 15 supervised studies.
   c. Proctoscopy
   d. Flexible sigmoidoscopy; residents should perform a minimum of 25 supervised studies.
   e. Colonoscopy with polypectomy; residents should perform a minimum of 100 supervised colonoscopies and 20 supervised polypectomies.
   f. Percutaneous liver biopsy; residents should perform a minimum of 20 supervised studies.
Program Requirements for Residency Education in Internal Medicine Geriatric Medicine

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Internal Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

I. Educational Program

An educational program in geriatric medicine must be organized to provide a well-supervised experience at a sufficient level for the resident to acquire the competence of a physician with added qualifications in the field. It shall be 12 months in duration. The program must be conducted by an accredited residency program in internal medicine or family practice.

Clinical experience must include opportunities to manage elderly patients with a variety of medical problems on an inpatient and outpatient basis. Residents must be given the opportunity to provide both primary care and consultation for patients in acute, ambulatory, community, and long-term care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management. Additionally, residents must be given the opportunity to care for persons who are generally healthy and require primarily preventive health-care measures.

The program should include an emphasis on the physiology of aging, the pathophysiology that commonly occurs in older persons, clinical presentations of illnesses, functional assessment, cognitive status and affective assessment, and concepts of treatment and management in both the acute and long-term care settings, as well as in the community and in the home.

Attention also should be directed to the behavioral aspects of illness, socioeconomic factors, and ethical and legal considerations that may impinge on medical management.

The program must provide the opportunity for residents to maintain their basic primary skills during the course of this training. At least ½ day per week must be spent in a continuity of care experience in the resident's primary discipline.

II. Faculty and Staff

A. Program Director

The program director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. The director must have demonstrated experience in geriatric medicine and must have demonstrated experience in education and scholarly activity and have a career commitment to academic geriatric medicine. The director must be primarily based at the teaching center.

B. Other Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program. For programs with more than two residents, there must be 0.5 additional faculty member for each additional resident. Some of these faculty may be part-time in geriatric medicine or drawn wholly from collaborating programs. The faculty commitment must not attenuate the quality of the core residency training program. The program must ensure that interdisciplinary relationships with the following specialties occur: physical medicine and rehabilitation, neurology, and psychiatry. Appropriate relationships with other disciplines, including but not limited to general surgery, orthopedics, ophthalmology, otolaryngology, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services should be maintained. Additionally, a liaison with the physician assistants, when available, should be established.

C. Geriatric Care Team

The resident must have experience with physician-directed interdisciplinary geriatric teams in an acute-care hospital, in a nursing home that includes subacute and long-term care, in a home care setting, and in a family practice center or other outpatient settings. Essential members include a geriatrician, a nurse, and a social worker. Additional members may be included in the team as appropriate; including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care. Regular team conferences must be held as dictated by the needs of the individual patient.

III. Facilities/Resources

A patient population adequate to meet the needs of the training program must be available in the facilities in which the educational experiences take place. Elderly patients of both sexes with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. At all facilities utilized by the program the resident must be given opportunities to assume meaningful patient responsibility. At each setting certain activities are mandated.
and must be supervised and taught by the appropriate clinician. The program must include the following:

A. Acute-Care Hospital
The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

B. Long-term Care Institution
One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, is a necessary component of the geriatric medicine program. Exposure to subacute care and rehabilitation care in the long-term care setting is desirable. The total number of beds available must be sufficient to permit a comprehensive educational experience. The institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on Accreditation of Healthcare Organizations.

C. Long-term Noninstitutional Care
Noninstitutional care service, for example, home care, day care, residential care, or assisted living, is a major component of the geriatric medicine program. A home care program or home health agency is a necessary resource to permit residents to learn to provide care for patients who are homebound but not institutionalized. Day care or day hospital centers, life care communities, and residential care facilities for the elderly are also desirable training sites.

D. Ambulatory Care Program
The ambulatory care program must comprise a minimum of 33% of the resident’s time. Each resident should evaluate approximately one to three new geriatric patients and four to eight follow-up geriatric patients each week. This must include at least ½ day per week spent in a continuity of care experience. This experience must be designed to provide care in a geriatric clinic or family practice center to elderly patients who may require the services of multiple medical disciplines (including but not limited to neurology, gynecology, urology, psychiatry, podiatry, orthopedics, physical medicine and rehabilitation, dentistry, audiology, otorhinolaryngology, and ophthalmology), as well as nursing, social work, and nutrition, among other disciplines. The opportunity to provide continuing care and to coordinate the implementation of recommendations from these medical specialties and disciplines is mandatory. In addition, experiences in relevant ambulatory specialty and subspecialty clinics (eg, geriatric psychiatry and neurology) and those that focus on geriatric syndromes (eg, falls, incontinence, osteoporosis) are highly desirable.

E. Additional Educational Environment
Peer interaction is essential for residents. To achieve this goal, an accredited training program in at least one relevant specialty other than internal medicine must be present at the teaching center sponsoring the training program in geriatric medicine.

IV. Specific Program Content
All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, a specific methodology for teaching, and a method of evaluation exist. A written curriculum that describes the program comprehensively, including sites, educational objectives for each component, and topics to be covered in didactic sessions, should be available to residents and faculty. The curriculum must ensure the opportunity for residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of a physician who specializes in the care of the aged.

Didactic as well as clinical learning opportunities must be available to the resident. Conferences or seminars/workshops in geriatric medicine should be specifically designed to augment the residents’ clinical experiences. Journal club or other activities that foster interaction and develop skills in interpreting the medical literature are necessary.

All deaths of patients who receive care by residents should be reviewed and autopsies performed whenever possible. As the residents progress through their training, they must have the opportunity to teach personnel such as nurses, allied health personnel, medical students, and residents. Appropriate faculty supervision of the residents must be provided during all of their educational experiences.

The following components must be provided:

A. Geriatric Medicine Consultation Program
This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care hospital or at an ambulatory setting administered by the primary teaching institution.

B. Long-term Care Experience
In the long-term care institutional setting each resident must have 12 months of continuing longitudinal clinical experience with an assigned panel of patients for whom the resident is the primary provider. Additional block time to provide long-term care experience is encouraged. Emphasis during the longitudinal experience should be focused on (1) the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment than the acute-care hospital; (2) working within the limits of a decreased staff-patient ratio compared with acute-care hospitals; (3) a much greater awareness of and familiarity with subacute care physical medicine and rehabilitation; (4) the challenge of the clinical and ethical dilemmas produced by the illness of the very old; and (5) administrative aspects of long-term care.

Experience with home visits and hospice care must be included. The resident must be exposed to the organizational and administrative aspects of home health care. Continuity of care with an assigned panel of home or hospice care patients for whom the resident is the primary provider is essential.

C. Geriatric Psychiatry
Identifiable structured didactic and clinical experiences in geriatric psychiatry must be included in the program of each resident. Behavioral sciences such as psychology/social work and others must be included in the curriculum.

D. Curriculum
The training program must provide opportunities for the residents to develop clinical competence in the overall field of geriatric medicine. The curriculum of the program must exhibit, as a minimum, the following content and skill areas:
1. Current scientific knowledge of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged.

2. Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities should be included.

3. Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); the appropriate use of the history, physical and mental examination, and laboratory.

4. Appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment.

5. Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment.

6. Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders.

7. Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence.

8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.

9. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.

10. Ethical and legal issues especially pertinent to geriatric medicine, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs.

11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.

12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.

13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.


15. Iatrogenic disorders and their prevention.

16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.

17. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.

18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.

19. Home care, including the components of a home visit, and accessing appropriate community resources to provide care in the home setting.

20. Hospice care, including pain management, symptom relief, comfort care, and end-of-life issues.

V. Certification

Those planning to seek a Certificate of Added Qualifications from the American Board of Internal Medicine or the American Board of Family Practice should communicate with the administrative officer of the board as listed in the Graduate Medical Education Directory to ascertain the full requirements.


Program Requirements for Residency Education in Hematology (Internal Medicine)

I. Educational Program

A subspecialty educational program in hematology must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 2 years in duration.

II. Faculty

See Section III, Program Requirements for Residency Education in the Subspecialties of Internal Medicine.

III. Facilities and Resources

Modern facilities to accomplish the overall educational program must be available and functioning. Specifically, the resources that must be available to the program include hematology and coagulation laboratories; advanced pathology services, including immunopathology; a blood bank; transfusion and apheresis facilities; diagnostic and therapeutic radiology services; and nuclear medicine services. The program must also participate in a multidisciplinary tumor conference that includes discussion of neoplastic blood disorders and hematologic-oncology protocol studies. In addition, there should be a medical oncology program with which hematology residents can interact formally in an educational experience.

It is highly desirable to have the support of the nursing, rehabilitation medicine, pain management, dietetic, and social services in the care of patients with neoplastic blood disorders so that the resident may see the role of other specialties in the total care of patients with hematologic and/or neoplastic diseases.

IV. Specific Program Content

A. Clinical Experience

Clinical experience must include opportunities to observe and manage patients with a wide variety of blood diseases on both an inpatient and an outpatient basis. The resident must be given opportunities to assume continuing responsibility for acutely and chroni-
cally ill patients in order to observe the evolution of blood diseases as well as the benefits and adverse effects of therapy. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization.

B. The program must provide residents with experiences in an ambulatory care setting at least ¼ day each week over the 24 months of training. In addition, the program must provide residents with continuity experiences, each at least 6 months in duration, throughout the residency program.

C. Technical and Other Skills
1. The program must provide residents with the opportunity to develop competence to work effectively as part of a multidisciplinary team.
2. The program must provide the opportunity for residents to gain competence or expertise in the performance and (where applicable) interpretation of the following:
   a. Bone marrow aspiration and biopsy, including preparation, staining, examination, and interpretation of blood smears, bone marrow aspirates, and touch preparations and interpretation of bone marrow biopsies
   b. Use of chemotherapeutic agents and biological products through all therapeutic routes
   c. Correlation of clinical information with the findings of cytology, histology, immunodiagnostic and imaging techniques
3. The program should provide experience or observation of the following:
   a. Apheresis procedures
   b. Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time and other standard coagulation assays
   c. Fine needle aspiration and biopsy
4. The program should provide the following:
   a. Clinical experience in bone marrow or peripheral stem cell harvest for transplantation
   b. Formal instruction and at least 1 month of clinical experience in allogeneic and autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of posttransplant complications

D. Specific Program Content
The residents must have formal instruction, clinical experience, or opportunities to acquire knowledge in the following:
1. Morphology, physiology, and biochemistry of blood, marrow, lymphatic tissue, and the spleen
2. Related basic fields, including immunology, basic and clinical pharmacology and pharmacokinetics, cell and molecular biology, tumor immunology, molecular genetics, and prenatal diagnosis
3. Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis
4. Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues
5. Measurement of the complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control
6. Immunophenotyping, cytotoxic chemical studies, and cytogenetic and DNA analysis of neoplastic disorders of blood, blood-forming organs, and lymphatic tissues
7. Molecular mechanisms of hematopoietic and lymphopoietic malignancies, including the nature of oncogenes and their products
8. Relevant chemotherapeutic drugs, biologic products, and growth factors and their mechanisms of action, pharmacokinetics, clinical indications, and limitations
9. Multidrug chemotherapy protocols and combined modality therapy for hematopoietic and lymphopoietic malignancies
10. Management and care of indwelling venous access catheters
11. Principles and application of radiation medicine to hematopoietic and lymphopoietic malignancies
12. Management of the neutropenic and the immunocompromised patient
13. Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues
14. Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy
15. Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement therapy
16. Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the use of blood-component therapy and apheresis
17. Indications and application of imaging techniques in patients with blood disorders
18. Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients
19. Pain management in patients with blood disorders
20. Rehabilitation and psychosocial aspects of clinical management of patients with hematologic disorders
21. Hospice and home care
22. Recognition and management of paraneoplastic disorders
23. Clinical epidemiology and medical statistics, including clinical study and experimental protocol design, data collection, and analysis
24. Participation in a tumor board
25. Human immunodeficiency virus-related malignancies
26. Care and management of geriatric patients with hematologic disorders

Program Requirements for Residency Education in Hematology and Oncology (Internal Medicine)

I. Educational Program
A subspecialty educational program in combined hematology and oncology must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 3 years in duration.

II. Key Clinical Faculty
A. The combined subspecialty program faculty must include a minimum of six (three for each discipline) qualified key clinical teaching faculty members, including the program director.
B. At least two of the key clinical faculty must be certified in hematology and at least two must be certified in oncology.
C. Faculty members who are certified in infectious diseases, pulmonary diseases, endocrinology, and gastroenterology by the American Board of Internal Medicine or who have obtained equivalent training and experience must be available to participate in the education of residents in hematology/oncology. The program also must have the support of other clinical specialties, including psychiatry, neurology, dermatology, gynecology, nuclear medicine, pathology, radiation therapy, and surgical specialties.

III. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary site. Specifically, there must be advanced pathology services, including immunopathology, resources for nuclear medicine imaging, blood banking, transfusion and apheresis facilities, coagulation laboratories, and radiation oncology facilities. A modern diagnostic radiologic service and a general surgical service and its support must be available. The program also must participate in a multidisciplinary tumor conference and cancer protocol studies.

B. It is highly desirable to have the support of oncologic nursing, rehabilitation medicine, dietetic, and social services so that the resident may see the role of other specialists in the total care of the cancer patient.

IV. Specific Program Content
A. Clinical Experience
Clinical experience must include opportunities to observe and manage both inpatients and outpatients with a wide variety of blood and neoplastic disorders. The resident must be given opportunities to assume continuing responsibility for acutely and chronically ill patients in order to observe the evolution of blood diseases and the natural history of cancer as well as the benefits and adverse effects of therapy. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization. At least 18 months of the program must be devoted to clinical training.

B. Ambulatory Medicine Experience
The program must provide residents with experiences in an ambulatory care setting for at least ½ day each week over the 36 months of training. In addition, the program must provide residents with continuity experiences, each at least 6 months in duration throughout the residency program.

C. Technical and Other Skills
1. The program must provide residents with the opportunity to develop competence to work effectively as part of a multidisciplinary team.
2. The program must provide the opportunity for residents to gain competence or expertise in the performance and (where applicable) interpretation of the following:
   a. Bone marrow aspiration and biopsy, including preparation, staining, examination, and interpretation of blood smears, bone marrow aspirates, and touch preparations and interpretation of bone marrow biopsies.
   b. Use of chemotherapeutic agents and biological response modifiers by all therapeutic routes
   c. Serial measurement of palpable tumor masses
   d. Assessment of tumor imaging by computed tomography, magnetic resonance, and nuclear imaging techniques
   e. Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
3. The program should provide experience or observation of the following:
   a. Apheresis procedures
   b. Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time and other standard coagulation assays
   c. Fine needle aspiration and biopsy
4. The program should provide the following:
   a. Clinical experience in bone marrow or peripheral stem cell harvest for transplantation
   b. Formal instruction and at least 1 month of clinical experience in autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of posttransplant complications.

D. Specific Program Content
The residents must have formal instruction, clinical experience, or opportunities to acquire knowledge in the following:
1. Morphology, physiology, and biochemistry of blood, marrow, lymphatic tissue, and the spleen
2. Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white cells, and disorders of hemostasis and thrombosis
3. Biology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic disorders.
4. Measurement of the complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control
5. Immune markers, immunophenotyping, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
6. Molecular mechanisms of neoplasia, including the nature of oncogenes and their products
7. Chemotherapeutic drugs, biologic products, and growth factors and their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
8. Multiaxial chemotherapeutic protocols and combined modality therapy in the treatment of neoplastic disorders
9. Management and care of indwelling venous access catheters
10. Principles and application of surgery and radiation therapy in the treatment of neoplastic disorders
11. Management of the neutropenic and the immunocompromised patient
12. Effects of systemic disorders, infections, solid tumors, and drugs on the blood, blood-forming organs, and lymphatic tissues
13. Indications and application of imaging techniques in patients with blood and neoplastic disorders
14. Pathophysiology and patterns of solid tumor metastases
15. Principles of multidisciplinary management of organ-specific cancers, in particular, gynecologic malignancies
16. Pain management in the cancer patient
17. Rehabilitation and psychosocial management of patients with hematologic and neoplastic disorders
18. Hospice and home care for the cancer patient
19. Recognition and management of paraneoplastic disorders
20. The etiology of cancer, including predisposing causal factors leading to neoplasia
21. Cancer prevention and screening, including competency in genetic testing and counseling as they relate to hereditary cancers and hematologic disorders for high-risk individuals
22. Participation in a tumor board
23. Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy
24. Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement.
25. Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the use of blood component therapy and apheresis procedures.

26. Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients.

27. Human immunodeficiency virus-related malignancies.

28. Care and management of the geriatric patient with malignancy and hematologic disorders.

ACGME: September 2000 Effective: July 2001

Program Requirements for Residency Education in Infectious Disease (Internal Medicine)

I. Educational Program
A subspecialty educational program in infectious disease must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 2 years in duration.

II. Facilities and Resources
Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. Specifically, there must be access to a laboratory for clinical microbiology, including diagnostic bacteriology, immunology, mycology, parasitology, and virology. Facilities for the isolation of patients with infectious diseases must be available. It is highly desirable that the training program be conducted in a setting in which training programs in surgery, obstetrics, gynecology, pediatrics, and other medical and surgical specialties and subspecialties are available.

III. Specific Program Content
A. Clinical Experience
Clinical experience must include opportunities to observe and manage adult patients with a wide variety of infectious diseases on both an inpatient and an ambulatory basis. Such opportunities must encompass longitudinal experiences in a continuum of care to observe the course of illness and the effects of therapy. Therapeutic modalities should include management of antibiotic administration in such settings as the hospital, the office, or in conjunction with home-care services. Experience with pediatric infectious diseases is encouraged.

B. Ambulatory Medicine Experience
Ambulatory care experience to provide both consultative services and continuing care in infectious disease including human immunodeficiency virus (HIV) must be included in the training program. Ambulatory training must include longitudinal care of patients with HIV infection.

C. Specific Program Content
Residents must have clinical experience or formal instruction in the prevention, evaluation, and management of the following disorders:
1. The febrile patient; specifically presenting in association with rash or as fever of unknown origin
2. Upper respiratory tract infections
3. Pleuropulmonary and bronchial infections
4. Urinary tract infections

5. Peritonitis and other intra-abdominal infections
6. Cardiovascular infections
7. Central nervous system infections
8. Skin and soft tissue infections
9. Infections related to trauma, including burns and animal and human bites
10. Gastrointestinal infections and food poisoning
11. Bone and joint infections
12. Infections of the reproductive organs
13. Sexually transmitted diseases
14. Infections of the eye
15. Viral hepatitides
16. Sepsis syndromes
17. Nosocomial infections
18. HIV infection and acquired immunodeficiency syndrome
19. Infections in the immunocompromised or neutropenic host
20. Infections in patients with acute leukemia and lymphomas
21. Infections in transplant recipients
22. Infections in solid organ transplant recipients
23. Infections in geriatric patients
24. Infections in travelers
25. Infections in parenteral drug abusers

D. Technical and Other Skills
The program must provide for practical experience or instruction in the cognitive aspects of the following:
1. Mechanisms of action and adverse reactions of antimicrobial agents; the conduct of pharmacologic studies to determine absorption and excretion of antimicrobial agents; methods of determining antimicrobial activity of a drug; techniques to determine concentration of antimicrobial agents in the blood and other body fluids; the appropriate use and management of antimicrobial agents in a variety of clinical settings, including the hospital, ambulatory practice, and the home
2. The utility of procedures for specimen collection relevant to infectious disease, including but not limited to bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities, including soft-tissue infections
3. Principles and practice of hospital infection control
4. Principles of chemoprophylaxis and immunoprophylaxis to enhance resistance
5. Mechanisms of actions of biological products, including monoclonal antibodies, cytokines, interferons, interleukins, and colony-stimulating factors, and their applications in the treatments of infectious diseases or their role in enhancing the immune response

E. Formal Instruction
Additional specific content areas that must be included in the formal program (lectures, conferences, and seminars) include:
1. the factors that determine the outcome between host and parasite, including microbial virulence factors and host defense mechanisms.
2. basic concepts of immunology
3. the epidemiology, clinical course, manifestations, diagnosis, treatment, and prevention of major infectious agents including viruses, chlamydiae, mycoplasma and ureaplasma, rickettsioses, and bacteria including spirochetes and mycobacteria, mycoses, protozoa, and helminths
4. quality assurance and cost containment in the clinical practice of infectious diseases.

ACGME: June 1998 Effective: July 1999

Graduate Medical Education Directory 2004-2005
Program Requirements for Residency Education in Interventional Cardiology (Internal Medicine)

I. Educational Program
A. Interventional cardiology encompasses the special knowledge and skill required of cardiologists to care for patients receiving cardiac interventional procedures. Interventional cardiology is the practice of techniques that improve coronary circulation and alleviate valvular stenosis.
B. A subspecialty educational program in interventional cardiology must function as an integral component of an accredited subspecialty residency in cardiovascular disease and must be organized to provide training and experience at a sufficient level for the resident to acquire the competency of a specialist in the field.
C. During training in interventional cardiology, the resident’s clinical experience must include opportunities to diagnose, select, perform, and judge the effectiveness of treatments for inpatients and outpatients with chronic coronary artery disease, acute coronary syndromes, and valvular heart disease. The resident should be given opportunities to assume continuing responsibility for both acute and chronically ill patients to learn the natural history of these cardiac conditions.
D. The interventional cardiology program is accredited for 1 year of training. All applicants entering interventional cardiology must have completed an Accreditation Council for Graduate Medical Education (ACGME)-accredited cardiovascular disease program or its equivalent.
E. The principles enumerated in the Program Requirements for Residency Education in Internal Medicine and the General Information Section of the Program Requirements for Residency Education in the Subspecialties of Internal Medicine are also applicable to training in this subspecialty.

II. Faculty
Faculty responsible for training should be board certified in interventional cardiology or possess equivalent qualifications. There should be a minimum of two key clinically active interventional cardiology faculty members and no fewer than one key clinically active interventional cardiology faculty member per 1.5 residents. [Note: Clinically active is defined as a minimum of 75 interventions performed per year.] Access to faculty with expertise in cardiac surgery, radiation safety, hematology, pharmacology, congenital heart disease in adults, and research laboratories is desirable.

III. Facilities and Resources
A. Modern clinical inpatient and ambulatory care and research facilities to accomplish the overall educational goals and objectives of the program must be available and functioning.
B. There must be a cardiac catheterization laboratory at each training site wherein a minimum of 400 interventional procedures of the heart are performed per year.
1. It must contain appropriate cardiac fluoroscopic equipment, recording devices, and resuscitative equipment.
2. An outpatient follow-up program must exist to care for patients.

C. Clinical care units must include cardiac care units (CCUs), cardiac surgical intensive care units, and outpatient clinics.
D. Cardiac surgery must be located at the primary training site.

IV. Specific Program Content
A. Clinical Experience
1. Residents should have clinical experiences that provide the opportunity to acquire knowledge of the indications, contraindications, risks, limitations, sensitivity, specificity, predictive accuracy, and appropriate techniques for evaluating patients with a variety of cardiac disease disorders, including but not limited to:
   a. chronic ischemic heart disease
   b. acute ischemic syndromes
   c. valvular heart disease
2. Residents must have the opportunity to acquire experience in the management of the bleeding complications associated with percutaneous intervention, including but not limited to:
   a. bleeding after thrombolytic usage
   b. heparin usage
   c. glycoprotein IIb/IIIa inhibitor usage
3. Residents must have clinical experiences involving:
   a. consultation
   b. care of patients in the cardiac care unit, emergency department, or other intensive care settings
   c. care of the patient before and after interventional procedures
   d. outpatient follow-up of patients treated with drugs, interventions, devices, or surgery
4. The program must provide sufficient experience for the residents to acquire knowledge in clinical decision making, including but not limited to:
   a. the role of randomized clinical trials and registry experiences in clinical decision making
   b. the clinical importance of complete vs incomplete revascularization in a wide variety of clinical and anatomic situations
   c. strengths and limitations, both short- and long-term, of percutaneous vs surgical and medical therapy for a wide variety of clinical and anatomic situations related to cardiovascular disease
   d. strengths and limitations, both short- and long-term of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease
   e. the role of emergency coronary bypass surgery in the management of complications of percutaneous intervention
   f. the use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic support devices (as available)
   g. strengths and weaknesses of mechanical vs lytic approach for patients with acute myocardial infarction
   h. The use of pharmocologic agents appropriate in the post-intervention management of patients
   i. strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction
   j. understanding the clinical utility and limitations of valvuloplasty of both the mitral and aortic valves
   k. the assessment of plaque composition and response to intervention

B. Technical and Other Skills
1. To become proficient in interventional cardiology, residents must have the opportunity to acquire a broad-based knowledge of interventions. Toward that end, residents must have opportunities to acquire skill in the interpretation of:
   a. coronary arteriograms
Program Requirements for Residency Education in Interventional Cardiology (Internal Medicine)

b. ventriculography  
c. hemodynamics  
d. intravascular ultrasound  
e. Doppler flow and intracoronary pressure monitoring

2. Each resident must have opportunity to acquire skill in the performance of a minimum of 250 coronary interventions, to include the following: [Note: A single coronary intervention is defined as all coronary interventions performed during one hospitalization.]
   a. Management of mechanical complications of percutaneous intervention, including but not limited to
      1. coronary dissection  
      2. thrombosis  
      3. spasm  
      4. perforation  
      5. "slow reflow"  
      6. cardiogenic shock  
      7. left main trunk dissection  
      8. cardiac tamponade  
      9. peripheral vessel occlusion, and retained components  
     10. pseudoaneurysm  
   b. Femoral and brachial/radial cannulation of normal and abnormally located coronary ostia  
   c. Application and usage of balloon angioplasty, stents, and other commonly used interventional devices  
   d. Use of adjunctive imaging techniques such as intravascular ultrasound, angioplasty, coronary flow reserve, and pressure measurement

3. Resident experience should meet the following criteria:  
   a. Participation in preprocedural planning, including the indications for the procedure and the selection of the appropriate procedure or instruments  
   b. Performance of the critical technical manipulations of the procedure  
   c. Substantial involvement in postprocedure care  
   d. Supervision by teaching faculty responsible for the procedure

4. Residents also must have opportunities to acquire skill in the following:
   a. Use of antiarrhythmic drugs, including knowledge of pharmacokinetics and pharmacodynamics related to acute ischemic events occurring during and after interventional cardiac procedures  
   b. Cardiopulmonary resuscitation  
   c. Advanced cardiac life support  
   d. Use of thrombolytic and antithrombolytic agents  
   e. Use of vasoactive agents for epicardial and microvascular spasm

C. Formal Instruction
The program must provide instruction and opportunities to acquire knowledge in the following:

1. Role of platelets and the clotting cascade in response to vascular injury  
2. Pathophysiology of restenosis  
3. Strengths and limitations of various animal models used to evaluate the problem of restenosis in humans  
4. Role and limitations of gene transfer and therapy for treatment of restenosis  
5. Physiology of coronary flow and detection of flow-limiting conditions  
6. Detailed coronary anatomy  
7. Radiation physics, biology, and safety related to the use of X-ray imaging equipment  
8. Critical analysis of published interventional cardiology data in laboratory and clinical research

9. Role of randomized clinical trials and registry experiences in clinical decision making


Program Requirements for Residency Education in Nephrology (Internal Medicine)

I. Educational Program
A subspecialty educational program in nephrology must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 2 years in duration.

II. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. Specifically, there must be facilities for acute and chronic hemodialysis, continuous renal replacement therapy, acute and chronic peritoneal dialysis, and renal biopsy. The following must be available: a radiology service that can provide modern renal-related procedures, including ultrasound and computerized tomography, and a diagnostic radionuclide laboratory; electron microscopy for renal biopsy material; biochemistry and serologic laboratories; a nutrition support service; and relevant social services. A meaningful working relationship must exist with other services, including surgery, urology, obstetrics, gynecology, pediatrics, psychiatry, pathology, and radiology.

B. The sponsoring institution must be approved to perform renal transplantation or have a formal written agreement with such an institution ensuring that nephrology residents receive the requisite experience with renal transplantation. The training program must have access to at least ten new renal transplants per year per clinical resident and be responsible for the longitudinal follow-up of at least 20 patients with transplants per resident.

C. The training program should be of sufficient size to ensure adequate exposure of residents to patients with acute renal failure and a chronic dialysis patient population, including patients who utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis.

D. The training program must afford the residents the opportunity to care for patients with renal and other disorders in the intensive care unit setting.

III. Specific Program Content

A. Clinical Experience
A minimum of 12 months should be devoted to clinical experiences.

B. Specific Program Content
1. Residents must have formal instruction, clinical experience, and opportunities to acquire expertise in the prevention, evaluation, and management of the following disorders:
   a. Disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy  
   b. Disorders of fluid, electrolyte, and acid-base regulation  
   c. Acute renal failure  
   d. Chronic renal failure and its management by conservative methods, including nutritional management of uremia  
   e. End-stage renal disease

Graduate Medical Education Directory 2004-2005
f. Hypertensive disorders
g. Renal disorders of pregnancy
h. Urinary tract infections
i. Tubulointerstitial renal diseases, including inherited diseases of transport, cystic diseases, and other congenital disorders
j. Glomerular and vascular diseases, including the glomerulonephritides, diabetic nephropathy, and atheroembolic renal disease
k. Disorders of drug metabolism and renal drug toxicity
l. Genetic and inherited renal disorders
m. Geriatric aspects of nephrology, including disorders of the aging kidney and urinary tract

2. Residents must have special experiences in renal transplantation and dialysis and extracorporeal therapy:
   a. Renal transplantation: Each resident must have a minimum of 2 months of clinical experience, preferably consecutively, on an active renal transplant service. Clinical experience must entail supervised involvement in the decision making for patients during the pre- and post-transplant care. This experience must include
      1. evaluation and selection of transplant candidates;
      2. preoperative evaluation and preparation of transplant recipients and donors;
      3. immediate postoperative management of transplant recipients, including administration of immunosuppressants;
      4. clinical diagnosis of all forms of rejection including laboratory, histopathologic, and imaging techniques;
      5. medical management of rejection, including use of immunosuppressant drugs and other agents;
      6. recognition and medical management of the surgical and nonsurgical complications of transplantsations; and
      7. long-term follow-up of transplant recipients in the ambulatory setting
   b. Dialysis and extracorporeal therapy: Each resident should have exposure to dialysis and extracorporeal therapies during the equivalent of at least 4 months of the training program. Clinical experience must entail supervised involvement in decision making for patients undergoing these therapies. This experience must include
      1. evaluation and selection of patients for acute hemodialysis or continuous renal replacement therapies;
      2. evaluation of end-stage renal disease patients for various forms of therapy and their instruction regarding treatment options;
      3. drug dosage modification during dialysis and other extracorporeal therapies;
      4. evaluation and management of medical complications in patients during and between dialyses and other extracorporeal therapies, including dialysis access, and an understanding of the pathogenesis and prevention of such complications;
      5. long-term follow-up of patients undergoing chronic dialysis, including their dialysis prescription and modification and assessment of adequacy of dialysis;
      6. an understanding of the principles and practice of peritoneal dialysis, including the establishment of peritoneal access, the principles of dialysis catheters, and how to choose appropriate catheters;
      7. an understanding of the technology of peritoneal dialysis, including the use of automated cyclers;
      8. assessment of peritoneal dialysis efficiency, using peritoneal equilibration testing and the principles of peritoneal biopsy;
      9. an understanding of how to write a peritoneal dialysis prescription and how to assess peritoneal dialysis adequacy;
      10. the pharmacology of commonly used medications and their kinetic and dosage alteration with peritoneal dialysis;
      11. an understanding of the complications of peritoneal dialysis, including peritonitis and its treatment, exit site and tunnel infections and their management, hernias, plural effusions, and other less common complications and their management; and
      12. an understanding of the special nutritional requirements of patients undergoing hemodialysis and peritoneal dialysis

C. Technical and Other Skills
   1. The procedural skills in which residents must be given sufficient experience to gain expertise, including the performance of such procedures, their indications, and complications; and interpretation of their results, are
      a. urinalysis
      b. percutaneous biopsy of both autologous and transplanted kidneys
      c. placement of temporary vascular access for hemodialysis and related procedures
      d. peritoneal dialysis
      e. acute and chronic hemodialysis
      f. continuous renal replacement therapy
   2. The program must ensure that residents have the necessary knowledge and are familiar with the following procedures, including their indications, contraindications, complications, and interpretations of results, as well as their cost-effectiveness and application to patient care:
      a. Radiology of vascular access
      b. Balloon angioplasty of vascular access
      c. Therapeutic plasmapheresis
      d. Bone biopsy
      e. Placement of peritoneal catheters
      f. Renal ultrasound
      g. Lithotripsy

D. Formal Instruction
   1. Specific content areas that must be included in the formal program (lectures, conferences, seminars, and journal clubs) include the following:
      a. renal anatomy, physiology, and pathology
      b. pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders such as diabetes, collagen-vascular diseases, and pregnancy
      c. normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis
      d. normal and abnormal blood pressure regulation
      e. clinical pharmacology, including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function
      f. nutritional aspects of renal disorders
      g. immunology, including
         1. basic principles;
         2. immunologic mechanisms of renal disease; and
         3. fundamental aspects of diagnostic laboratory immunology relevant to renal diseases
      h. transplantation—the structured curriculum for renal transplantation must, as a minimum, include
         1. biology of transplantation rejection;
         2. indications for and contraindications to renal transplantation;
         3. principles of transplant recipient evaluation and selection;
Program Requirements for Residency Education in Nephrology (Internal Medicine)

I. Educational Program
A subspecialty educational program in oncology must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 2 years in duration.

II. Key Clinical Faculty
A. See Section III, Program Requirements for Residency Education in the Subspecialties of Internal Medicine.
B. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines or who have obtained equivalent training and experience in infectious disease, pulmonary disease, endocrinology, gastroenterology, and hematology must be available to participate in the education of residents in oncology. The program also must have the support of other clinical specialties, including psychiatry, gynecology, nuclear medicine, pathology, neurology, neurosurgery, radiation therapy, neurology, dermatology, and surgical specialties.

III. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning. Specifically, there must be advanced pathology services, including immunopathology resources for nuclear medicine imaging, blood banking, transfusion and apheresis facilities, and radiation oncology facilities. A modern diagnostic radiologic service, and a general surgical service and its support, must be available. The program must also participate in a multidisciplinary tumor conference and cancer protocol studies.
B. It is highly desirable to have the support of oncologic nursing, rehabilitation medicine, pain management, dietetic, and social services so that the resident may see the role of other specialties in the total care of the cancer patient.

IV. Specific Program Content
A. Clinical Experience
Clinical experience must include opportunities to observe and manage patients with a wide variety of neoplastic diseases on an inpatient and outpatient basis. The resident must be given opportunities to assume continuing responsibility for both acutely and chronically ill patients to learn the natural history of cancer as well as the effectiveness of therapeutic programs. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization.

B. Ambulatory Medicine Experience
The program must provide residents with experiences in an ambulatory care setting at least ½ day each week over the 24 months of training. In addition, the program must provide residents with continuity experiences, each at least 6 months in duration, throughout the residency program.

C. Technical and Other Skills
1. The program must provide residents with the opportunity to develop the competence needed to work effectively as part of a multidisciplinary team.
2. The program must provide the opportunity for residents to gain competence or expertise in the performance and (where applicable) interpretation of the following:
   a. Serial measurement of palpable tumor masses
   b. Assessment of tumor imaging by computed tomography, magnetic resonance, and nuclear imaging techniques
   c. Bone marrow aspiration and biopsy and their interpretation
   d. Use of chemotherapeutic agents and biological products through all therapeutic routes
   e. Correlation of clinical information with the findings of cytology, histology, and immunodiagnostic techniques

D. Specific Program Content
The residents must have formal instruction, clinical experience, or opportunities to acquire knowledge in the following:
1. The etiology of cancer, including predisposing causal factors leading to neoplasia
2. Fundamental concepts of cellular and molecular biology, cytogenetics, immunology, basic and clinical pharmacology, pharmacokinetics, toxicity, and tumor immunology
3. Etiology, epidemiology, and natural history of cancer
4. Diagnosis, pathology, staging, and management of neoplastic disorders
5. Measurement of the complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control
6. Immune markers, immunophenotyping, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Molecular mechanisms of neoplasia, including the nature of oncogenes and their products
Program Requirements for Residency Education in Pulmonary Disease (Internal Medicine)

I. Educational Program
A. A subspecialty educational program in pulmonary disease must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in the field. It must be 2 years in duration, of which a minimum of 12 months must be devoted to clinical training.

B. Clinical experience must include opportunities to observe and manage inpatients and outpatients with a wide variety of pulmonary disease. The residents must be given opportunities to assume continuing responsibility for both acutely and chronically ill patients in order to learn the natural history of pulmonary disease as well as the effectiveness of therapeutic programs.

II. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. These include inpatient and ambulatory care facilities, a laboratory for pulmonary function tests and exfoliative cytology, and extensive pathology services. Appropriate space and staffing for pulmonary procedures must be available. Finally, special facilities for intensive care, postoperative care, and respiratory care services also must be provided at the primary training site.

B. There should be a close liaison with other services, including pediatrics, radiology, pathology, thoracic surgery, microbiology, laboratory medicine, occupational medicine, immunology, physical medicine, and rehabilitation. In addition, there should be a working relationship with the otolaryngology and anesthesiology services. A sleep laboratory also must be available.

III. Specific Program Content
The training program must provide the environment, patient population, and resources for residents to develop clinical competence in the field of pulmonary disease. All elements of the specific content must be provided either by clinical experience or by didactic instruction.

A. Clinical Experience
The program must provide the environment and resources for residents to acquire knowledge of and have clinical experience with a broad spectrum of pulmonary disease, including but not limited to the following:

1. Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis, and cystic fibrosis
2. Pulmonary malignancy—primary and metastatic
3. Pulmonary infections, including tuberculosis, fungal, and those in the immunocompromised host, e.g., human immunodeficiency virus-related infections
4. Diffuse interstitial lung disease
5. Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
6. Occupational and environmental lung diseases
7. Inherited respiratory diseases, including drug-induced disease
8. Acute lung injury, including radiation, inhalation, and trauma
9. Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
10. Respiratory failure, including the adult respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
11. Disorders of the pleura and the mediastinum
12. Genetic and developmental disorders of the respiratory system
13. Sleep disorders

B. Technical and Other Skills
1. The program must provide the environment and resources for the resident to acquire knowledge (indications, contraindications, complications, and limitations) of and competence in performing the following:
   a. Pressure-cycled, volume-cycled, time-cycled and flow-cycled mechanical ventilation
   b. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
   c. Weaning and respiratory care techniques
   d. Management of pneumothorax (needle insertion and drainage system)
   e. Maintenance of circulation

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Program Requirements for Residency Education in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

I. Educational Program

A. A combined subspecialty program in pulmonary disease and critical care medicine must be organized to provide training and supervised experience at a sufficient level for the resident to acquire the competency of a specialist in both disciplines. Because of some degree of congruity in the knowledge base, the clinical skills, and the patient populations for each of these subspecialty areas, it is possible to compress the duration of the educational experience and still ensure these competencies. However, the combined training program must be 3 years in duration (of which a minimum of 18 months is devoted to clinical training), and all of the educational experiences and program content explicitly required for a training program in each area must be present in the combined program.

B. With respect to pulmonary disease, clinical experience must include opportunities to observe and manage inpatients and outpatients with a wide variety of pulmonary disease. The residents must be given opportunities to assume continuing responsibility for both acutely and chronically ill patients in order to learn the natural history of pulmonary disease as well as the effectiveness of therapeutic programs. There should be an educational emphasis on pulmonary physiology and its correlation with clinical disorders.

C. With respect to critical care medicine, the program must be structured to provide at least 12 months of meaningful patient care responsibility in critical care units; at least 6 of these months must be devoted to the care of critically ill medical patients (ie, MICU/CICU or equivalent).

D. To provide evidence of substantial institutional support in those disciplines most relevant to critical care medicine, the sponsoring institution’s primary site should sponsor accredited subspecialty programs in cardiovascular disease and infectious disease and must have an accredited residency program in general surgery. The presence of training programs in these disciplines ensures the extensive educational, patient care, and research resources that are essential to the learning environment for critical care medicine residents. Furthermore, peer interaction is essential in the education of critical care medicine residents.

E. The sponsoring institution(s) must provide services for the care of patients with major trauma and must have an active open heart surgery program.

F. Institutional policies should be established to govern the educational resources committed to critical care training programs and to ensure cooperation of all involved disciplines.

II. Key Clinical Faculty

A. A training program must be under the direction of an internist who is certified in pulmonary disease and/or critical care medicine by the American Board of Internal Medicine or who has obtained equivalent training and experience. If the program director does not have appropriate credentials in both specialties, an appropriately credentialed full-time key clinical faculty member must be identified as responsible for the education program in the second specific area.
B. The combined subspecialty program faculty must include a minimum of six (three for each discipline) qualified key clinical teaching faculty members, including the program director. At least two of these key clinical faculty members must be certified in pulmonary disease (or possess equivalent qualifications), and at least two must be certified in critical care medicine (or possess equivalent qualifications). For programs with more than six residents enrolled, a ratio of such faculty to residents of at least 1:1 must be maintained.

At least two key clinical teaching faculty members each in nephrology, gastroenterology, cardiology, infectious disease, and hematology must devote substantial effort to the education of critical care medicine residents, and there must be key clinical faculty members in geriatric medicine and oncology who participate in the education of residents.

Faculty members in anesthesiology, neurology, and neurosurgery who are certified by an American Board of Medical Specialties member board in their respective disciplines or who have equivalent training and experience also must participate at the primary training site in the education of residents in critical care medicine.

C. The critical care teaching staff must have privileges regarding the admission, treatment, and discharge of patients on critical care units.

D. Because critical care training is multidisciplinary in nature, faculty from several related disciplines such as general surgery, thoracic surgery, urology, orthopedic surgery, and obstetrics-gynecology must be available to participate in the training program. A collegial relationship must exist between the director of the critical care training program and the teaching staff to enhance the education opportunities for all internal medicine residents and subspecialty residents.

III. Facilities and Resources

A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. These include inpatient and ambulatory care facilities, a laboratory for pulmonary function tests and exfoliative cytology, and extensive pathology services.

Appropriate space and staffing for pulmonary procedures must be available at the primary training site. Facilities for training in microbiology procedures, pulmonary rehabilitation, and a sleep laboratory also must be available.

B. The critical care unit(s) must be located in a designated area within the hospital and must be constructed and designed specifically for the care of critically ill patients. Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit, a surgical intensive care unit, and a coronary care unit. Available facilities must be adequate to care for patients with acute myocardial infarction, severe trauma, shock, recent open heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions.

C. In units to which a resident is assigned, an average census of at least five patients per resident is required. A sufficient number of knowledgeable personnel and the necessary equipment to care for critically ill patients must be available. Personnel should include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine. A supporting laboratory should be available to provide complete and prompt laboratory evaluation. Modern imaging services and an active emergency service must be available. Nutritional support services also must be available.

IV. Specific Program Content

A. The training program must provide the environment, patient population, and resources for residents to develop clinical competence in the fields of pulmonary disease and critical care medicine. It must include a minimum of 6 months of clinical training specific to pulmonary disease and 6 months of clinical training specific to critical care medicine.

B. The program must provide residents with pulmonary experiences in an ambulatory care setting at least ¼ day each week for 90 months of training.

C. Because critical care medicine is multidisciplinary in nature, clinical experience must include opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting. Therefore, residents must obtain additional clinical experience with other critically ill patients, which may include surgical, shock/trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit; cardiac catheterization laboratory; burn unit; dialysis unit; anesthesia service; high-risk pregnancy intensive care unit; and transplant unit.

D. The resident must be given opportunities to assume responsibility, under appropriate supervision, for the care of patients throughout their stay in the critical care unit(s) and to monitor the subsequent course of patients throughout the remainder of their hospital stay. To assess the various aspects of critical care, the resident also must have organized opportunities to learn about former critical care patients after hospital discharge, including clinical pathological correlations when appropriate.

E. Opportunities also must be available for residents to acquire those skills required to organize, administer, and direct a critical care unit and to work effectively as a member of a multidisciplinary team.

F. For training in pulmonary disease, the program must provide the environment and resources for residents to acquire knowledge of and have clinical experience with a broad spectrum of pulmonary disease, including but not limited to the following:

1. Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis, and cystic fibrosis
2. Pulmonary malignancy—primary and metastatic
3. Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host
4. Diffuse interstitial lung disease
5. Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
6. Occupational and environmental lung diseases
7. Inflammatory respiratory diseases, including drug-induced disease
8. Acute lung injury, including radiation, inhalation, and trauma
9. Pulmonary manifestations of systemic diseases, including collagen vascular diseases that are primary in other organs
10. Respiratory failure, including the adult respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
11. Disorders of the pleura and the mediastinum
12. Genetic and developmental disorders of the respiratory system
13. Sleep disorders

G. The program must provide the environment and resources for the resident to acquire knowledge (indications, contraindications, complications, and limitations) of and competence in performing the following:
The program must provide the following:

1. Establishment and maintenance of open airway in nonintubated, unconscious, paralyzed patients
2. Pressure-cycled, volume-cycled, time-cycled and flow-cycled mechanical ventilation
3. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
4. Weaning and respiratory care techniques
5. Management of pneumothorax (needle insertion and drainage systems)
6. Maintenance of circulation, including:
   a. Arterial puncture and blood sampling
   b. Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters
   c. Basic and advanced cardiopulmonary resuscitation
   d. Cardioversion
7. Pulmonary function tests to assess respiratory mechanics, gas exchange, and respiratory drive, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
8. Diagnostic and therapeutic procedures, including thoracentesis, pleural biopsy, flexible fiber-optic bronchoscopy, and related procedures
9. Calibration and operation of hemodynamic recording systems
10. Ventilatory support, weaning, and respiratory care techniques
11. Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid/tissue, and lung tissue for infectious agents; cytology and histopathology

The program must provide the environment and resources for the resident to acquire knowledge of and ability to interpret the following:

1. Imaging procedures, including:
   a. Chest roentgenograms
   b. Computed axial tomograms
   c. Radionuclide scans
   d. Pulmonary angiograms
   e. Other radiologic procedures
2. Sleep studies
3. Management of massive transfusions
4. Management of hemostatic defects
5. Interpretation of antibiotic levels and sensitivities
6. Monitoring and assessment of metabolism and nutrition
7. Management of anaphylaxis and acute allergic reactions
8. Trauma
9. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness
10. Use of paralytic agents
11. Ethical, economic, and legal aspects of critical illness
12. Principles and techniques of administration and management
13. Psychosocial and emotional effects of critical illnesses
14. Iatrogenic and nosocomial problems in critical care medicine
15. Occupational Safety and Health Administration (OSHA) regulations and universal precautions and protection of health-care workers

The training program must provide opportunities for residents to learn the indications, contraindications, limitations, and complications of the following critical care procedures and the technical skills necessary to perform them:

1. Parenteral nutrition
2. Monitoring/Engineering
   a. Utilization, zeroing, and calibration of transducers
   b. Use of amplifiers and recorders

The program also must provide opportunities to learn the indications, contraindications, limitations, and complications of the following procedures; practical experience is recommended:

1. Pericardiocentesis
2. Transvenous pacemaker insertion
3. Peritoneal dialysis
4. Peritoneal lavage
5. Percutaneous needle aspiration and/or cutting lung biopsy
6. Intracranial pressure monitoring
7. Blood gas analysis

Experience also must be provided in the analysis of data pertaining to the following:

1. Cardiac output determinations by thermodilution and/or other techniques
2. Evaluation of oliguria
3. Management of massive transfusions
4. Management of hemostatic defects
5. Interpretation of antibiotic levels and sensitivities
6. Monitoring and assessment of metabolism and nutrition
7. Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients
8. Pharmacokinetics

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Program Requirements for Residency Education in Rheumatology (Internal Medicine)

I. Educational Program

A subspecialty educational program in rheumatology must be organized to provide training and supervised experience at a level suffi-
cien cient for the resident to acquire competence in the field. It must be 2 years in duration.

II. Facilities and Resources
A. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. These include inpatient facilities for acute and chronic care at primary, secondary, and tertiary levels; imaging facilities, including computerized tomography and magnetic resonance imaging; and a fully equipped clinical laboratory providing service on a 24-hour basis and equipped with a compensated polarized light microscope for use by residents. Rehabilitation medicine facilities and ambulatory care facilities also must be available. Resources for specialized tests used by rheumatologists must be available on the premises or by contract arrangement.

B. There must be a meaningful working relationship, including availability for teaching and consultation at the primary site, with faculty in radiology and orthopedic surgery and also with allied health professionals in physical therapy and occupational therapy.

III. Specific Program Content
A. Clinical Experience
Clinical experience as a multidisciplinary team member must include supervised opportunities to manage both inpatients and outpatients with a wide variety of rheumatic and musculoskeletal diseases and other illnesses with rheumatologic musculoskeletal manifestations.

B. Ambulatory Medicine Experience
The residents must be given opportunities to assume responsibility for and follow patients throughout the training period in both inpatient and outpatient settings to observe the evolution and natural history of these disorders, as well as the effectiveness of therapeutic interventions. To accomplish these goals, the educational program must include a minimum of 3 half-days of ambulatory care per week averaged over the 2 years of training.

C. Specific Program Content
1. The training program must provide the environment and resources for the residents to gain experience in the diagnosis and treatment of patients with
   a. diffuse connective tissue diseases
   b. rheumatoid arthritis
   c. systemic lupus erythematosus
   d. scleroderma
   e. polymyositis
   f. spondyloarthropathies
   g. vasculitis
   h. crystal-induced synovitis
   i. osteoarthritis
   j. regional musculoskeletal pain syndromes
   k. nonarticular rheumatic diseases, including fibromyalgia
   l. nonsurgical, exercise-related (sports) injury
   m. systemic diseases with rheumatic manifestations
   n. metabolic diseases of bone
   o. osteoporosis
   p. infection of joints
   q. joint surgery
   r. acute and chronic musculoskeletal pain
2. It is desirable that programs with the qualified faculty and facilities provide training in pediatric rheumatic disease.

D. Technical and Other Skills
1. The program must provide sufficient experience for the resident to acquire skill in the
   a. use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints.
   b. examination of patients, to include a specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structure and muscle units.
   c. construction of differential diagnosis for complexes of symptoms and signs related to rheumatologic diseases.
   d. diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid.
   e. therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses.

2. The program must provide sufficient experience for the resident to acquire skill in the performance or interpretation of
   a. biopsies of tissues relevant to the diagnosis of rheumatic diseases.
   b. bone and joint imaging techniques.
   c. bone density measurements.
   d. controlled clinical trials in rheumatic diseases.
   e. nailfold capillary microscopy.
   f. indications for arthroscopy.
   g. electromyography and nerve conduction studies.

E. Formal Instruction
In the study of rheumatic diseases, musculoskeletal disorders, metabolic diseases of bone, osteoporosis, and acute and chronic musculoskeletal pain, the following specific content areas as a minimum, must be included in the formal program (lectures, conferences, and seminars).

1. Anatomy, pathology, genetics, immunology, biochemistry, and physiology of connective tissue, bone, and muscle, including protein metabolism
2. The scientific basis of the methodology, indications, and interpretations of laboratory tests and imaging procedures used in diagnosis and management.
3. Indications for and interpretation of electromyograms, nerve conduction studies, and muscle/nerve biopsy
4. Pharmacology and pharmacokinetics, including drug metabolism, adverse effects, interactions, and relative costs of therapy
5. Principles of physical medicine and rehabilitation in patients with rheumatologic disorders
6. Evaluation, management, and rehabilitation of exercise-related (sports) illnesses
7. Indications for surgical and orthopedic consultation
8. Geriatric and aging influences

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Program Requirements for Residency Education in Internal Medicine Sports Medicine

I. Introduction
In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Internal Medicine.
II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 1 year in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program must include the following:
- Consultation in medical and surgical subspecialties, physical medicine, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.
- The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical/legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and all other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources
The program must include the following:

A. Patient Population
A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical residents must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend 14 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.
In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events
The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills
A. Clinical
The program must provide educational experiences for the residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:
1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as it relates to exercise
8. Effects of disease, eg, diabetes, cardiac conditions, and arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching
The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, eg, nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients’ families. There also must be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

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Program Requirements for Residency Education in Medical Genetics
Common Program Requirements appear in bold.
Sections of text not in bold are specialty-specific requirements

I. Introduction
A. Description of the Specialty
1. Clinical medical geneticists are physicians who provide comprehensive diagnostic, management, and genetic counseling services for patients with genetic, or possibly genetic, disorders. They also plan and coordinate large-scale screening programs for inborn errors of metabolism, hemoglobinopathies, chromosome abnormalities, neural tube defects, and other genetically influenced conditions.

2. Clinical medical geneticists are able to (a) diagnose and manage genetic disorders; (b) provide patient and family counseling; (c) use their knowledge of heterogeneity, variability and natural history of genetic disorders in patient-care decision making; (d) elicit and interpret individual and family medical histories; (e) interpret clinical genetic and specialized laboratory testing information; (f) explain the causes and natural history of genetic disorders and genetic risk assessment; and (g) interact with other health-care professionals in the provision of services for patients with genetically influenced disorders.

B. Scope of Education
1. Accredited graduate medical education programs in medical genetics must provide the formal instruction and appropriately clinical experience necessary for residents to develop the knowledge, skills, and attitudes essential to the practice of clinical medical genetics.

2. Programs must provide (a) opportunities for residents to become involved in research and teaching and (b) education in the basic sciences and clinical areas pertinent to medical genetics, including mendelian genetics, cytogenetics, diagnosis and treatment of inborn errors of metabolism, molecular diagnosis, syndrome identification and dysmorphology, teratology, reproductive genetics, congenital malformations, multifactorial disorders, mental retardation and developmental disabilities, genetic screening, social and ethical issues in medical genetics, genetic counseling, and quantitative human genetics.

C. Program Length
1. A clinical medical genetics residency may be accredited to provide 2 and/or 4 years of graduate medical education:
   a. Physicians who have completed an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency are eligible for appointment to a 2-year medical genetics residency.
   b. A medical genetics program director may appoint a resident to a 2-year program following 2 or more years of ACGME-accredited residency education.
   c. A 4-year program must include 2 years of pregenetics education in other ACGME-accredited residencies followed by 2 years of education in clinical medical genetics. A 4-year program must be designed prospectively by the director of the medical genetics residency and the directors of the programs to which residents will be assigned during the two years of pregenetics education.
2. In both 2-year and 4-year programs, the 24 months of genetics education must include at least 18 months of broad-based, clinically-oriented medical genetics activities.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. Institutions sponsoring medical genetics programs should also sponsor ACGME-accredited programs in pediatrics, internal medicine, and obstetrics/gynecology.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for the program as described in the Institutional Requirements. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Facilities and Resources
1. Program institutions should have a clinical cytogenetics laboratory, a clinical biochemical genetics laboratory, and a clinical molecular genetics laboratory, each of which provides an appropriate volume and variety of medical genetics-related services and has an adequate number of qualified staff. If a laboratory is not located in a program institution, a written letter of agreement from the laboratory director detailing the laboratory's contributions to the education of medical genetics residents must be prepared and kept on file by the program director.
2. Program institutions must provide a sufficient number and variety (e.g., pregnant and non-pregnant, all ages) of inpatients and outpatients to permit residents to gain experience with the natural history of a wide range of genetic disorders.
3. Adequate space and equipment must be available to meet the educational goals of the program. In addition to space for patient care activities, this requires meeting rooms, classrooms, office space, research facilities, and facilities for record storage and retrieval.

4. Office and laboratory space must be provided for the residents for both patient-care work and participation in scholarly activities.
5. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The institutional library should contain standard journals and texts in genetics and related fields of medicine and provide services for the electronic retrieval of information from national medical databases to permit timely literature review.
6. Residents must have access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.
7. Residents should have access to computer-based genetic diagnostic systems.
8. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in Section V. B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
1. The presence of other learners in medical genetics and in other specialties within program institutions is essential to the maintenance of a stimulating educational environment.
2. The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership. Institutions must develop and implement policies and procedures to ensure continuity when the program director de-
parts, is on sabbatical, or is unable to meet his or her duties for any other reason.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in Clinical Genetics by the American Board of Medical Genetics (ABMG) or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
3. The person responsible for resident education in molecular genetics must be ABMG-certified in clinical genetics.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section IL.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
7. Maintaining continuing involvement in scholarly activities, participation in key national scientific human genetics meetings, and contribution to medical education both locally and nationally.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the ABMG or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. Number and Type of Faculty
   a. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
   b. There must be at least three members of the teaching staff (including the program director), who are certified by the ABMG (or possess equivalent qualifications) and are members of the medical staffs at program institutions. At least two of these individuals must be certified in Clinical Medical Genetics.
   c. The individual responsible for resident education in biochemical genetics must be ABMG-certified in biochemical genetics. The person responsible for resident education in molecular genetics must be ABMG-certified in molecular genetics. The individual responsible for resident education in clinical cytogenetics must be ABMG-certified in clinical cytogenetics.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1, including regular and active participation in program rounds, conferences, and journal clubs.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process. The residency must be organized to provide a well structured, integrated and progressive educational experience in clinical medical genetics. The residents must have the opportunity to develop the abilities to diagnose genetic disorders, counsel patients, and manage the broad range of clinical problems that are encompassed within medical genetics. Because of the complex nature and multiple system involvement of genetic disorders, residents must be exposed to multidisciplinary and interdisciplinary models during the program and must become proficient at organizing teams of health care professionals in order to provide the necessary resources for their patients. As medical genetics involves families and individuals of all ages, residents must be competent to work with adults and children and must have an opportunity to gain an understanding of family dynamics as they relate to issues of diagnosis, counseling and management.
A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management. The responsibility given to residents for patient care should depend on their knowledge, skill, experience, and the complexity of the patient’s counseling or medical problems. This includes responsibility in such areas as patient care, leadership, teaching, organization, and administration. The program must provide residents with experience in direct and progressively responsible patient management as they advance through the program so that those completing the program will have developed sound clinical judgment.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to
   a. gather essential and accurate information about the patient using the following clinical skills:
      i. medical interviewing, including the taking and interpretation of a complete family history, including construction of a pedigree
      ii. physical examination
      iii. diagnostic studies, including the interpretation of laboratory data generated from biochemical genetic, cytogenetic, and molecular genetic analyses
   b. make informed decisions about diagnostic and therapeutic interventions based on patient and family information and preferences, up-to-date scientific evidence, and clinical judgment by
      i. demonstrating effective and appropriate clinical problem-solving skills
      ii. understanding the limits of one’s knowledge and expertise
      iii. appropriate use of consultants and referrals
      c. develop and carry out patient management plans
   c. prescribe and perform medical interventions essential for the care of patients with heritable disorders
   d. counsel and educate patients and their families
      i. to take measures needed to enhance or maintain health and function and prevent disease and injury
      ii. by encouraging them to participate actively in their care and providing information that will contribute to their care
      iii. to empower patients to make informed decisions, interpret risk assessment, and to use predictive testing for themselves and family members
   e. use information technology to support patient care decisions and patient education
   f. assist patients in accomplishing their personal health goals
   g. work with health care professionals, including those from other disciplines, to provide patient-focused care
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents must
   a. know, critically evaluate and use current medical information and scientific evidence for patient care, including
      i. results from genetics laboratory tests
      ii. quantitative risk assessment
      iii. available bioinformatics
   b. be able to locate, appraise, and assimilate evidence from scientific research studies related to their patients' health problems
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Residents are expected to
   a. obtain and use information about their own patients and the larger population from which their patients are drawn
   b. use information technology to manage information, access on-line medical information, and support their own education
   c. facilitate the education of patients, families, students, residents, other health care professionals, and the general public
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals. Residents must be able to
   a. communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
   b. communicate effectively with patients and families to create and sustain a professional and therapeutic relationship
   c. communicate effectively with physicians, other health care professionals, health-related agencies, and the general public
   d. work effectively as a member or leader of a health care team or organization
   e. maintain comprehensive, timely and legible medical records
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
   a. demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession, and a commitment to excellence and on-going professional development
   b. demonstrate a commitment to ethical principles pertaining to patient privacy and autonomy, the provision or withholding of clinical care, confidentiality of patient information, informed consent, conflict of interest, and business practices
   c. demonstrate sensitivity and responsiveness to patients’ cultural, age, gender, and disabilities
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents must be able to
   a. advocate for quality patient care and assist patients in dealing with system complexities
   b. work effectively in various health care delivery settings and systems
   c. provide optimal value for the patient by incorporating the considerations of cost-awareness and risk-benefit analysis

Program Requirements for Residency Education in Medical Genetics

Graduate Medical Education Directory 2004-2005
d. promote health and function and prevent disease and injury in populations
e. possess the basic economic and business knowledge necessary to function effectively in one's practice setting

C. Didactic Components

1. Basic Sciences
   Each resident must participate formally, through lectures or other didactic sessions, in the equivalent of a 1-year graduate level course in basic, human, and medical genetics, including but not limited to population and quantitative genetics, mendelian and non-mendelian genetics, cytogenetics, biochemical genetics, and molecular genetics. An introductory medical genetics course for medical students does not satisfy this requirement.
   b. Research seminars should be a part of the training experience but shall not be considered an acceptable alternative to this basic science didactic component.

2. Clinical Conferences
   Clinical teaching conferences must be organized by the faculty for the residents, and attendance by the residents and the faculty must be documented. These conferences must be distinct from the basic science lectures and didactic sessions. Clinical teaching conferences may include formal didactic sessions on clinical laboratory topics, medical genetics rounds, journal clubs, and follow-up conferences for genetic clinics.

D. Clinical Components

1. Patient Population
   Residents must have the opportunity to care for a number of patients and families sufficient to permit them to develop an understanding of the wide variety of medical genetic problems, including mendelian disorders, inborn errors of metabolism, diseases of chromosome number and structure, multifactorial disorders, syndromes, congenital malformations, other birth defects, and other genetically influenced conditions. Typically, this will mean that programs will care for at least 100 different patients or families per year for each resident. These patients and families must be seen in outpatient and inpatient settings.

2. Correlation of Laboratory and Clinical Experiences
   Clinical biochemical genetic, molecular genetic, and cytogenetic laboratories must be integral components of each program. Residents must spend a minimum of 2 continuous weeks in each type of laboratory so that they will be able to develop their abilities to understand and critically interpret laboratory data. Residents must develop an understanding of the appropriate use of laboratories during diagnosis, counseling, and management of patients with genetic disorders. Toward this end, resident education must include participation in the working conferences of laboratories as well as ongoing discussion of laboratory data during other clinical conferences.

3. Other Health Care Professionals
   Residents must have regular opportunities to work with genetic counselors, nurses, nutritionists and other health care professionals who are involved in the provision of clinical medical genetics services.

4. Responsibilities for Patient Care
   The development of mature clinical judgement requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. This can be achieved only if the resident is involved in the decision-making process and in the continuity of patient care. Residents must be given the responsibility for direct patient care in all settings, including planning and management, both diagnostic and therapeutic, subject to review and approval by the attending physician.

E. Scholarly Activities
   Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
   Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty.
      The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation. Attending physicians or supervising residents with appropriate experience for the severity and complexity of the patient's condition must be available to residents at all times and must be able to respond in a timely fashion.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours
Program Requirements for Residency Education in Medical Genetics

138

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:

   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include:

   a. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D. 1.k.

   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:

   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include:

   a. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

   b. mechanisms for providing regular and timely performance feedback to residents that includes at least:

      1) written semiannual evaluation that is communicated to each resident in a timely manner and

      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.

   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include:

   a. a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution.
Program Requirements for Residency Education in Molecular Genetic Pathology (Medical Genetics)

I. Introduction
A. Molecular Genetic Pathology (MGP) is the subspecialty of Medical Genetics and Pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, to assess the natural history of these disorders, and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular Genetic Pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in genes, provides information about gene structure, function, and alteration, and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.

B. Educational programs in molecular genetic pathology must be 1 year in length and provide a structured educational experience for qualified physicians seeking to acquire additional competence in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. Programs must be designed to teach trainees to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients.

C. The director and teaching staff of a program must prepare and comply with written educational goals for the program.

D. All educational components of a residency program should be related to program goals.

1. The Molecular Genetic Pathology Residency Review Subcommittee (MGPRRC) as part of the regular review process must approve the program design and structure.

2. Participation by any institution providing training in the program must be approved by the MGPRRC.

II. Institutional Organization

A. Sponsoring Institution

1. The sponsoring institution must provide sufficient faculty, financial resources and clinical, research, and library facilities to meet the educational needs of the residents for accreditation.

2. Postgraduate fellowships in molecular genetic pathology will be accredited in institutions that also sponsor ACGME-accredited residencies in medical genetics and pathology. Requests for exceptions to this policy will be reviewed on a case by case basis.

B. Participating Institutions

If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides 2 months or more of the educational program must be approved (prospectively) by the Subcommittee for Molecular Genetic Pathology. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.
III. Program Personnel

A. Program Director

1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
b. Unrestricted licensure to practice medicine in the state where the institution that sponsors the program is located.
c. Certification by the American Board of Pathology or the American Board of Medical Genetics (in clinical medical genetics) or appropriate educational qualifications as judged by the Subcommittee, and certification in molecular genetic pathology or appropriate educational qualifications as judged by the Subcommittee.
d. Appointment in good standing to the medical staff of an institution participating in the program.
2. A program involving two or more participating institutions must have a single director who has the authority to supervise and coordinate the portions of the program carried out at each institution.
3. Responsibilities of the program director include:
   a. In association with the teaching staff, the general administration of a program; including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, and the maintenance of records related to program accreditation.
b. Conducting the training program effectively. He or she must devote sufficient time to fulfill the responsibilities inherent in meeting the educational goals of the program, including the implementation of sound administrative practices, evaluation procedures, and the provision of adequate facilities, teaching staff, resident staff, and educational resource materials.
c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
e. Selection, supervision, and evaluation of the teaching staff and other program personnel at each institution participating in the program.
f. The supervision of residents in accordance with explicit written descriptions of supervisory lines of responsibility for the performance/interpretation of laboratory tests and care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
g. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
   i. At least semiannually evaluate the knowledge, skills, and personal growth of the residents, using appropriate criteria and procedures.
   ii. Communicate each evaluation to the resident in a timely manner.
   iii. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
h. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
i. Implementation of fair procedures, as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
j. The monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
k. Preparation of an accurate statistical and narrative description of the program as requested by the MGPRRC.
l. To demonstrate his/her own continuing scholarly activity.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications in MGP to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical teaching abilities, support for the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
5. The teaching staff should periodically review the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of the supervision of residents.

C. Molecular Genetic Pathology Residents

1. The resident should have completed training in an ACGME-accredited residency in either Medical Genetics or Pathology, or be a physician who is certified by the American Board of Medical Genetics.
2. The number of positions requested must not exceed the educational resources available in a program.
3. Residents must have the opportunity to assume increasing responsibility under supervision appropriate to their experience as they progress through the program.
4. Residents should have the opportunity to become involved in Molecular Genetic Pathology research and teaching during the program.
5. The residents must maintain a logbook of MGP cases in which they were involved in sufficient detail to ascertain the residents' involvement in establishing the primary diagnosis and the transmission of this information. A "case" is defined as the complete laboratory evaluation of an individual or an individual specimen (e.g., for tumor specimens). If a family study is involved, the entire family is considered as a single case. Completion of the case will involve appropriate communication of the results (e.g., written report, verbal communication to referring physician and/or counseling of the individual/family). The logbook should contain sufficient information to demonstrate experience with the breadth of techniques and variety of diseases necessary to direct an MGP diagnostic laboratory service.

6. The program director must ensure that residents are adequately supervised by faculty at all times. Further, resident duty and on-call assignments must be made in a manner that ensures that neither education nor quality of patient care is jeopardized by resident stress or fatigue. Residents should, on average, have the opportunity to spend at least 1 day out of 7 free of program duties and should be on call no more often than every third night. When on call for 24 hours or more, there should be opportunity to rest and sleep.

D. Other Personnel
There must be a sufficient number of qualified, professional, technical and clerical personnel to support the administration, laboratory work, and the educational program.

IV. Institutional Resources
A. The sponsoring institution must provide sufficient faculty, administrative, financial, and library services, as well as technical personnel, laboratory space and equipment, meeting rooms, classrooms, research space, and resident office space to support service, teaching, and educational responsibilities in molecular genetic pathology.

B. The molecular genetic pathology program must be jointly sponsored by the Department of Pathology and the Department of Medical Genetics. Further, the sponsoring institution must ensure that activity is supported by other disciplines, including internal medicine, pediatrics, and obstetrics-gynecology.

C. A sufficient volume and variety of current specimens from adult and pediatric patients must be available to provide MGP residents a broad exposure to consultation regarding medical genetic testing for congenital and acquired diseases without diluting the educational experience of residents in affiliated Pathology and Medical Genetics residencies.

D. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Residents must have ready access to a major medical library. Library services should include electronic retrieval of information from national medical databases.

F. Residents must have ready on-site access to appropriate texts and journals in each institution participating in the program.

V. Educational Program
A. Curriculum
1. The curriculum for the program must be based upon written, clearly defined educational goals and objectives prepared by the program director and teaching staff.
2. Programs should be structured so that residents are involved in MGP throughout the year. The program must include didactic instruction and practical experience with the molecular biology and the biochemistry of nucleic acids and proteins including structure, function, replication mechanisms, in vitro synthesis, and the roles of DNA and various RNA classes and proteins in cellular biology. Programs should instruct residents in an understanding of the mechanism of regulation of gene expression in prokaryotes and eukaryotes, and the biochemical mechanisms of mutations. The program should instruct residents in the detailed knowledge of disease processes at the molecular level and the methods used for their detection. These diseases include but are not limited to: solid tumors, leukemia-lymphomas, infectious diseases, inherited Mendelian diseases, non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). In addition, residents should be instructed in tissue typing/identification testing and the principles of linkage analysis. The program should instruct residents in their role as a consultant and the application of molecular techniques and interpretation of results with regard to diagnosis, prognosis, treatment and recurrence risk in patient care decision making.
3. MGP residents must be given clearly defined assignments and increasing responsibility as they progress through the program.
4. The program must provide a sufficient volume and variety of MGP specimens and other educational material for the resident to acquire the qualifications of a consultant in MGP. The resident must be instructed to create and must keep a logbook of each accession in which they are involved.
5. Residents must gain experience as consultants in clinical decision making in collaboration with professionals from related disciplines and in the cost-effective use of molecular genetic pathology testing.
6. The program must provide the resident with the experience required to set up and to operate a MGP laboratory and to supervise and train laboratory personnel in other advanced techniques as they are developed.
7. MGP residents who are pathologists must participate in the diagnosis, management, and treatment of patients with genetic disorders and in the counseling of the patient and the family. MGP residents who are medical geneticists must have exposure to autopsies and surgical pathology. This experience should emphasize contemporary diagnostic techniques and require involvement in autopsies, surgical pathology, the review of slide sets of diseases relevant to Molecular Genetic Pathology, and other relevant pathology activities.

B. Educational Activities
1. There must be regularly scheduled inter-departmental MGP conferences as well as intra-departmental conferences, lectures, seminars, journal clubs and other structured educational activities. Both teaching staff and residents must attend and actively participate in these sessions on a regular basis.
2. Instruction should include the use of study sets and files of usual and unusual cases and other educational materials.

VI. Research and Scholarly Activity
A. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an
A. The Residency Review Committees for Medical Genetics and Pathology are responsible for accreditation of graduate medical education programs in MGP.

B. The American Board of Medical Genetics and The American Board of Pathology are responsible for certification of individual physicians in MGP. Individuals who plan to seek certification should communicate with their respective Boards to obtain the latest information regarding certification.

VIII. Certification and Accreditation

A. The Residency Review Committees for Medical Genetics and Pathology are responsible for accreditation of graduate medical education programs in MGP.

B. The American Board of Medical Genetics and The American Board of Pathology are responsible for certification of individual physicians in MGP. Individuals who plan to seek certification should communicate with their respective Boards to obtain the latest information regarding certification.

Program Requirements for Residency Education in Neurological Surgery

I. Introduction

A. Definition of Discipline

Neurological surgery is a discipline of medicine and that specialty of surgery which provides the operative and nonoperative management (ie, prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify the function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. As such, neurological surgery encompasses treatment of adult and pediatric patients with disorders of the nervous system: disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution.

B. Duration and Scope of Education

1. The educational program must be diversified and well-balanced.

2. The training program in neurological surgery must include a minimum of 1 year of training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in general surgery or at least 1 year of a program accredited for the acquisition of fundamental clinical skills, which must include at least 6 months of surgical disciplines other than neurological surgery. This training should be completed prior to the third year of neurological surgery training.

3. The neurological surgery training program is 60 months in duration, in addition to the year of acquisition of fundamental clinical skills, and must provide 36 months of clinical neurological surgery at the sponsoring institution or one of its approved participating institutions.

4. Twenty-one months of the total 60 months should be devoted to any of several aspects of the training program, depending on the needs of the resident. It may be spent in the study of the basic sciences, neuroradiology, neuropathology, or other appropriate subject matter related to the neurosciences as agreed on by individual residents and the program director. [Note: The program director should consult the American Board of Neurological Surgery for certification requirements concerning any training conducted outside the approved institutions of the program.]

5. A block of training of 3 months minimum in an ACGME-accredited neurology training program must be arranged for all residents, unless they have previously had a minimum of 1 year of formal residency training in an accredited neurology training program. This training may be taken during the year of fundamental clinical skills.

6. There must be a 12-month period of time as chief resident on the clinical service of neurological surgery in the sponsoring institution or its approved participating institutions. This is considered an essential component in each resident's planned program. The program must provide the residents with experience in direct and progressively responsible patient management as they advance through training.

a. The chief resident must have major or primary responsibility for patient management with faculty supervision.
b. The chief resident should also have administrative responsibility as designated by the program director.

The specific portion of the clinical training that constitutes the 12 months of chief residency must be specifically designated as the chief residency experience and must be identified at the time of program review.

7. Residents must be introduced to the practice of neurosurgery in an outpatient setting where nonemergency patients are seen by the resident for evaluation before and after surgical procedures. A crucial element of this experience is the clear understanding by the patient that the resident is involved in making decisions concerning diagnosis and participates in operative procedures and follow-up care.

8. Prior to entry into the program, each resident must be notified in writing of the length of training. The prescribed length of training for a particular resident may not be changed without mutual agreement during his or her program unless there is a break in his or her training or the resident requires remedial training.

Any training added to the accredited residency must be based on a clear educational rationale and must not interfere with the education and training of the residents enrolled in the program.

C. Accreditation Guidelines

1. Training programs in neurological surgery are accredited by the Residency Review Committee (RRC) by authority of the ACGME. A list of accredited training programs in neurological surgery is published annually in the Graduate Medical Education Directory.

2. To be accredited by the ACGME, an educational program in neurological surgery must be in substantial compliance with both the Program Requirements for Residency Education in Neurological Surgery and the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education. Programs must be able to demonstrate their compliance with these requirements at the time of their site visit and subsequent review by the RRC.

3. When a change in leadership occurs within an accredited neurological surgery residency, the program must be site-visited within 18 months and reviewed by the RRC within approximately 2 years following the appointment of the new program director.

II. Institutional Organization

A. Sponsoring Institution

An educational program in neurological surgery must have one sponsoring institution in a single geographic location with primary responsibility for the entire program. Appropriate institutions include medical schools, hospitals, and medical foundations. The institution must demonstrate commitment to the program in terms of financial and academic support, including timely appointment of a permanent department or division chairperson of Neurological Surgery.

B. Participating Institutions

Participating institutions include the sponsoring institution and other integrated and/or affiliated institutions approved by the RRC for training purposes (see Program Requirements for Residency Education in General Surgery, II.B.1). Participating institutions must promote the educational goals of the program rather than simply enlarge the program and must not be added primarily for the purpose of meeting service needs.

1. An integrated institution must function as a single neurological surgery service with the sponsoring institution or, in exceptional circumstances, with an approved affiliate of the sponsoring institution. The program director must demonstrate to the RRC that the clinical service operates as a single unit in the assignment of residents and their faculty supervisors, the formulation of call and backup schedules, and the convening of teaching conferences and related educational activities.

2. An affiliated institution functions as a separate neurological surgery service with a local training director under the direction of the program director and should be sufficiently close to the sponsoring institution to ensure peer interaction and regular attendance at joint conferences and other activities. Appropriate exceptions may be considered for special resource hospitals (eg, pediatrics, trauma, and spine).

3. Training at an additional institution, proposed for affiliated status, may be approved on a provisional basis for a maximum of 2 years, at which time such training must be either fully approved or withdrawn at the discretion of the RRC. Ordinarily, a site visit will not be necessary to confirm the permanent approval of a provisionally approved participating institution.

4. The number and distribution of participating institutions must not preclude satisfactory participation by residents in teaching and training exercises.

5. Affiliated institutions that are geographically separated from the sponsoring institution are not desirable and are acceptable only if they offer special resources that significantly augment the overall educational experience of the training program.

6. Rotations to affiliated and integrated institutions must be based on a clear statement of the value of such institutions to the teaching program as a whole.

C. Number and Quality of Residents

1. One of the measures of a training program is the quality of residents chosen and the ability of the program to ensure a steady increase in the resident’s knowledge and skills.

2. The RRC will review the selection process of residents and seek consideration of the following:

   a. Presence of a faculty of national stature in neurological surgery
   b. Quality of the educational program
   c. Quality of clinical care
   d. Total number and distribution of cases
   e. Quality of clinical and basic research
   f. Quality of residents trained by the program, including numbers of residents starting and finishing the program, number of graduates who take written and oral examinations of the American Board of Neurological Surgery, and the number of graduates passing these written and oral examinations
   g. Facilities

4. The number of residents at each year of training in a given program, except as provided below, shall not exceed the number approved by the most recent accreditation review of that program. Should a vacancy occur at any level of training in a program, the program director has the option of appointing a new resident at a level that might overlap with that of another resident in training, provided that such appointments do not adversely affect the training experience of residents already in the program. Furthermore, over a 5-year period, commencing at the time when the resident whose departure created the vacancy would have
completed training, the average number of residents graduating yearly must not exceed the number approved by the RRC.

III. Faculty Qualifications and Responsibilities
The chairperson, program director, and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director Qualifications
1. There must be a single program director responsible for the program.
2. The program director shall be a neurological surgeon who possesses and practices the necessary administrative, teaching, and clinical skills and has experience to conduct the program.
3. The program director shall be certified by the American Board of Neurological Surgery or possess suitable equivalent qualifications in neurological surgery satisfactory to the RRC.
4. The program director shall be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
5. The program director shall have an appointment in good standing to the medical staff of an institution participating in the program.

B. Program Director Responsibilities
The program director must assume responsibility for all aspects of the training program and devote sufficient time to the educational program, including the following:
1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
5. Regular evaluation of each resident’s knowledge, skills, operative experience, and overall performance, including the development of professional attitudes consistent with being a physician.
6. The provision of a written final evaluation for each resident who completes the program, as specified in paragraph VI.I.
7. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
8. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
9. Preparation of an accurate statistical and narrative description of the program as requested by the RRC for Neurological Surgery.
10. Notifying the executive director of the RRC in writing of any major change in the program that may significantly alter the educational experience for the residents, including:
a. changes in leadership of the department, such as the appointment of a permanent or acting program director and/or departmental chairman.
b. changes in administrative structure, such as alteration in the hierarchical status of the program/department within the institution.
c. changes in the number of residents, with an increase of more than 5%.
d. changes in the format of the training program.
e. Any change in the format of the training program (including fellowships within the program).

11. The director of the program must obtain prior approval of the RRC for the following changes in the program to determine if an adequate educational environment exists to support these changes:
a. The addition or deletion of any participating institution to which residents rotate.
b. The addition or deletion of any institutional rotation.
c. Any change in the resident complement of the program.
d. Any change in the period of time defined as the chief resident experience.
e. Any change in the period of time defined as the chief resident experience.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Other Teaching Faculty Qualifications and Number
1. All clinical faculty members shall possess the necessary experience and administrative, teaching, and clinical skills to conduct the program.
2. All clinical faculty members who are neurological surgeons shall be certified by, or be in the certification process of, the American Board of Neurological Surgery or possess equivalent qualifications in neurological surgery satisfactory to the RRC.
3. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. Under most circumstances, there should be a minimum of three neurological surgeons associated with the training program.
4. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. Neurological surgery faculty participation in undergraduate medical education is desirable.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Training Directors at Participating Institutions
1. The training director shall be a qualified neurological surgeon appointed by and responsible to the program director in each geographically separate institution. This individual must be responsible for the education of the residents and also will supervise the educational activities of other neurological surgeons relating to resident education in that institution. Appropriate exceptions may be considered for special resource hospitals.
2. These appointments will generally be for a 1-year period and can be renewable to ensure continuity of leadership.

3. The training director in neurological surgery at each participating institution must have major clinical responsibilities at that institution.

E. Scholarly Activity of Faculty
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include the following:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

F. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities
1. Inpatient facilities available for training programs in neurological surgery should be geographically identifiable and have an adequate number of beds, support personnel, and proper equipment to ensure quality education.
2. Inpatient facilities may vary from one participating institution to another but should support essential prerequisites for excellence in patient care and teaching.
3. The presence of a neurological surgery operating room with microsurgical capabilities and an intensive care unit specifically for the care of neurological surgery patients is desirable to a training program, as are other units for specialized neurological surgery care.
4. Similarly, neurological surgery beds should be on a unit designated for the care of neurosurgery patients.

B. Outpatient Facilities
Residents must have available appropriate outpatient facilities, clinic, and office space for training purposes in the regular preoperative evaluation and postoperative follow-up for cases for which the resident has responsibility.

C. Research Facilities
1. There should be space and support personnel for research identifiable in the neurological surgery division or department, and some activity should be ongoing in this area.
2. Clinical and/or basic research opportunities should be available to the neurological surgery resident with appropriate faculty supervision.

D. Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. Educational Program
The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC for Neurological Surgery as part of the regular review process.

A. ACGME Competencies
The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. Interpersonal and communication skills that result in effective information exchange and learning with patients, their families, and other health professionals
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and systems resources to provide care that is of optimal value

B. Clinical Components
A current, well-organized, written plan for rotation of residents among the various services and institutions involved must be maintained and must be available to the residents and faculty.
1. Patient Requirements
There shall be sufficient patients admitted each year to ensure that the resident participates in the care of patients suffering from the full spectrum of neurosurgical diseases.
2. This participation must include substantial experience in the management (including critical care) and surgical care of adult and pediatric patients and should include disorders of the spine and of the peripheral nerves, cerebrovascular disease including extracranial vascular disease, trauma, and tumors of the nervous system.
   a. A program must demonstrate to the satisfaction of the RRC that it has both the volume of patients under neurological care and the breadth and depth of academic support to ensure that it has the capability of providing excellent neurological surgery training to residents.
b. The former must be substantiated in part by a compilation of annual institutional operative data and resident operative data (including that from residents rotating on the service from other programs) provided in a fashion prescribed by the RRC. Under some circumstances, the program may be required to include data for a period of up to 3 years prior to the date of the submitted program information forms for accreditation or reaccreditation. The entire surgical experience of the most recently graduating resident(s) must be submitted each time the program has its periodic review.

c. The profile of clinical experience reported to the RRC must be limited to that utilized in the resident's educational program. It also is understood that the educational requirements of the resident must be considered at all times, and assignment to a clinical service that limits or precludes educational opportunities will be adversely considered in evaluation of the program.

d. Within the total clinical facilities available to the training program, there should be a minimum of 500 major neurological surgery procedures per year per finishing resident. It must be understood that achievement of this minimum number of clinical procedures will not ensure accreditation of a training program.

e. The minimum number of clinical procedures (see paragraph V.A.2.d) is suggested with the understanding that the majority of the procedures must occur at the sponsoring institution.

f. The presence within a given training program of this neurological surgery workload and the distribution of the surgical experience are equally important. For instance, the cases should be appropriately distributed among cranial, extracranial, spinal, and peripheral nerve surgical procedures and should represent a well-balanced spectrum of neurological surgery in both adults and children. This spectrum should include craniotomies for trauma, verified neoplasms, aneurysms, and vascular malformations; extracranial carotid artery surgery; transphenoidal and stereotactic surgery (including radiosurgery); pain management; and spinal procedures of a sufficient number and complexity using modern techniques that encompass a variety of disorders (such as trauma, neoplasia, infection, and degenerative disorders).

g. No affiliated hospital unit in the training program should be a component of a training program unless there are a minimum of 100 major neurological surgery procedures per year distributed appropriately among the spectrum of cases as described in paragraph f, above. Exception may be made if a hospital offers special clinical resources, eg, stereotactic surgery, trauma, or pediatric neurological surgery, that significantly augment the resources of the training program as a whole.

3. Residents must have opportunities to evaluate patients referred for elective surgery in an outpatient environment. Under appropriate supervision, this experience should include obtaining a complete history, conducting an examination, ordering (if necessary) and interpreting diagnostic studies, and arriving independently at a diagnosis and plan of management. Consonant with their skills and level of experience, residents should be actively involved in preoperative decision making and subsequent operative procedures under the supervision of the attending physician who has ultimate responsibility for the patient. Residents should similarly be actively involved in postsurgical care and follow-up evaluation of their patients to develop skills in assessing postoperative recovery, recognizing and treating complications, communicating with referring physicians, and developing the physician-patient relationship. Preoperative interview and examination of patients already scheduled for a surgical procedure will not satisfy these requirements.

C. Didactic Components

There must be a well-coordinated schedule of teaching conferences, rounds, and other educational activities in which both the neurological surgery faculty and the residents participate. Conferences must be coordinated among institutions in a training program to facilitate attendance by a majority of staff and residents. A conference attendance record for both residents and faculty must be maintained.

D. Resident Policies

1. Supervision

The program director must ensure, direct, and document proper supervision of residents at all times. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. Attending physicians or supervising residents with appropriate experience for the severity and complexity of the patient’s condition must be available at all times on site. The responsibility or independence given to residents in patient care should depend on their knowledge, their technical skill, their experience, the complexity of the patient’s illness, and the risk of the operative procedures.

2. Progressive Responsibility

Resident participation in and responsibility for operative procedures embracing the entire neurosurgical spectrum should increase progressively throughout the training period.

3. Continuity of Care

Graduate training in neurological surgery requires a commitment to continuity of patient care, as practiced by qualified neurological surgeons. This continuity of care must take precedence—without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.

4. Duty Hours

a. The program director must establish an environment that is optimal for both resident education and patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that, on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night. Different rotations may require different working hours and patterns. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.

b. A distinction must be made between on-call time in the hospital and on-call availability at home vis-a-vis actual hours worked. The ratio of hours worked to on-call availability at home vis-a-vis actual hours worked is the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night. Different rotations may require different working hours and patterns. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.

c. During these hours residents must be provided with adequate sleeping, lounge, and food facilities. Support services must be such that the resident does not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

5. Extracurricular Activities

Residency training in neurological surgery is a full-time responsibility. Activities outside the educational program must not interfere with the residents' performance in the educational process, as determined by the program director, and must not interfere with the residents' opportunities for rest, relaxation, and study.
E. Other Required Educational Components
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

1. Educational experience in neuroradiology and neuropathology must be an integral part of the training program designed for the education of the neurological surgery residents. Such experience should be under the direction of qualified neuroradiologists and neuropathologists.

2. The program must provide opportunities for experience and instruction in the basic neurosciences.

3. The residents should participate in scholarly activities such as ongoing clinical and/or basic research projects with which appropriate faculty are involved.

4. Resident participation in undergraduate medical education is desirable.

5. Related Disciplines
   a. Recognizing the nature of the specialty of neurological surgery, it is unlikely that a program can mount an adequate educational experience for neurological surgery residents without approved training programs in related fields. Clinically oriented training programs in the sponsoring institution of the neurological surgery program should include accredited training programs in neurology, general surgery, internal medicine, pediatrics, and radiology.
   b. There should be clinical resources for the education of neurological surgery residents in anesthesiology, critical care, emergency medicine, endocrinology, ophthalmology, orthopedics, otolaryngology, pathology, and psychiatry. A lack of such resources will adversely affect the accreditation status of the neurological surgery program.

6. Appointment of Fellows
   a. The appointment of other individuals for special training or education, such as fellows, must not dilute or detract from the educational opportunities of regularly appointed residents.
   b. Programs must notify the RRC when they sponsor or participate in any clinical fellowships to take place within institutions participating in the program. This notification must occur before the commencement of such training and at each subsequent review of the program. Documentation must be provided describing the fellowship's relationship to and impact on the residency.
   c. If fellows so appointed will, in the judgment of the RRC, detract from the education of the regularly appointed residents, the accreditation status of the program may be adversely affected.

VI. Evaluation
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.

A. Evaluation of Residents
   The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:
   1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
   2. mechanisms for providing regular and timely performance feedback to residents
   3. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

B. Program Evaluation
   1. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
   2. The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

C. The program director is responsible for the annual collection, compilation, and retention of the number and types of neurological surgery operative procedures performed in all institutions and facilities utilized in the clinical education of residents. This information must be provided on request in the format and form specified by the RRC.

D. Annually, the program director must ensure the compilation of a comprehensive record of the number and type of operative procedures performed by each resident completing the program. This record must include all of the procedures in which the neurological surgery resident was either surgeon or assistant and must be signed by both the resident and the program director as a statement of its accuracy. This information must be provided upon request in the format specified by the RRC. These records must be accurately maintained by the program director.

E. The knowledge, skills, operative experience, professional growth, and progress of each resident, including professional conduct, must be evaluated by the program director in consultation with the teaching staff in a semiannual, written review. These evaluations must be provided to and discussed with each resident in a timely manner. Appropriate criteria and procedures must be used.

F. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

G. The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

H. At least annually, all individual faculty members must be formally evaluated by the program director of neurological surgery as well as by the residents. A mechanism for sharing the results of such evaluations with the faculty that preserves individual resident confidentiality must be employed.

I. At least annually, the program rotations and conferences must be evaluated by both residents and faculty. The results of these evaluations should be kept on file.

J. The thoroughness of resident, faculty, and program evaluations, as well as the accurate and timely provision of program-related information to the RRC, will be monitored in the overall review of the residency program.

K. The program director must provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
Program Requirements for Residency Education in Neurological Surgery

VII. Board Certification

A. Performance on Examination

One measure of the quality of a program is the participation in and performance of its graduates on the examinations of the American Board of Neurological Surgery. The number of residents completing training and taking and passing the certification examinations will be part of the RRC’s evaluation of the program. All residents must pass the ABNS primary examination before completing the program.

B. Certification Requirements

Residents who seek certification by the American Board of Neurological Surgery should communicate with the secretary of the board to be sure that the requirements for certification have been fulfilled. The current address of this office is published in each edition of the Graduate Medical Education Directory. Requests regarding evaluation of educational programs in neurological surgery and all related program inquiries should be addressed to the Executive Director of the Residency Review Committee for Neurological Surgery, 515 N State St/Ste 2000, Chicago, IL 60610.

ACGME: June 2001 Effective: July 2001
ACGME General Competencies Implementation Date: July 1

Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Neurological Surgery)

I. Definitions and Objectives

Endovascular surgical neuroradiology is a subspecialty that uses catheter technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system. The unique clinical and invasive nature of this subspecialty requires special training and skills. The program must include training and experience in the following:

A. Signs and symptoms of disorders amenable to diagnosis and treatment by endovascular surgical neuroradiology techniques.
B. Neurological examinations to evaluate patients with neurological disorders.
C. Pathophysiology and natural history of these disorders.
D. Indications and contraindications to endovascular surgical neuroradiology procedures.
E. Clinical and technical aspects of endovascular surgical neuroradiology procedures.
F. Medical and surgical alternatives.
G. Preoperative and postoperative management of endovascular patients.
H. Neurointensive care management.
I. Fundamentals of imaging physics and radiation biology.
J. Interpretation of radiographic studies pertinent to the practice.

In this subspecialty, the objective of training is to give residents an organized, comprehensive, supervised, full-time educational experience in endovascular surgical neuroradiology. This experience includes the management of patients with neurological disease, the performance of endovascular surgical neuroradiology procedures, and the integration of endovascular surgical neuroradiology therapy into the clinical management of patients.

Training in endovascular surgical neuroradiology must be conducted in an environment conducive to investigative studies of a clinical or basic science nature.

A program in endovascular surgical neuroradiology must be jointly administered by Accreditation Council for Graduate Medical Education (ACGME)-accredited programs in neurological surgery, diagnostic radiology, and neuroradiology, which must be present within the same institution. Exceptions to this requirement will be subject to the review and approval, on a case-by-case basis, by the RRCs for Neurological Surgery and Diagnostic Radiology. The program is not intended to replace or duplicate the ACGME-accredited program in neuroradiology.

II. Duration of Training

The program shall offer 1 year of graduate medical education in endovascular surgical neuroradiology.

III. Program Director

The program director must be certified by either the American Board of Radiology or the American Board of Neurological Surgery or possess appropriate educational qualifications as determined by the RRC. The program director must hold appointments to the teaching staff in both neurological surgery and radiology. The program director is responsible for establishing and maintaining the curriculum, selecting and supervising the residents, and selecting faculty members. The program director must have adequate support from the institution and both departments to carry out the mission of the program.

The director of the endovascular surgical neuroradiology training program must be appointed by and be responsible to the program director of the sponsoring training program.

IV. Faculty

Besides the program director, the program faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques, who (1) is certified by either the American Board of Radiology or the American Board of Neurological Surgery or (2) possesses appropriate educational qualifications as determined by the RRC. The faculty must provide didactic teaching and direct supervision of residents' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of endovascular surgical neuroradiology therapy. The faculty also should stimulate scholarly activities and be able to direct residents in the conduct of such activities. Faculty members should hold appointments jointly in radiology and neurological surgery departments. Evaluation of the faculty should be accomplished at least annually.

V. Faculty-to-Resident Ratio

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in endovascular surgical neuroradiology therapy. To ensure adequate teaching supervision and evaluation of a resident’s academic progress, the faculty-to-resident ratio must be at least one full-time faculty person for every resident enrolled in the program.
VI. Educational Program

A. Curriculum

The training program must offer didactic and clinical experiences that encompass the full clinical spectrum of endovascular surgical neuroradiology therapy.

1. Preparatory requirements

a. Common requirements: All endovascular surgical neuroradiology residents must have completed at least 12 months, preferably consecutive, in neuro radiology. In addition, all endovascular surgical neuroradiology residents must have skills and knowledge in catheter techniques.

b. Trainees accepted into an ACGME-accredited program in endovascular surgical neuroradiology who do not come from a radiology background shall have access to a 1-year period of training in neuroradiology in the institution sponsoring the endovascular surgical neuroradiology program.

c. Residents entering from a neurosurgery background must have fulfilled the following preparatory requirements, in addition to the common requirements:

1) Completed an ACGME-accredited residency in neurological surgery.
2) Completed a course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurosurgery residency.

d. Residents entering from a neurology background must have fulfilled the following preparatory requirements, in addition to the common requirements:

1) Completed an ACGME-accredited residency in neurology;
2) Completed an ACGME-accredited 1-year vascular neurology program;
3) Completed a 3-month course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurology residency.
4) Completed 3 months of clinical experience in an ACGME-accredited neurological surgery program, which may be acquired during elective time in neurology and/or vascular neurology training.

e. Residents entering from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:

1) Completed an ACGME-accredited residency in diagnostic radiology.
2) Completed 3 months of clinical experience in an ACGME accredited neurological surgery program, which may be acquired during elective time in diagnostic radiology and/or neuroradiology training.

f. Specifically, the preparatory training must provide residents skills and knowledge in the following areas:

1) The use of needles, catheters, guidewires, and angiographic devices and materials.
2) The basic radiological sciences, including radiation physics, radiation protection, and the pharmacology of radiographic contrast materials.
3) Angiography and image interpretation.
4) The proper use and interpretation of laboratory tests and methods that are adjunctive to endovascular surgical neuroradiology procedures, such as physiological monitoring, noninvasive neurovascular testing, and noninvasive neurovascular imaging.
5) The evaluation of patients with neurological disease.

2. Endovascular surgical neuroradiology clinical training

A period of 12 continuous months must be spent in clinical endovascular surgical neuroradiology training, during which the resident has the opportunity to carry out all of the following under close supervision: perform clinical preprocedure evaluations of patients, interpret preliminary diagnostic studies, consult with clinicians on other services, perform diagnostic and therapeutic endovascular surgical neuroradiology procedures, generate procedural reports, and participate in short-term and long-term postprocedure follow-up care, including neurointensive care. The training must be of sufficient duration to ensure that the resident is familiar with the outcome of all endovascular surgical neuroradiology procedures. Residents should serve as consultants under the supervision of staff endovascular surgical neuroradiology practitioners. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record.

The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad spectrum of endovascular procedures in adults, children, and neonates. Specific training should be provided in the following areas:

a. Anatomical and physiologic base knowledge:

1) Basic knowledge in arterial angiographic anatomy of the brain, spine, spinal cord, and head and neck.
2) Venous angiographic anatomy of the brain, spine, spinal cord, and head and neck.
3) Collateral circulation
4) Dangerous anastomosis
5) Cerebral blood flow
6) Autorotation
7) Pharmacology of CNS vasculature

b. Technical aspects of endovascular surgical neuroradiology, including:

1) Catheter and delivery systems
2) Embolic agents in cerebral, spinal, and head and neck embolization
3) Flow-controlled embolization
4) Complication of cerebral embolization
5) Flow control between the extracranial and intracranial circulation
6) Electrophysiology
3. Conferences and didactic training

The institution's patient population must have a diversity of illnesses from which broad experience in endovascular surgical neuroradiology therapy can be obtained. The case material should encompass a range of neurological diseases, including neurovascular. An adequate variety and number of endovascular surgical neuroradiology procedures must be available for each resident. Each program must perform at least 100 therapeutic endovascular surgical neuroradiology procedures per year. These procedures include the treatment of aneurysms, brain arteriovenous malformations, arteriovenous fistulas of the brain, tumors of the central nervous system, occlusive vascular diseases, revascularization, traumatic injury, maxillofacial vascular malformation, and tumors. In addition, the program must provide adequate training and experience in invasive functional testing.

Each resident must maintain a personal case log, which the program director must certify at the completion of training.

The program director must submit the entire clinical experience of the endovascular surgical neuroradiology program and the residents in the format prescribed by the RRC. The list of procedures and the logs must be made available to the RRC at the time of its review of the core program and the endovascular neuroradiology training program.

The subspecialty program in endovascular surgical neuroradiology must not have an adverse impact on the educational experience of diagnostic radiology, neuroradiology, neurological surgery, or vascular surgery residents in the same institution.

VIII. Equipment and Facilities

Modern imaging/procedure rooms and equipment must be available and must permit the performance of all endovascular surgical neuroradiology procedures. Rooms in which endovascular surgical neuroradiology procedures are performed should be equipped with physiological monitoring and resuscitative equipment. The following state-of-the-art equipment must be available: MRI scanner, CT scanner, digital subtraction angiography equipment, ultrasound, and a radiographic-fluoroscopic room(s) with a tilt table. Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be next to or within procedure rooms. There must be adequate space and facilities for image display and interpretation and for consultation with other clinicians.

The institutions where endovascular surgical neuroradiology training is conducted must include appropriate inpatient, outpatient, emergency, and intensive care facilities for direct resident involvement in providing comprehensive endovascular surgical neuroradiology care.

IX. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. participation in journal clubs and research conferences.

3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.

4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

6. provision of support for resident participation in scholarly activities.
X. Research
A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

XI. Research Facilities
The institution should provide laboratory facilities to support research projects pertinent to endovascular therapies.

XII. Interchange With Residents in Other Specialties and Students
Residents should be encouraged to participate in research activities with residents and staff in other related specialties. They also should be encouraged to attend and participate in clinical conferences. It is desirable that they participate in the clinical teaching of neurological surgery and radiology residents and medical students.

XIII. Duty Hours and Conditions of Work
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

XIV. Evaluation
A. Residents
Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as judgment. The program director, with participation of members of the teaching staff, shall
1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Faculty
Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in these evaluations.

C. Program
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core diagnostic radiology program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

ACGME: June 26, 2000   Effective: June 27, 2000
Program Requirements for Residency Education in Neurology

I. Introduction

A. Definition

Neurology is a medical specialty concerned with the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems, including their coverings, blood vessels, and all effector tissue, such as muscle. For these diseases, the neurologist is often the principal care physician and may render all levels of care commensurate with his or her training.

B. Duration and Scope of Training

A complete neurology residency is 48 months. Approved residencies in neurology must provide at least 36 months of this education. The program meeting these requirements may be of two types:

1. Those that provide 4 years of residency training, the first year of which training (accredited in the United States or Canada) must include a broad clinical experience in general internal medicine. This year must include at least one of the following: (a) 8 months in internal medicine with primary responsibility in patient care or (b) 6 months in internal medicine with primary responsibility in patient care and a period of at least 2 months total time in pediatrics or emergency medicine or both. Residents must spend no more than 2 months in neurology during this year.

2. Those that provide 3 years of residency training but accept only residents who have had an initial first year of graduate training in the United States or Canada. This first year must meet the minimum requirements as noted in I.B.1, above.

C. Goals and Objectives for Residency Education

1. The purpose of the training program is to prepare the physician for the independent practice of clinical neurology. This training must be based on supervised clinical work with increasing responsibility for outpatients and inpatients. It must have a foundation of organized instruction in the basic neurosciences.

2. The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

   a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   b. Medical knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
   c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
   d. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
   e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
   f. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

D. Program Design

1. All educational components of a residency program must be related to program goals. The program design and structure must be approved by the RRC for Neurology as part of the regular review process.

2. Programs that cosponsor combined training in neurology and another specialty must so inform the RRC. Residents in such training must be informed of the necessary requirements of the specialty boards in question.

II. Administration and Organization

A. Participating Institutions

Participation by any institution providing 6 months or more of training in a program of 3 or more years must be approved by the RRC.

B. Appointment of Residents

1. The exact number of residents that may be appointed to a given program is not specifically designated. However, the number of residents appointed to the program must be commensurate with the educational resources specifically available to the residents in terms of faculty, the number and variety of patient diagnoses, and the availability of basic science and research education.

2. The program director will establish the maximum number of resident positions that can be supported by the educational resources for the program, subject to the approval of the RRC. The program director must report any increase or decrease in the resident complement (at the beginning of the academic year), and any resulting change in the structure of the program, to the RRC. (The resident complement is the total number of resident positions offered in the training program. The number includes all PG-1 and categorical positions and one-half of the positions for combined training in neurology and another specialty.) Programs that fail to recruit any new residents for 2 consecutive years may be subject to adverse action because of inactivity in the educational program.

3. All additional trainees in the program other than regularly appointed residents must be identified and designated as such and must not compromise resident education.

C. Leave and Vacation Policy

Each program must have an equitable leave and vacation policy for residents, in accordance with overall institutional policy.

III. Faculty Qualifications and Responsibilities

The director and teaching staff of a program must prepare and comply with written educational goals for the program. The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. requisite and documented clinical, educational, and administrative abilities and experience;
   b. licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted);
Program Requirements for Residency Education in Neurology

c. certification by the American Board of Psychiatry and Neurology (ABPN) or appropriate educational qualifications; and
d. appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include
a. devotion of sufficient time to provide leadership to the program and supervision of the residents.
b. monitoring the content and ensuring the quality of the program.
c. preparation of a written statement outlining the educational goals and objectives of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. These goals and objectives must be consistent with and linked to the program’s overall goals and objectives, to the educational experiences in the curriculum (both didactic and clinical), and to the program requirements. This statement must be distributed to residents and members of the teaching staff as they begin the program. It should be readily available for review. The program director also must develop criteria to use in the assessment of the extent to which the program’s goals and objectives are met.
d. selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
e. selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
f. supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
g. regular evaluation of residents’ knowledge, skills, and overall performance, including the development of professional attitudes and ethical behavior consistent with being a capable neurologist. The program director, with participation of members of the teaching staff, shall
1) at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
2) communicate each evaluation to the resident in a timely manner;
3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth; and
4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
h. provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation must be part of the resident’s permanent record maintained by the institution.
i. implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
j. monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff must be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
k. preparation of an accurate statistical and narrative description of the program, as requested by the RRC.

1. notification in writing to the Executive Director of the RRC within 60 days of any major change in the program that may significantly alter the educational experience for the residents, including but not limited to
1) changes in the program directorship or the departmental leadership and
2) changes in administrative structure, such as a change in the hierarchical status of the program and/or department within the institution.

Notification of a change in the program directorship must include a copy of the new director’s curriculum vitae, including details of his/her experience and qualifications in graduate medical education.

B. Teaching Staff

1. Besides the program director, there must be a minimum of five neurology faculty, in addition to child neurology faculty, fully committed to the residency program, who devote sufficient time to the program to ensure basic and clinical education for the residents. Within the department or section of neurology, a faculty-to-resident ratio of at least 1:1 in the total program is required. The program director may be counted as one of the faculty in determining the ratio.

2. Neurologists with teaching responsibilities must be certified by the ABPN or have appropriate educational qualifications.

3. There must be faculty who have diverse interests and skills in an appropriate range of teaching and research; who ensure adequate clinical opportunities for residents; and who provide continued instruction through seminars, conferences, and teaching rounds.

4. The program must have a sufficient number of qualified faculty involved in the teaching of residents in each of the component institutions of the program.

5. Faculty with special expertise in all the disciplines related to neurology, including neuro-ophtalmology, neuromuscular disease, cerebrovascular disease, epilepsy, movement disorders, critical care, clinical neurophysiology, behavioral neurology, neuroimmunology, infectious disease, neuro-otology, neuro-imaging, neuro-oncology, pain management, neurogenetics, child neurology, the neurology of aging, and psychiatry must be available on a regular basis to neurology residents.

6. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, and a commitment to their own continuing medical education.

7. The teaching staff must actively pursue scholarly activity in the neurosciences and encourage residents to engage in scholarly activity.

8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

9. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.

10. The teaching staff must periodically evaluate the use of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of
patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Patient Population
It is the program director’s responsibility to ensure that the number of patients is appropriate. They must be diversified as to age and sex, short-term and long-term neurological problems, and inpatients and outpatients. Neurology residents must have management responsibility for patients with neurological disorders. Neurology residents must be involved in the management of patients with neurological disorders who require emergency and intensive care.

B. Facilities
There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, and research laboratories. There must be adequate space for offices for faculty members. Space for study, chart work, and dictation must be available for the residents. There must be adequate contemporary clinical laboratory facilities that report rapidly the results of necessary laboratory evaluations, including clinical-pathological, electrophysiological, imaging, and other studies needed by neurological services. Adequate chart and record-keeping systems must be in use for patient treatment.

C. Library
Residents must have access to an adequate medical library. Library services must include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries, collections of texts and journals, and electronic retrieval of information from medical databases must be readily available during nights and weekends.

V. Educational Program

A. Basic Curriculum
1. Patient care, teaching, and research must be present in every training program. Patient care responsibilities must ensure a balance between patient care and education that achieves for the trainee an optimal educational experience consistent with the best medical care. Patient care responsibilities must include inpatient, outpatient, and consultation experiences.

2. The program must include a minimum of 18 months (full-time equivalent) of clinical adult neurology with management responsibility for patient care. This must include at least 6 months (full-time equivalent) of outpatient experience in clinical adult neurology. The outpatient experience also must include a resident longitudinal/continuity clinic with attendance by each resident ½ day weekly throughout the program. (The resident may be excused from this clinic when a rotation site is more than 1 hour travel time from the clinic site.)

3. Residents in neurology must have experience with neurological disorders in children under the supervision of a child neurologist with ABPN certification or suitable equivalent qualifications. This must consist of a minimum of 3 months (full-time equivalent) in clinical child neurology with management responsibility in patient care.

B. Teaching Rounds
Clinical teaching rounds must be supervised by faculty. They must occur at least 5 days per week. Residents must present cases and their diagnostic and therapeutic plans.

C. Clinical Teaching
1. The resident must have instruction and practical experience in obtaining an orderly and detailed history from the patient, in conducting a thorough general and neurological examination, and in organizing and recording data. The training must include the indications for and limitations of clinical neurodiagnostic tests and their interpretation. The resident must learn to correlate the information derived from these neurodiagnostic studies with the clinical history and examination in formulating a differential diagnosis and management plan.

2. Residents must participate in the evaluation of and decision making for patients with disorders of the nervous system requiring surgical management. The existence of a neurosurgical service with close interaction with the neurology service is essential.

3. The residents must participate in the management of patients with psychiatric disorders. They must learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression. Residents must learn the principles of psychopathology, psychiatric diagnosis, and therapy and the indications for and complications of drugs used in psychiatry.

4. Residents must learn the basic principles of rehabilitation for neurological disorders.

5. The resident must participate in the management of patients with acute neurological disorders in an intensive care unit and an emergency department.

6. Residents in neurology must have experience in neuroimaging that ensures familiarity and knowledge with all relevant diagnostic and interventional studies necessary to correlate findings with other clinical information for the care of patients.

7. The resident must receive instruction in the principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for patients with neurological disorders.

8. The resident must receive instruction in appropriate and compassionate methods of end-of-life palliative care, including adequate pain relief and psychosocial support and counseling for patients and family members about these issues.

D. Progressive Responsibility
Programs must provide opportunities for increasing responsibility and professional maturation of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of taking increased responsibility for patients. Night call is essential in accomplishing these goals. Adequate faculty supervision is essential throughout the program. Neurological training must include assignment on a consultation service to the medical, surgical, obstetric and gynecologic, pediatric, rehabilitation medicine, and psychiatry services.

E. Basic and Related Science
Residents must learn the basic sciences on which clinical neurology is founded, including neuroanatomy, neuropathology, neurophysiology, neuroimaging, neuropsychology, neural development, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, epidemiology and statistics. Concentrated training in one or more of these areas, accomplished with a full-time equiva-
lent experience of at least 2 months total, is required for each resi-
dent. Specific goals and objectives must be developed for this experience.

F. Electives
Resident assignments need not be identical for each resident, and elective time should accommodate individual resident interests and previous training. Elective time should be a minimum of 3 months.

G. Seminars and Conferences
Residents must regularly attend seminars and conferences in the following disciplines: neuropathology, neuroradiology, neuro-ophthalmology, neuromuscular disease, cerebrovascular disease, epilepsy, movement disorders, critical care, clinical neurophysiology, behavioral neurology, neuroimmunology, infectious disease, neuro-otology, neuroimaging, neuro-oncology, pain management, neurogenetics, rehabilitation, child neurology, the neurology of aging, and general neurology. There must be gross and microscopic pathology conferences and clinical pathological conferences. The resident must have increasing responsibility for the planning and supervision of the conferences.

The resident must learn about major developments in both the basic and clinical sciences relating to neurology. Residents must attend periodic seminars, journal clubs, lectures in basic science, didactic courses, and meetings of local and national neurological societies.

H. Educational Policies
The program must provide for the following:
1. Residents must be allowed to spend an average of at least 1 full day out of 7 away from the hospital.
2. Residents must provide on-call duty in the hospital, but no more frequently than an average of every third night.
3. There must be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

I. Resident Participation in Research
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, training must be conducted by neurology departments in centers in which there is active research in both clinical and basic neuroscience. This activity must include
1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in research, particularly in projects that are funded following peer review and result in publications or presentations at regional and national scientific meetings.
3. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
4. provision of support for research opportunities for residents.

J. Resident Responsibility for Teaching
Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, is a required aspect of the resident's education in neurology.

VI. Evaluation
A. Resident Evaluation (See also Section III.A.2.)
The program must have an evaluation system that provides information about each resident's educational progress and the extent to which each resident has accomplished the program's learning and performance objectives.
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include
   a. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
   b. mechanisms for providing regular and timely performance feedback to residents; and
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance.
2. Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.
3. Formative evaluation
   a. Resident performance must be monitored and feedback provided on an ongoing basis.
   b. A written evaluation of the resident's attainment of objectives specific to the rotation must be made after each rotation and reviewed with the resident so that areas of weakness and strength can be communicated to the resident.
   c. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident's standing in relation to specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation data should be used to advise the resident and to make decisions regarding the progression in the resident's level of responsibility.
4. Final evaluation
At the conclusion of the resident's period of training in the program, the program director must prepare a detailed, written evaluation of the resident's performance in relation to the program's learning and performance objectives and discuss this evaluation with the resident.
5. Records
   a. A written record of the contents of the semiannual review session must be prepared and filed in the resident's permanent record. The written record of the evaluation and the review must be signed by the resident. The resident must have the opportunity to append a written response to the written record of the evaluation and review.
   b. Each resident's permanent record must include the written evaluations completed for each defined educational experience, the written records from the semiannual reviews, results of formal assessments, and the resident's final evaluation. Written descriptions of any deficiencies and problem areas, plans for correcting the deficiencies, disciplinary actions, and commendations, where appropriate, should be included.

B. Program Evaluation
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by resi-
Policies and Procedures for Residency Education in Child Neurology (Neurology)

[Note: This material constitutes the Program Requirements for Residency Education in Child Neurology. The reader should refer as well to the Program Requirements for Residency Education in Neurology for information on requirements for core programs, to which programs in child neurology must be attached. The reader is also referred to the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education and to other publications of the Accreditation Council for Graduate Medical Education (ACGME), which outline the composition and function of all Residency Review Committees (RRCs); indicate the actions that any RRC may take, as well as the actions that the ACGME may take; and describe the appeals procedure, types of programs, and the relationships among the RRCs, their parent organizations, and the ACGME.

Requests to have a program accredited to train residents in child neurology (or related inquiries regarding residency programs) should be addressed to Executive Director, RRC for Neurology, 515 N State St, Suite 2000, Chicago, IL 60610. All inquiries concerning prerequisite training or whether a physician is qualified to be examined for certification in neurology with special qualification in child neurology should be addressed to Executive Vice President, American Board of Psychiatry and Neurology (ABPN), 500 Lake Cook Rd, Ste 335, Deerfield, IL 60015.]

I. Introduction

A. Duration and Scope of Training

Training in child neurology shall encompass a total of 3 years. One year of training shall be in clinical adult neurology. One year of training shall be referred to as flexible, and the resident must learn the principles of neurophysiology, neuropathology, neuroradiology, neuro-ophthalmology, psychiatry, rehabilitation, neurological surgery, neurodevelopment, and the basic neurosciences. One year of training shall be in clinical child neurology.

B. Prerequisite Training

The training can be initiated following one of three options: (1) 2 years of residency training in pediatrics in the United States or Canada; (2) 1 PG-1 year (as described in the Program Requirements for Residency Education in Neurology, Section I.A.1) and 1 year of residency training in pediatrics; or (3) 1 year of pediatrics plus 1 year of basic neuroscience training. The program director must review and determine the acceptability of these initial 2 years of training.

C. Goals and Objectives for Residency Training

The purpose of the training program is to prepare the physician for the independent practice of clinical child neurology. This training
must be based on supervised clinical work with increasing responsibility for outpatients and inpatients. It must have a foundation of organized instruction in the basic neurosciences.

D. Program Design
All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC for Neurology as part of the regular review process.

II. Administration and Organization

A. Relation to Core Programs
The 3 years of training in child neurology must take place in a center in which there are accredited residency programs in both pediatrics and neurology and with the approval and support of the program directors of both of these departments.

B. Participating Institutions
Participation by any institution providing 6 months or more of training in a program must be approved by the RRC.

C. Appointment of Residents
The exact number of residents that may be appointed to a given program is not specifically designated. However, the number of residents appointed to the program must be commensurate with the educational resources specifically available to the residents in terms of faculty, the number and variety of patient diagnoses, and the availability of basic science and research education.

All additional trainees in the program other than regularly appointed residents must be identified and designated as such and must not compromise resident education.

D. Leave and Vacation Policy
Each program must have an equitable leave and vacation policy for residents, in accordance with overall institutional policy.

III. Faculty Qualifications and Responsibilities
The director and teaching staff of a program must prepare and comply with written educational goals for the program. The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. requisite and documented clinical, educational, and administrative abilities and experience.
   b. licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. certification by the American Board of Psychiatry and Neurology (ABPN) with Special Qualification in Child Neurology or suitable equivalent qualifications.
   d. appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. devotion of sufficient time and full commitment to provide leadership to the program and supervision of the residents.
   b. monitoring the content and ensuring the quality of the program.
   c. preparation of a written statement outlining the educational goals and objectives of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. These goals and objectives must be consistent with and linked to the program's overall goals and objectives, the educational experiences in the curriculum (both didactic and clinical), and the program requirements. This statement must be distributed to residents and members of the teaching staff as they begin the program. It should be readily available for review. The program director also must develop criteria to use in the assessment of the extent to which the program's goals and objectives are met.
   d. selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   e. selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   f. supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   g. regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall
      1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
      2. communicate each evaluation to the resident in a timely manner.
      3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
      h. provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
      i. implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
      j. monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
      k. preparation of an accurate statistical and narrative description of the program as requested by the RRC.
      l. notification in writing of the Executive Director of the RRC within 60 days of any major change in the program that may significantly alter the educational experience for the residents, including but not limited to...
IV. Facilities and Resources

A. Patient Population
During the year of training in clinical child neurology, the resident must work in the outpatient clinic and on the inpatient service on a regular basis. The number and type of patients must be appropriate. The patient population must be diversified as to age and sex, short-term and long-term neurologic problems, and inpatients and outpatients. Child neurology residents must have management responsibility for hospitalized patients with neurological disorders. Neurology residents must be involved in the management of patients with neurological disorders who require emergency and intensive care.

B. Facilities
1. The department or division of child neurology shall be part of the department of pediatrics and/or the department of neurology.
2. There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, and research laboratories. There must be adequate space for offices for faculty members. Space for study, chart work, and dictation must be available for the residents. There must be adequate contemporary clinical laboratory facilities that report rapidly the results of necessary laboratory evaluations, including clinical-pathological, electrophysiological, imaging, and other studies needed by neurological services. Adequate chart and record-keeping systems must be in use for patient treatment.

C. Library
Residents must have access to an adequate medical library. Library services must include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries, collections of texts and journals, and electronic retrieval of information from medical databases must be readily available during nights and weekends.

V. Educational Program

A. Basic Curriculum
1. Patient care, teaching, and research must be present in every training program. Patient care responsibilities must ensure a balance between patient care and education that achieves for the trainee an optimal educational experience consistent with the best medical care. Patient care responsibilities must include inpatient, outpatient, and consultation experiences.
2. In the program there must be a minimum of 12 months (full-time equivalent) of clinical child neurology with management responsibility for patient care. This must include at least 4 months (full-time equivalent) of outpatient experience in clinical child neurology. The outpatient experience also must include a resident longitudinal/continuity clinic with attendance by each resident at least 1 half-day weekly throughout the program. (The resident may be excused from this clinic when a rotation site is more than 1 hour travel time from the clinic site.)

B. Teaching Rounds
Clinical teaching rounds must be supervised and directed by the faculty of the child neurology department or division. They must occur at least 5 days per week. The resident in child neurology must present cases and their diagnostic and therapeutic plans.

C. Clinical Teaching
1. The resident must have instruction and practical experience in obtaining an orderly and detailed history from the patient, in
conducting a thorough general and neurological examination, and in organizing and recording data. The training must include the indications for neurodiagnostic tests and their interpretation. The resident must learn to correlate the information derived from these neurodiagnostic studies with the clinical history and examination in formulating a differential diagnosis and management plan.

2. Residents must participate in the evaluation and decision making for patients with disorders of the nervous system requiring surgical management. This experience must be part of the clinical child neurology experience. The existence of a neurosurgical service with close interaction with the neurology service is essential.

3. The residents must participate in the management of children and adolescents with psychiatric disorders. They must learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression. Residents must become familiar with the principles of psychopathology, psychiatric diagnosis and therapy, and the indications for and complications of drugs used in psychiatry. This must be accomplished by at least a 1-month experience (full-time equivalent) under the supervision of a qualified child and adolescent psychiatrist.

4. Residents must learn the basic principles of rehabilitation for neurological disorders, including pediatric neurological disorders.

5. The resident must participate in the management of pediatric patients with acute neurological disorders in an intensive care unit and an emergency department.

6. The resident must receive instruction in the principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for children with neurologic disorders.

7. The resident must receive instruction in appropriate and compassionate methods of terminal palliative care, including adequate pain relief, and psychosocial support and counseling for patients and family members about these issues.

D. Progressive Responsibility
Programs must provide opportunities for increasing responsibility and professional maturity of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of taking increased responsibility for patients and in a liaison relationship with staff and referring physicians. Night call is essential in accomplishing this goal. Adequate faculty supervision is essential throughout the program. Neurological training must include assignment on a consultation service to the medical, surgical, and psychiatric services.

E. Basic and Related Science
Residents must learn the basic sciences on which clinical child neurology is founded, including neuroanatomy, neural and behavioral development, neuropathology, neurophysiology, neuroimaging, neuropsychology, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, and epidemiology and statistics. Concentrated training in one or more of these areas, accomplished with a full-time equivalent experience of at least 2 months total, is required for each resident. Specific goals and objectives must be developed for this experience.

F. Electives
Resident assignments need not be identical for each resident. Elective time should accommodate individual resident interests and previous training. Elective time should be a minimum of 3 months.

G. Seminars and Conferences
1. Residents must regularly attend seminars and conferences in the following disciplines: neuropathology, clinical neurophysiology, neuroradiology, neuro-ophthalmology, cognitive development, neuromuscular disease, epilepsy, movement disorders, critical care, neuroimmunology, infectious disease, neuro-otology, neuroimaging, neurogenetics, neuro-oncology, pain management, and general and child neurology. There must be gross and microscopic pathology conferences and clinical pathological conferences. The resident must have increasing responsibility for the planning and supervision of the conferences.

2. The resident must learn about major developments in both the basic and clinical sciences relating to child neurology. Residents must attend periodic seminars, journal clubs, lectures, didactic courses, and meetings of local and national neurological societies.

H. Educational Policies
The program must provide for the following:
1. Residents must be allowed to spend an average of at least 1 full day out of 7 away from the hospital.

2. Residents must provide on-call duty in the hospital, but no more frequently than an average of every third night.

3. There must be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

I. Resident Participation in Research
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and child neurology training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity must include:

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. participation in journal clubs and research conferences.

3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

4. participation in research, particularly in projects that are funded following peer review and result in publications or presentations at regional and national scientific meetings.

5. offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research.

6. provision of support and encouragement for resident participation in scholarly activities.

J. Resident Responsibility for Teaching
Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, are required aspects of the resident's education in neurology.

Graduate Medical Education Directory 2004-2005
VI. Evaluation

A. Resident Evaluation (See also Section III.A.2.)
The program must have an evaluation system that provides information about each resident’s educational progress and the extent to which each resident has accomplished the program’s learning and performance objectives.

1. Formative Evaluation
   a. Resident performance must be monitored and feedback provided on an ongoing basis.
   b. A written evaluation of the resident’s attainment of objectives specific to the rotation must be made after each rotation and reviewed with the resident so that areas of weakness and strength can be communicated to the resident. This evaluation must incorporate evaluations obtained from faculty in the department of neurology during the resident’s rotation on the adult clinical service and flexible year experiences, together with evaluations obtained from other faculty in the department or division of child neurology.
   c. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident’s standing in relation to specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation data should be used to advise the resident and to make decisions regarding the progression in the resident’s level of responsibility.

2. Final Evaluation
   At the conclusion of the resident’s period of training in the program, the program director must prepare a detailed, written evaluation of the resident’s performance in relation to the program’s learning and performance objectives and discuss this evaluation with the resident.

3. Records
   a. A written record of the contents of the semiannual review session must be prepared and filed in the resident’s permanent record. The written record of the evaluation and the review must be signed by the resident. The resident must have the opportunity to append a written response to the written record of the evaluation and review.
   b. Each resident’s permanent record must include the written evaluations completed for each defined educational experience, the written records from the semiannual reviews, results of formal assessments, and the resident’s final evaluation. Written descriptions of any deficiencies and problem areas, plans for correcting the deficiencies, disciplinary actions, and commendations, where appropriate, should be included.

B. Program Evaluation
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents must be used in this process.

1. Evaluations of residents’ attainment of the program’s learning and performance objectives must be used as the basis for program evaluation. Comparisons of these data against the program’s own criteria, performance criteria set by the RRC, and attainment levels of residents at comparable levels of training should be performed as a primary means of assessing attainment of goals and objectives.

2. The residents must have an opportunity to evaluate the program in writing at least annually.

C. Board Certification
One measure of the quality of a training program is the proportion of its graduates who take the examinations of the ABPN and their performance on those examinations.

Editorial Revisions: Effective September 1999

Program Requirements for Residency Education in Clinical Neurophysiology (Neurology)

[Note: This material constitutes the program requirements for residency education in clinical neurophysiology. The reader should refer as well to the Program Requirements for Residency Education in Neurology for information on requirements for core programs, to which programs in clinical neurophysiology must be attached. The reader is also referred to the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education and to other publications of the Accreditation Council for Graduate Medical Education (ACGME), which outline the composition and function of all Residency Review Committees (RRCs); indicate the actions that any RRC may take, as well as the actions that the ACGME may take; and describe the appeals procedure, types of programs, and the relationships among the RRCs, their parent organizations, and the ACGME.

Requests to have a program accredited to train residents in clinical neurophysiology (or related inquiries regarding residency programs) should be addressed to Executive Director, RRC for Neurology, 515 N State St, Suite 2000, Chicago, IL 60610. All inquiries concerning prerequisite training or whether a physician is qualified to be examined for certification in clinical neurophysiology should be addressed to Executive Vice President, American Board of Psychiatry and Neurology (ABPN), 500 Lake Cook Rd, Ste 935, Deerfield, IL 60015.

I. Introduction

A. Definition

1. Clinical neurophysiology is an area of medicine in which selected neurological disorders involving central, peripheral, and autonomic nervous systems and muscles are assessed, monitored, and treated using a combination of clinical evaluation and electrophysiological testing. A derangement of the normal physiology of the nervous system underlies these selected disorders, and an assessment of the electrophysiological abnormalities is an integral part of the evaluation process. Clinical neurophysiology requires a detailed knowledge of the normal physiology of the nervous system; the altered, abnormal electrophysiology; and the disease states involved.

2. Clinical neurophysiology is not confined to diagnostic techniques but includes the application of electrical, magnetic, and mechanical methods to the evaluation and treatment of a wide range of diseases, including

   a. epilepsies,
   b. cerebrovascular disease,
   c. dementia and encephalopathies (coma, stupor, confusion, developmental delay, regression),
   d. multiple sclerosis (including other demyelinating disorders),
   e. movement disorders,
   f. brain tumors and other mass lesions,
   g. encephalitis/meningitis,
   h. sleep disorders,
1. Qualifications of the program director include the following:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Psychiatry and Neurology (ABPN) in Clinical Neurophysiology or appropriate educational qualifications, as determined by the RRC.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include the following:
   a. Full commitment to the residency program and devotion of sufficient time to provide leadership to the program and supervision of the residents in the program.
   b. Monitoring the content and ensuring the quality of the program.
   c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
   d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   e. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   f. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   g. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall
      1) at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
      2) communicate each evaluation to the resident in a timely manner;
      3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
      4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
   h. Provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
   i. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   j. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to...
residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

k. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. The program providing training in clinical neurophysiology must have at least two faculty neurologists, including the director, who have completed training in this subspecialty. It is desirable that they be full-time members of the Department of Neurology.

2. Each of these members of the teaching staff should be certified by the American Board of Psychiatry and Neurology in clinical neurophysiology or possess appropriate educational qualifications, as determined by the RRC.

3. Appropriate expertise in the areas defined in Section LB., above, must be present among the director and the faculty. The RRC recognizes that expertise in clinical neurophysiology is available from physicians board certified in many medical specialties, particularly in physical medicine and rehabilitation and in psychiatry, and actively encourages multidisciplinary cooperation in the training of residents.

4. The faculty shall devote sufficient time to the training program to ensure adequate clinical training of the resident in clinical neurophysiology and will be primarily involved in direction of the resident during the 1 year training.

5. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

6. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

7. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.

8. The teaching staff must periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Teaching Staff

In addition, faculty with suitable training and experience from other disciplines may be included in the teaching program.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Clinical and Educational Facilities and Resources

A. Facilities

The section of clinical neurophysiology shall be within the Department or Division of Neurology and have facilities adequate for the educational program.

B. Library

1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Educational Programs

A. Curriculum

The training program is largely a clinical experience in which the resident develops and executes a plan of evaluation and treatment, including the appropriate technical skills to deal with patients with various neurological disorders.

B. Seminars and Conferences

The section of clinical neurophysiology must conduct formal lectures and teaching conferences in clinical neurophysiology on a regular basis. These must include clinical applications for each of the required neurophysiological studies and their correlation with the pertinent neurological disease processes as outlined in Section IA, paragraph 2, above. Participation in clinical conferences dealing with epilepsy and neuromuscular disorders is of particular importance.

C. Teaching and Supervision

1. Supervisory faculty and staff must be available on a full-time basis. The resident must be exposed to a one-on-one relationship with the faculty. The teaching staff members must be available on site during both the neurophysiological studies and the clinical correlation of the results.

2. The resident in clinical neurophysiology must be given an active role in the teaching and training of neurology residents in which the section resides.

D. Clinical and Neurophysiological Basic Science Teaching

1. Clinical Science: The resident must have instruction and practical experience to permit him or her to develop diagnostic, procedural, technical, and interventional skills essential to the performance of clinical neurophysiology. The experience must include opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the nervous system and muscles, as well as to learn the effectiveness of procedures. It should provide for basic and advanced training and education, as well as professional development. Experience must include appropriate outpatient care, inpatient care and support services in the fields of pathology and radiology. Examples of problems that must be included in the experience of the resident for the development of knowledge and skills specific to clinical neurophysiology are outlined in detail in Section IA, paragraph 2, above. There must be experience in the development and execution of a plan of evaluation and treatment, including the appropriate technical skills to deal with patients with the specified
disorders. The opportunity must include experience in clinical diagnosis and accumulation/interpretation of laboratory data relevant to these disorders as part of outpatient and inpatient diagnostic evaluations.

Experience should include training in the various areas outlined in Section I.B., above. The resident's experience must include independent EEG, EMG, and/or sleep studies of a sufficient number of patients to achieve competence in the assessment of patients with a wide range of clinical disorders.

2. Basic Science: Residents must be provided with an advanced and extensive background in those basic sciences on which clinical neurophysiology is founded. These include neurophysiology, neuroanatomy, neuropathology, and neuropharmacology. Didactic lectures and seminars must include the basic neurological sciences as they pertain to clinical neurophysiology. Clinical neurophysiology residents should participate in the teaching of residents during their neurophysiology laboratory rotations at academic hospitals and major clinics.

E. Resident/Patient Ratio
The number of patients must be adequate to provide a sound educational program. It is the program director's responsibility to ensure that the number of patients is appropriate. They must be diversified as to age, sex, short-term and long-term neurological problems, and inpatients and outpatients. Making patients available to the clinical neurophysiology resident must not interfere with the training of residents in the core neurology training program.

F. Faculty/Resident Ratio
In general, there should be enough faculty with diverse interests and skills to make the breadth of training appropriate to a program meeting these special requirements, to ensure adequate clinical experience for residents, and to provide continued interaction (e.g., through seminars, conferences, clinical supervision) among residents and faculty.

G. Diagnostic Skills
Clinical assignments should include progressively increasing responsibility for patient care with direct supervision by the appropriate faculty member or staff. Adequate faculty supervision is essential throughout the program.

H. Subspecialty Experience
While a wide range of clinical experience is mandatory, each resident should have extensive experience in one or more areas of clinical neurophysiology. Clinical assignments need not be identical for each resident. Subspecialty experience should accommodate individual interests.

I. Resident Evaluation
Resident evaluation by staff must be made at regular intervals so that areas of weakness and strength can be communicated to the resident. Records shall be maintained documenting resident experience and performance. Periodic review of the resident's performance is essential for planning his or her subsequent educational program. The evaluation will include judging the fund of knowledge, basic clinical competence, general skills in the primary specialty, and the specific technical skills required for clinical neurophysiology. The summary and final evaluation of the resident in clinical neurophysiology must be prepared by the program director of the clinical neurophysiology training program and should reflect the periodic evaluation of all the faculty. Each resident must be required to be proficient in the technical skills determined to be necessary for a clinical neurophysiologist and any related standards relevant to neurology.

J. Program Evaluation
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents must be utilized in this process.

K. Resident Participation in Research
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and clinical neurophysiology training must be conducted in centers where there is research in clinical neurophysiology. The program must include opportunities for the resident to participate in research projects and scholarly work relating to the field of clinical neurophysiology. This activity must include the following:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal clubs and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

6. Provision of support and encouragement for resident participation in scholarly activities.

L. Resident Responsibility
The resident's education in clinical neurophysiology is reinforced by teaching the discipline to other residents in neurology and other disciplines and to medical students, nurses, and other health care personnel. Residents must be given this opportunity.

M. Resident Duty Hours
To ensure an appropriate educational environment and prevent an excessive patient load, the program should provide for the following:

1. Residents should be allowed to spend an average of at least 1 full day out of 7 away from the hospital.

2. Residents should be assigned on-call duty in the hospital no more frequently than an average of every third night.

3. There should be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

V. Other

A. Relation to Core Program
The 1 year of training in clinical neurophysiology must take place in a center in which there is an accredited residency program in neurology and with the written approval and support of the director of the neurology program.

B. Use of Board Examinations
One measure of the quality of a training program is the proportion of its graduates who take the examination in clinical neurophysiology provided by the American Board of Psychiatry and Neurology, as well as their performance on those examinations.
I. Introduction

A. Definition and Scope of the Specialty
The purpose of the training program is to prepare the physician for the independent practice as a neurodevelopmental disabilities specialist. The training program must combine training in the relevant basic sciences with supervised clinical training in the diagnosis and care of children with neurodevelopmental disabilities.

B. Duration and Scope of Education
1. Training in neurodevelopmental disabilities must be preceded by successful completion of 24 months of training in a pediatric residency training program in clinical child neurology and neurodevelopmental disabilities and 18 months in clinical and basic science training. Training in adult and child neurology should take place at the primary clinical site where the neurodevelopmental disabilities program is conducted. It is important that clinical and basic science training are within the same institution.
2. The length of the educational program is 4 years.
3. One year of the training must be a year of training in clinical adult neurology. Eighteen months must be spent in training in clinical child neurology and neurodevelopmental disabilities and 18 months in clinical and basic science training. Training in adult and child neurology should take place at the primary clinical site where the neurodevelopmental disabilities program is conducted. It is important that clinical and basic science training are within the same institution.
4. Any program that extends the length of training beyond 4 years must present an educational rationale that is consistent with the special requirements and the objectives for residency training. Approval for the extended curriculum must be obtained prior to implementation and at each subsequent review of the program.
5. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

C. Goals of Education
Programs must provide a broad educational experience in neurodevelopmental disabilities, which will prepare the resident to function as a neurodevelopmental disabilities specialist capable of providing comprehensive patient care in academic or clinical practice settings. The training must provide a strong scientific foundation that is confirmed by the training program and that will allow the resident to incorporate new developments in the basic sciences into their clinical practice. The clinical training in neurodevelopmental disabilities must also provide the resident with training that is supervised but training with increasing responsibility for outpatients and inpatients. This clinical training should lead to a defined level of clinical competence.

D. Program Design
1. All educational components of the neurodevelopmental disabilities residency program should be related to program goals.
2. The Neurology Residency Review Committee (RRC) must approve the program design and structure for neurodevelopmental disabilities training as part of the regular review process.

II. Institutional Organization

A. Sponsoring Institution
The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

The residency training program in neurodevelopmental disabilities must be within the department or division of an accredited program in neurology or an accredited program department of pediatrics.

B. Participating Institutions
Definition/description of the requirements for the participating institutions: It is desirable, if possible, to have the training occur at a single institution. If the resources of two or more institutions are required to support the program, inter-institutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides 3 months or more of the educational program must be approved prospectively by the RRC for Neurology.
Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program. The experience in child neurology and in neurodevelopmental disabilities should be in one integrated program. Training in two separate institutions will be allowed in unusual circumstances with the prior approval of the RRC.
1. Training in the sponsoring institution may be supplemented with training in no more than two additional, separate, ACGME-accredited programs for periods of 3 or more months.
2. The primary teaching faculty must have full time faculty status in the sponsoring institution.

C. Appointment of Residents
1. Description of the appointment process: The development of a satisfactory program requires careful selection of applicants for appointment to the residency. The program director must adhere to the criteria for resident eligibility that are specified in the Institutional Requirements.
2. The RRC must prospectively approve the total number of residents in the program per year, based on the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.
3. Policy/procedure for changing resident complement or filling vacant resident positions:
   a. The RRC must prospectively approve any change in the complement of residents in the training program prior to instituting the changes.
   b. When a resident transfers into the training program, the training program director is responsible for communicating with the program director of the neurodevelopmental disabilities training program from which the trainee is transferring. The training director of the program into which the trainee is transferring must document in writing the concerns and training status of the transferring trainee prior to the transfer.
III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director with primary responsibility for the program.

1. Qualifications of the program director
   
a. Requisite and documented clinical, educational, and administrative abilities and experience.
   
b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   
c. There must be a single program director with primary responsibility for the program. There must also be an associate program director whose training complements the multidisciplinary scope of the subspecialty. The program director and associate program director must be certified by the American Board of Psychiatry and Neurology, the American Board of Pediatrics, or possess qualifications acceptable to the RRC.
   
d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director
   
a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
   
b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   
c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   
d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   
e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   
f. The program director, with participation of the faculty, must:
      1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents using appropriate criteria and procedures;
      2. Communicate each evaluation to the residents in a timely manner;
      3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
      4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

   g. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   
h. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
   
i. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
   
j. Prepare an accurate statistical and narrative description of the program as requested by a review committee.
   
k. Notify the RRC regarding major programmatic changes and changes in leadership in the training program.

B. Faculty

1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. In addition to the program director, the faculty must include at least two full-time faculty members who have appropriate educational qualifications in neurodevelopmental disabilities.

3. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. Additional faculty must include specialists in the following medical and allied health specialties: dentistry, genetics, neonatology, neurology, neurosurgery, ophthalmology, orthopedics, otolaryngology, pediatrics and its related subspecialties, physical medicine and rehabilitation, psychiatry, and child and adolescent psychiatry. Allied health and nonmedical disciplines that must be made available to the resident include audiology, nutrition, occupational therapy, physical therapy, neuropsychology, speech pathology, social work, and vocational rehabilitation.

6. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

7. The faculty should at least annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of faculty, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. The institution's facilities and resources must provide space and equipment and patient populations to support the specialty education program. The residents must have access to computers and printers. There must be adequate space for the educational program, including meeting rooms; classrooms with audiovisual
and other educational aids, free space for staff, pertinent library materials, and diagnostic, therapeutic, and research facilities.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities
1. There must be a sufficient number of examining rooms, conference rooms, and research laboratories.
2. The inpatient and outpatient facilities must be adequate in size and diversity and must have the appropriate equipment necessary for a broad education in pediatrics and in neurology.
3. The institution must provide access to diagnostic and therapeutic equipment used in the diagnosis and treatment of children with neurodevelopmental disabilities. There must be adequate clinical laboratory facilities that rapidly report the results of necessary laboratory evaluations including clinical, pathological, electrophysiological, imaging, and other studies needed by the neurological and pediatric services.
4. Adequate chart and record keeping systems must be in place for patient treatment and evaluation.

C. Library
1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with a convenient nearby institution.
2. Library services should include electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collection of texts and journals must be readily available during nights and weekends.

D. Patient Populations
1. Programs must provide residents with patient care experiences in both the inpatient and outpatient settings. A sufficient number, variety, and complexity of patients ranging in age from infancy through adulthood must be present. The patient population must also be diversified with regard to long term and short term neurologic and developmental disorders.
2. The resident must have primary care or consulting responsibilities for hospitalized patients with neurologic disorders and neurodevelopmental disabilities. The resident must be involved with the management of patients with neurologic disorders who require emergency care. Adequate number of new and follow-up subspecialty outpatients must be available to provide the broad experience. The program must maintain an appropriate balance among the numbers and varieties of patients, numbers of preceptors, and the number of subspecialty residents in the program.

V. The Educational Program

A. Competencies
The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:
1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

B. Clinical Components
The program director and the faculty must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC as part of the regular review process.
1. Basic curriculum
   a. One year of adult neurology in which some patients have chronic neurodevelopmental disabilities. This educational experience must include care for some adults with chronic neurodevelopmental disabilities in a continuity clinic during the 1 year of adult neurology training.
   b. Eighteen months of clinical child neurology and neurodevelopmental disabilities: This time must include not only training in the neurodevelopmental disabilities encountered by a child neurologist but also training in a multidisciplinary team approach to children with chronic neurologic disabilities.
      1) Adequate training in neurodevelopmental disabilities requires that 50% of the resident's patient encounters are pediatric patients with neurodevelopmental disabilities.
      2) The training in the multidisciplinary team approach must be no less than 1 month (PTF).
   c. Eighteen months of clinical and basic science training: This must include at least 1 month (PTF) experience in each of the following: child and adolescent psychiatry, neurosurgery, and neurorehabilitation. The resident must also gain significant clinical experience with behavioral neurology, neurogenetics/metabolism, neuromuscular disorders, neuro-oncology, and neuro-ophthalmology. Included in this time must be at least 6 months of elective time. In addition, the training in basic sciences must be included in this block of time.
   2. Clinical training must be based upon a comprehensive neurodevelopmental curriculum. This includes exposure to all age groups and degrees of disability. While the focus is on learning principles of management, other focus include screening, assessment, diagnosis, interdisciplinary interaction, and advocacy. Training must be in outpatient and inpatient settings, and must include diagnostic assessment and management of the entire spectrum of neurodevelopmental disabilities. The trainee must have the opportunity to act as a neurodevelopmental pediatric consultant in developmental disabilities of other medical and nonmedical disciplines in inpatient, outpatient, and community settings.
   3. There should be active participation of the teaching staff in clinical discussion, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. When on inpatient rotations the resident must make rounds at least 5 days each week. The resident must also take night call during the adult and child neurology training components.
   4. The responsibility or independence given to residents in patient care should depend upon each resident's knowledge, manual skill, experience, and the complexity of the patient's illness.
5. Residents will be expected to follow inpatient cases during the duration of their hospital stay or the duration of the resident rotation. They will be expected to follow outpatients in a continuity clinic throughout the duration of their training period. This experience should include adults and children who are followed in the continuity clinic.

6. A faculty attending in conjunction with the resident, both on the inpatient and outpatient services, must see all patients. The attending may briefly precept patients well known to the resident.

7. Programs must provide opportunities for increasing responsibility and professional maturity of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of increasing responsibility for patients and into a liaison relationship with staff and referring physicians. Adequate faculty supervision is essential throughout the program.

8. The trainees should have structured opportunities throughout their training to develop and improve teaching skills. These activities should include the supervision of more junior trainees, as well as the teaching of other residents, medical students, nurses, and other health care professionals, either formally or informally.

C. Didactic Components

1. Residents must obtain an adequate background in those basic sciences upon which child neurology and neurodevelopment are founded, including neuroanatomy, neuroembryology, neural development, neuropathology, basic neuropsychology, neuroimaging, neuropsychology, neurochemistry, neuropathology, molecular biology, genetics, immunology, epidemiology, and biostatistics.

2. Specialty content
   a. Residents must learn the fundamentals of specific diagnostic and management strategies of the major neurodevelopmental disabilities, including cognitive disorders (mental retardation, learning disabilities, progressive encephalopathies, etc.), communication disorders, neurobehavioral disorders (autistic spectrum disorders), motor disabilities (cerebral palsy, neuromuscular disorders and other neuromotor disorders, movement disorders including Tourette syndrome), sensory disorders (including visual and auditory disorders), and multiple disabilities.
   b. They must learn the appropriate instruments for neuropsychological assessment and understand how to apply developmental measurements and scales.
   c. They must develop familiarity with anticipatory guidance and counseling of families with children with developmental disabilities.
   d. They must learn strategies for pharmacological and non-pharmacological management of self-injurious and other troublesome behaviors.
   e. They must learn the skills for the management of spasticity or other movement disorders. This must include some training in the technical skills needed to manage some patients with spasticity and movement disorders.
   f. The resident must learn how to secure, organize, and manage patient resources and treatment.

3. Bioethics, economics and end-of-life content
   The resident must receive instruction in the bioethics and economics of medicine. The resident must also receive instruction in appropriate and compassionate methods of end-of-life palliative care.

4. Conferences
   a. Residents must regularly attend conferences in the following disciplines: child neurology, neuropsychology, and clinical pharmacology. Residents must attend and participate in periodic seminars, journal clubs, lectures, didactic courses, and meetings of local and national neurological and neurodevelopmental societies. Residents must be periodically responsible for the design and presentation of clinical conferences.
   b. Faculty and residents should indicate attendance at all of the conferences and didactic sessions that constitute the core requirements for training (see above).
   c. Faculty must supervise and provide feedback to residents during resident-run conferences, and indicate areas of weakness or need for further development of educational skills.

D. Resident Policies

1. Appropriately qualified faculty must supervise all patient care services.

2. The program director must ensure, direct, and document proper supervision of residents at all times.

3. Residents must be provided with rapid, reliable systems for communicating with other/supervising residents and faculty. Supervising faculty with appropriate experience for the severity and complexity of the patient's condition must be available at all times.

E. Duty Hours and Conditions of Work

1. The physician's responsibilities for continuing patient care transcend normal working hours. To fulfill this obligation, provisions for night and weekend call should be established. However, residents should not be required regularly to perform excessively difficult or prolonged duties. The program director must ensure assignment of reasonable in-hospital duty hours. Except in the maintenance of continuity of care, residents at all levels should have the opportunity to spend at least 1 full day out of 7 per month free of clinical duties and should be on call in the hospital no more often than every third night. There should be adequate opportunity to rest and to sleep when on duty for 24 hours or more. On-call rooms arranged to permit adequate rest and privacy should be available for each resident on night duty in the hospital. There should be adequate back-up support if needed to maintain appropriate patient care.

2. The program must provide the residents with experience in direct and progressively responsible patient management as they advance through the educational program. The education must culminate in sufficiently independent responsibility for clinical decision making that the program director and faculty are assured the graduating resident has achieved the ability to make sound clinical decisions consistently.

3. Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, is a required aspect of the resident's education in neurodevelopmental disabilities.

F. Other Required Components

1. Scholarly activity
   Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. This activity should include
   a. Participation of the faculty in clinical and basic science teaching in a manner that promotes a spirit of inquiry and scholar-
ship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

b. Participation in journal clubs and research conferences.

c. Participation in regional or national professional and scientific societies, particularly through presentations at the organizations meetings and publications in their journals.

d. Participation in research, particularly in projects that are funded following peer review and/or that result in publications or presentations at regional and national scientific meetings.

e. Offering of guidance and technical support, eg, research design and statistical analysis, for residents involved in research.

f. Provision of support for resident participation in scholarly activities.

g. Provision for opportunities for training in outcome research.

2. Related disciplines

a. The resident in neurodevelopmental disabilities must receive instruction in multidisciplinary management of children with neurodevelopmental disabilities. The resident must participate in team management of children in a variety of circumstances including developmental assessment, pediatric rehabilitation, and team management of children with developmental defects.

b. The resident must participate in activities that provide experience and training in public advocacy and community consultation.

3. Appointment of other residents

The appointment of other residents for education in neurodevelopmental disabilities must not dilute or detract from the educational opportunities of regularly appointed neurodevelopmental disabilities residents.

The appointment of other residents requires a clear statement of the areas of training, clinical responsibilities, and duration of the special education. This statement must be supplied to the Residency Review Committee at the time the program is site visited.

If such residents so appointed will, in the judgment of the Residency Review Committee, detract from the education of the regularly appointed neurodevelopmental disabilities residents, the accreditation status of the program may be adversely affected.

4. Relation to core program

The 4 years of training in neurodevelopmental disabilities must take place in a center in which there are accredited residency programs in child neurology, neurology, and pediatrics.

**VI. Evaluation**

**A. Resident Evaluation**
The program must have a formal mechanism by which the knowledge, skill, and professional growth of the residents are evaluated.

1. Policy for evaluation and promotion

a. The residents' performance must be monitored and feedback provided on an ongoing basis.

b. The supervising faculty must evaluate each resident in writing at the completion of each rotation. This must be reviewed with the resident in a timely manner so that areas of weakness and strength can be communicated to the resident.

c. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident's standing in relation to the specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation data should be used to advise the resident and to make decisions regarding the progression in the resident's level of responsibility. The evaluation data must include the results from annual objective written or clinical assessments of the resident's knowledge and skills.

d. The assessment must specify how the acquisition of requisite skills for subspecialty competence is accomplished.

e. Written record of evaluations must be maintained, must be formally reviewed with the subspecialty resident, and must be accessible to authorized personnel. The resident should be advanced to positions of higher responsibility only on the basis of evidence that there is satisfactory progressive scholarship and professional growth.

f. Areas of evaluation should include knowledge, skills, and attitudes.

2. Final evaluation

a. At the conclusion of the resident's period of training in the program, the program director in consultation with the teaching staff must prepare a detailed, written evaluation of the resident's performance in relation to the program's learning and performance objectives and discuss this with the resident.

b. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability and acquisition of appropriate clinical and procedural skills to practice competently and independently.

c. The final evaluation should be discussed with the resident and signed and be part of the resident's permanent record.

d. It is to be maintained by the institution.

3. Records

A written record of the contents of the semiannual review session must be prepared and filed in the resident's permanent record. The resident must sign the written record of the evaluation and review. The resident must have the opportunity to append a written response to the written record of the evaluation and review.

Each resident's permanent record must include written evaluations completed for the defined educational experience, the written records from the semiannual reviews, the results of formal assessments, and the resident's final evaluation. Written descriptions of any deficiencies in problem areas, plans for correcting the deficiencies, disciplinary actions, and commendations, where appropriate, should be included.

**B. Faculty Evaluation**

Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activity. Residents should participate in these activities. The faculty should receive formal feedback from these evaluations.

**C. Evaluation of the Program**
The educational effectiveness of the program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the residents have met the educational goals must be assessed. Written, confidential evaluations by residents should be utilized in this process.

The annual review and evaluation of the program in relation to the educational goals, the quality of the curriculum, the needs of the subspecialty residents, and the clinical and research responsibilities of the faculty must be documented. At least one subspecialty resident representative should participate in the periodic and annual reviews.

**VII. Board Certification**

Residents who plan to seek certification in neurodevelopmental disabilities sponsored by the American Board of Psychiatry and Neu-
Program Requirements for Residency Education in Pain Management (Neurology)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Pain management is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training

Subspecialty training in pain management shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain management. The remainder may be in clinical activities or research relevant to pain management. Assignments must not be made to activities not directly related to pain management.

II. Institutional Organization

A. Relationship to Core Program

Accreditation of a subspecialty program in pain management will be granted only when the program is in direct association with a core residency program in neurology accredited by the Accreditation Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain management program is conducted. Rotations outside the institution in which the pain management program is based should not exceed 4 months.

B. Appointment of Residents

Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources

Because pain management is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain management that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director

The program director must be a neurologist who has been certified in pain management by the American Board of Psychiatry and Neurology or who has appropriate educational qualifications in pain management as determined by the RRC. The program director should have appropriate experience in pain management as a clinician, administrator and educator.

The subspecialty program director has responsibility for the teaching program in pain management subject to the approval of the director of the core residency program.

B. Medical Director

The medical director of the pain management service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain management, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty

Qualified physicians with expertise in pain management must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain management must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than neurology. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain management.

At least three faculty with expertise in pain management should be involved in teaching pain management residents, and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment

A pain management center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain management must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain management procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services

The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end of life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population
For each resident in the subspecialty of pain management each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident’s experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain. There must be ready access to consultation from other disciplines involved in pain management.

D. Library
There must be a departmental library with adequate material relevant to pain management. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment
An accredited program in pain management must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components
There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain management. Subspecialty training in pain management must include experience in the management of both inpatients and outpatients. The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:
1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies
11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal gangliectomy
13. Peripheral neuromectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects and complications of pharmacologic agents used in pain management

In addition to the above skills, the pain management resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis and follow-up.

C. Didactic Components
The pain management curriculum must include the following topics in lectures and reading:
1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain management
4. Pharmacology of centrally acting drugs used in pain management
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain management
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain management
12. Principles and techniques of cancer pain management, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain management
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain management center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions

D. Pain Center Management
Subspecialty residents in pain management must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching
The subspecialty resident in pain management must become experienced in teaching principles of pain management to resident physicians, medical students, and other health-care professionals.

F. Conferences
Pain management conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain management resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.
VI. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and neurology pain management training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:

A. Active participation of the teaching staff in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

B. Participation in journal clubs and research conferences.

C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.

D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

E. Offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research.

F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract or publication.

VII. Evaluation

A. Faculty responsible for teaching subspecialty residents in neurology pain management must provide critical evaluations of each resident's progress and competence to the neurology pain management program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in neurology pain management must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.

B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in neurology pain management should be involved in continuous quality improvement, utilization review, and risk management.

VIII. Board Certification

The record of its graduates in obtaining certification in pain management by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000   Effective: June 2000
Program Requirements for Residency Education in Vascular Neurology (Neurology)

1. Inpatient management of patients with stroke, both ischemic and hemorrhagic
2. Critical care management of patients with stroke, both ischemic and hemorrhagic
3. Management of patients with neurosurgical cerebrovascular disorders, including aneurysms and arteriovenous malformations
4. Emergent management of patients with stroke, including emergency department management
5. Care of patients in different settings, including nursing homes, medical rehabilitation centers, and outpatient clinics
6. Ordering and clinical correlation of diagnostic brain and vascular imaging
7. Ordering and interpretation of diagnostic laboratory tests in stroke
8. Involvement in community activities, including outpatient primary and secondary prevention of stroke
9. Participation in the delivery of educational programs about stroke and stroke prevention, including teaching medical students, ancillary health professionals, and residents
10. Consulting with other medical professionals, including cardiologists, radiologists, neurosurgeons, vascular surgeons, and physiatrists in the overall care and management of stroke patients
11. Participation in research, such as epidemiological studies, clinical trials, or laboratory research.

C. Objective
The objective of the training outlined above is to provide the resident with the opportunity to develop the expertise necessary to evaluate and manage patients with inpatient and outpatient stroke disorders and risks.

D. Program Design
1. All educational components of a residency program should be related to program goals. The program design and structure must be approved by the Residency Review Committee (RRC) for Neurology as part of the regular review process.
2. Participation by any institution providing 2 months or more of training in a program must be approved by the RRC.

II. Personnel
The director and teaching staff of a program must prepare and comply with written educational goals for the program. The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program.
1. Qualifications of the program director include the following:
   a. Completion of at least 1 additional year of stroke or vascular neurology training. At least 50% of the program director's practice should be devoted to care of stroke patients.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)
   c. Certification by the ABPN in Neurology and Vascular Neurology, or possession of appropriate educational qualifications in vascular neurology, as determined by the RRC
   d. Appointment in good standing to the medical staff of an institution participating in the program
2. Responsibilities of the program director include the following
   a. Full commitment to the residency program and devotion of sufficient time to provide leadership to the program and supervision of the residents in the program
   b. Monitoring the content and ensuring the quality of the program
   c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review
   d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures
   e. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program
   f. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians
   g. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician
   h. Provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution
   i. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances
   j. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified
   k. Preparation of an accurate statistical and narrative description of the program as requested by the RRC
3. The program director, with participation of members of the teaching staff, shall
   a. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures
   b. communicate each evaluation to the resident in a timely manner
   c. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth
   d. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. The program providing training in
vascular neurology must have at least two faculty neurologists, including the director, who have completed training in this subspecialty. It is desirable that they be full-time members of the Department of Neurology.

2. Each member of the teaching staff should be certified by the ABPN in neurology or vascular neurology or possess appropriate educational qualifications as determined by the RRC.

3. Appropriate expertise in the areas defined in Section I.B., above, must be present among the director and the faculty. The RRC recognizes that expertise in stroke is available from physicians board certified in many medical specialties, particularly in physical medicine and rehabilitation, cardiology, neurosurgery, vascular surgery and psychiatry, and actively encourages multidisciplinary cooperation in the training of residents.

4. The faculty should devote sufficient time to the training program to ensure adequate clinical training of the resident in vascular neurology and will be primarily involved in direction of the resident during the 1-year training.

5. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

6. In addition to coordination, the program director shall appoint the individual responsible for the residents at each site. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

7. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.

8. The teaching staff must periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Teaching Staff
Faculty with suitable training and experience from other disciplines should be included in the teaching program.

D. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Clinical and Educational Facilities and Resources

A. Patient Population
There must be an adequate number and variety of patients in both inpatient and outpatient settings to expose residents to the broad spectrum of vascular diseases of the brain. Inpatient experience should include evaluation of a substantial number of stroke patients. No more than 50% of these should be hemorrhagic strokes. Outpatient experience should include involvement in management of at least 50 patients as the primary physician under supervision of a faculty member.

B. Facilities
Vascular neurology shall be within the Department or Division of Neurology and have facilities adequate for the educational program. There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and residents, pertinent library materials, and diagnostic, therapeutic, and research facilities.

C. Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Educational Program

A. Curriculum
The training program is largely a clinical experience in which the resident develops and executes a plan of evaluation and treatment, including the appropriate technical skills to deal with patients with various cerebrovascular disorders. This curriculum must include instruction in the following:
1. Fundamental mechanisms of stroke and other nervous system vascular disorders
2. Etiopathogenic characterization of stroke and other nervous system vascular disorders
3. Clinical manifestations of stroke and other nervous system vascular disorders
4. Diagnostic strategies in stroke and other nervous system vascular disorders
5. Treatment strategies in stroke and other nervous system vascular disorders
6. Epidemiologic issues

B. Seminars and Conferences
The section of Vascular Neurology must conduct seminars and conferences that must include:
1. Formal lectures and teaching conferences in vascular neurology on a schedule that will allow the training program to cover all of the topics listed under I.A.2.

A monthly didactic teaching conference dedicated to vascular neurology topics. The didactic teaching conference should be organized by the faculty and held to allow discussion of topics selected to broaden knowledge in the field of vascular neurology. The didactic teaching conference should embrace the scope of vascular neurology as outlined in Section I of these Program Requirements. The monthly conference should be supplemented by journal clubs, pathology meetings, neuroanatomy courses, and neuroscience grand rounds related to vascular neurology. There should also be didactic and interactive conference time, including interdepartmental meetings with neurosurgeons and neuroradiologists. Trainees should make patient management rounds with the attending faculty. Patient management rounds should be supplemented with weekly or bi-weekly teaching rounds during which specific vascular neurology patient management issues are discussed in depth by the faculty. Multidisciplinary conferences with neuroradiology, neurosurgery, and neuropathology.
C. Teaching and Supervision

1. Supervisory faculty and staff must be available on a full-time basis. There must be a 1:1 faculty and resident ratio.

2. The resident must be given an active role in the teaching and training of neurology residents in which the section resides.

3. Clinical and Basic Science Teaching
   a. Clinical Science
      The resident must have instruction and practical experience to foster the development of diagnostic, procedural, technical, and interventional skills essential to the practice of vascular neurology, including:
      1) opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the cerebrovascular and nervous systems
      2) learning about the effectiveness of procedures to manage stroke
      3) participating in clinical experiences that provide for basic and advanced training in vascular neurology, as well as professional development
      4) acquiring systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services
      5) participating in problem-based learning that includes experience in the areas critical to vascular neurology as outlined in Section I. A.2
      6) Developing and executing plans for evaluation and treatment, including the appropriate technical skills for the noninvasive management of stroke patients. These skills must include familiarity with the indications for intubation, extubation/weaning and the general principles of respiratory management and the placement of catheters for the supportive care and pharmacological treatment of strokes.
      7) opportunities to formulate a clinical diagnosis and order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
      8) progressive experience for training as outlined in Section I. B. that includes caring for a sufficient numbers of stroke patients to achieve competence in the assessment of patients with a wide range of vascular neurology disorders
   b. Basic Science
      Residents must be provided with an advanced and extensive background in those basic sciences on which vascular neurology is founded. In particular, the basic science program must include neuroepidemiology, neuroanatomy, neuropharmacology, neuropathology, and neurobiology, as well as mechanisms of atherosclerosis and coagulation. Didactic lectures and seminars must include the basic neurological sciences as they pertain to stroke.

4. Resident/Patient Ratio
   The number of patients must be adequate to provide a sound educational program. The program director must ensure an appropriate number and variety of patients, with particular attention to balance in age, gender, short-term and long-term neurological problems, and inpatients and outpatients.

5. Faculty/Resident Ratio
   There must be a ratio of at least two vascular neurology faculty for each vascular neurology resident. Faculty must demonstrate diverse interests and skills to contribute to the depth and breadth of training necessary to fulfill the program requirements for residency education in vascular neurology, to ensure adequate clinical experience for residents, and to provide for an educational environment that supports seminars, conferences, and reliable supervision of residents.

6. Diagnostic Skills
   The residents must learn how to integrate information obtained from history, physical examination, imaging study results, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan. The resident is required to learn about the indications for and potential pitfalls of diagnostic tests and to interpret the results in the context of the clinical situation. These diagnostic tests must include the following imaging studies: cranial and spinal MRIs and CTs, magnetic resonance imaging, cerebral angiography, carotid and cranial doppler studies, single photon emission tomography (SPECT), and photon emission tomography (PET). The resident must also learn the appropriate biochemical and molecular testing for strokes at different ages.
   The resident should also learn the temporal profile of the clinical, biochemical, and radiological changes that accompany vascular insults of the nervous system. The acquisition of the diagnostic skill must be provided by clinical assignments that provide a progressive increase in responsibility for patient care with direct supervision by the appropriate faculty member or staff.

7. Subspecialty Experience
   While a wide range of clinical experience is mandatory, each resident should have extensive experience in one or more areas of vascular neurology. Clinical assignments need not be identical for each resident. Subspecialty experience should accommodate individual interests.

8. Resident Evaluation
   Resident evaluation by staff must be made at regular intervals so that areas of weakness and strength can be communicated to the resident. Records shall be maintained documenting resident experience and performance. Periodic review of the resident's performance is essential for planning his or her subsequent educational program. The evaluation will include judging the fund of knowledge, basic clinical competence, general skills in the primary specialty, and the specific technical skills required for vascular neurology. The summary and final evaluation of the resident in vascular neurology must be prepared by the program director of the vascular neurology training program and should reflect the periodic evaluation of all of the faculty.

9. Program Evaluation
   The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written, confidential evaluations by residents must be utilized in this process.

10. Resident Participation in Research
    The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and vascular neurology training must be conducted in centers where there is research in vascular neurology. The program must include opportunities for the resident to participate in research projects and scholarly work relating to the field of vascular neurology. This activity must include the following:
    a. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and
abnormal states and the application of current knowledge to practice
b. Participation in journal clubs and research conferences
c. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals
d. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings
e. Offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research
f. Provision of support and encouragement for resident participation in scholarly activities

11. Resident Duty Hours
To ensure an appropriate educational environment and prevent an excessive patient load, the program should provide for the following
a. Residents should be allowed to spend an average of at least 1 full day out of 7 away from the hospital
b. Residents should be assigned on call duty in the hospital no more frequently than an average of every third night
c. There should be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on call periods

12. Resident Responsibility for Teaching
The resident’s education in vascular neurology is reinforced by teaching the discipline to other residents in neurology and other disciplines and to medical students, nurses, and other health care personnel. Residents must be given this opportunity.

V. Other

A. Relation to Core Program
The 1 year of training in vascular neurology must take place in a center in which there is an ACGME-accredited residency program in neurology and with the written approval and support of the director of the neurology program.

B. Use of Board Examinations
One measure of the quality of a training program is the proportion of its graduates who take the examination in vascular neurology provided by the American Board of Psychiatry and Neurology, as well as their performance on those examinations.

C. Review of the Program
The provisions of the Institutional Requirements for residency training of the ACGME must also be met for approval of training in vascular neurology.

ACGME: February 12, 2002  Effective: February 12, 2002
II. Institutional Support

A. Sponsoring institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.

Limited outside rotations may be utilized to supplement training in a branch of nuclear medicine, e.g., positron emission tomography (PET) or radionuclide therapy, if there is insufficient patient volume in the sponsoring institution. Affiliated institutions should not be so distant as to make it difficult for residents to travel between institutions for participation in clinical responsibilities or didactic activities. Participation by any institution providing 3 months or more of training in the program must be approved by the RRC for Nuclear Medicine, according to criteria similar to those applied to the primary institution. A maximum of 6 months of the 2-year nuclear medicine program may be spent outside the parent and integrated institutions on rotation to affiliated sites. (An affiliation may be said to exist where there is a formal agreement between an accredited program and another institution to make facilities, clinical experience, supervision, and teaching sessions available to residents of the program who will rotate through the affiliated hospital. Rotations to affiliates are restricted, as noted above.

(An integrated relationship is one in which the program director (a) appoints the members of the teaching staff and makes recommendations for the appointment of the chief of service at the integrated institution, (b) determines all rotations and assignments at the integrated institution, and (c) is responsible for the overall conduct of the educational program in the integrated institution. The amount of time spent in integrated institutions is not restricted.)

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Facilities and Resources
The institution sponsoring a residency program in nuclear medicine should be of sufficient size and composition to provide an adequate volume and variety of patients for resident training. It must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

1. Space and Equipment
   The program must provide adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in nuclear medicine and must possess the modern facilities and equipment required to practice nuclear medicine.

2. Other Specialties
   A nuclear medicine residency program requires the support of services in other specialties, notably medicine, surgery, radiology, pediatrics, and pathology. Training resources should be such that the total number of residents in the institution is large enough to permit peer interaction and intellectual exchange with residents in the nuclear medicine program.

3. Library
   Residents must have ready access to a major medical library with a representative selection of books and journals related to nuclear medicine, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends. Internet access must be readily available.

III. Resident Appointment

A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

1. Programs must demonstrate the ability to recruit and retain qualified residents. Residents should be appointed only when their documented prior experience and attitudes demonstrate the presence of abilities necessary to master successfully the clinical knowledge and skills required of all program graduates.

   All residents must have demonstrated understanding and facility in using the English language.

   Residents should be reappointed only when their clinical judgment, medical knowledge, history-taking, professional attitudes, moral and ethical behavior, and clinical performance are documented to be entirely satisfactory.

B. Number of Residents
   The RRC may approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfer
   To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in
section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field. This includes broad knowledge of, experience with, and commitment to general nuclear medicine, along with sufficient academic and administrative experience to ensure effective implementation of these Program Requirements and sufficient experience participating as an active faculty member in an accredited residency program.
   b. be certified by the American Board of Nuclear Medicine or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. have demonstrated compliance with professional standards of ethical behavior.
   e. demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to his or her own continuing medical education, and participation in scholarly activities.
A complete curriculum vitae of the program director shall be filed with the executive director of the RRC at the time of appointment and updated with each review of the program by the RRC.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director responsible for day-to-day activities of the program at that institution, and monitoring appropriate resident supervision at all participating institutions. This also includes those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of any changes in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.
On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Nuclear Medicine or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1. They must be able to nurture the attributes of the scholar, teacher, and humanist and must be available to residents for advice and counseling.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
V. The Educational Program

The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   
   Residents are expected to:
   a. Obtain information about the patient related to the requested test or therapy using patient interview, chart and computer database review, physical examination, and contact with the referring physician.
   b. Select appropriate procedures or therapy based on the referring physician's request and the patient's history. This involves selection of the appropriate radiopharmaceutical, dose, imaging technique, data analysis, and image presentation. It also includes review of image quality, defining the need for additional images and correlation with other imaging studies such as x-rays, CT, MRI, or ultrasound.
   c. Communicate results promptly and clearly to the referring physician or other appropriate health care workers. This communication should include clear and succinct dictation of the results.
   d. Conduct therapeutic procedures. Therapeutic procedures must be done in consultation with an attending physician who is a licensed user of radioactive material. These procedures should include dose calculation, patient identity verification, explanation of informed consent, documentation of pregnancy status, counseling of patients and their families on radiation safety issues, and scheduling follow-up after therapy.
   e. Maintain records (logs) of participation in nuclear cardiology pharmacologic and exercise studies and in all types of therapy procedures.

2. Medical knowledge about established and evolving biomedically, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
   
   residents should closely follow scientific progress in nuclear medicine and learn to incorporate it effectively for modifying and improving diagnostic and therapeutic procedures. residents are expected to:
   a. Become familiar with and regularly read the major journals in nuclear medicine. During the residency this will involve regular participation in journal club.
   b. Use computer technology including internet web sites and CD-ROM teaching disks.
   c. Participate in the annual in-service examination.
   d. Know and comply with radiation safety rules and regulations, including NRC and/or agreement state rules, local regulations, and the ALARA (as low as reasonably achievable) principles for personal radiation protection.
   e. Understand and use QC (quality control) procedures for imaging devices, laboratory instrumentation, and radiopharmaceuticals.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
   
   Residents must develop and continuously improve skills in obtaining medical knowledge using new techniques as they develop in information technology. This includes:
   a. Using the internet and computer data bases to search for patient information, disease, and technique information. Residents should also be familiar with viewing and manipulating images with the computer, both locally and remotely.
   b. Residents should improve their understanding of diseases and patient care by attending inter-specialty conferences, correlative conferences, mortality and morbidity conferences, and utilization conferences.
   c. Patient follow-up is essential for determining the accuracy of study interpretation. Residents should regularly obtain such follow-up information and correlate the clinical findings with their study interpretation.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
   
   Residents must communicate clearly and effectively and work well with each of the following groups:
   a. Patients and their families.
   b. Physicians in nuclear medicine and radiology.
   c. Referring physicians from other specialties.
   d. Nuclear medicine technologists.
   e. Other health care workers throughout the institution.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
   
   residents are expected to always behave in a professional manner. This includes:
   a. Consistent demonstration of completely ethical behavior.
   b. Respect for the dignity of patients and all members of the medical team.
   c. There should be no discrimination based on age, ethnicity, gender, disability, or sexual orientation.
   d. Residents should be responsive to patients' needs by demonstrating integrity, honesty, compassion, and commitment.
   e. Residents should always respect the patient's privacy and autonomy.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
This involves learning to work in a variety of health care settings and understanding the inter-relationship with other health care professionals. Specifically, residents should be aware of:

a. Work conditions in hospitals, out-patient clinics, diagnostic centers, and private practice settings.

b. Resource allocation and methods directed towards controlling health care costs such as Diagnostic Related Groups (DRGs), APC, and pre-certification by medical insurers.

c. The concept of providing optimal patient care by selecting the most cost-effective procedures and using or recommending other diagnostic tests that might complement the nuclear medicine procedures. This also involves awareness of the relevant risk-benefit considerations.

d. Basic financial and business skills to function effectively in current health care delivery systems. This includes an understanding and knowledge of coding, procedure charges, billing practices, and reimbursement mechanisms.

C. Didactic Components

1. Basic Science Content

- Study of the basic sciences that constitute the foundation for clinical nuclear medicine must be part of the resident’s education. This is most effectively accomplished through a combination of formal didactic lectures and discussion of these topics in conferences. The program director must develop a formal didactic schedule that indicates the specific date and time of each lecture, the topic of the lecture, the faculty individual presenting the lecture, and the duration of the lecture. This schedule must incorporate each of the elements of basic science detailed below, and the program director must provide written documentation of this schedule as part of the information submitted to the RRC for its review of the program. The schedule must be current for each academic year. Visiting faculty and residents may provide some of the lectures.

The training program must provide didactic instruction in the following areas:


b. Instrumentation: principles of instrumentation used in detection, measurement, and imaging of radioactivity with special emphasis on gamma cameras, including SPECT and PET devices, and associated electronic instrumentation and computers employed in image production and display.

c. Mathematics, statistics, and computer sciences: probability distributions; medical decision making; basic aspects of computer structure, function, programming, and processing; applications of mathematics to tracer kinetics; compartmental modeling; and quantification of physiologic processes.

d. Radiation biology and protection: biological effects of ionizing radiation, means of reducing radiation exposure, calculation of the radiation dose, evaluation of radiation overexposure, medical management of persons overexposed to ionizing radiation, management and disposal of radioactive substances, and establishment of radiation safety programs in accordance with federal and state regulations.

e. Radiopharmaceuticals: reactor, cyclotron, and generator production of radionuclides; radiochemistry; pharmacokinetics; and formulation of radiopharmaceuticals.

An aggregate of at least 100 hours per year should be devoted to basic science instruction, i.e., formal lectures and formal labs. An appropriate balance of time should be allocated to the major subject areas, which must include physical science and instrumentation: 50 hours per year; radiobiology and radiation protection: 15 hours per year; mathematics and statistics: 10 hours per year; radiopharmaceutical chemistry: 15 hours per year; computer science: 10 hours per year. Instruction in the basic sciences should not be limited to only didactic sessions. The resident’s activities also should include laboratory experience and regular contact with basic scientists in their clinical adjunctive roles.

2. Didactic Clinical Content

There must be didactic instruction in both diagnostic imaging and non-imaging nuclear medicine applications and therapeutic applications. The instruction must be well organized, thoughtfully integrated, and carried out on a regularly scheduled basis. The program director must develop a formal didactic schedule that indicates the specific date and time of each lecture, the topic of the lecture, the faculty individual presenting the lecture and the duration of the lecture. This schedule must incorporate each of the elements of the clinical specialty detailed below, and the program director must provide written documentation of this schedule to the RRC for its review of the program. Visiting faculty and residents may provide some of the lectures. The schedule must be current for each academic year.

Instruction must include the following areas:

a. Diagnostic use of radiopharmaceuticals: clinical indications, technical performance, and interpretation of in vivo imaging of the body organs and systems, using external detectors and scintillation cameras, including SPECT and PET.

b. Exercise and pharmacologic stress testing: the pharmacology of cardioactive drugs; physiologic gating techniques; patient monitoring during interventional procedures; management of cardiac emergencies, including electrocardiographic interpretation and cardiopulmonary life support; and correlation of nuclear medicine procedures with other pertinent imaging modalities such as angiography, computed tomography, bone density measurement, ultrasonography, and magnetic resonance imaging.

c. Non-imaging studies: training and experience in the application of a variety of non-imaging procedures, including instruction in the principles of immunology; preparation of radiolabeled antibodies; uptake measurements; in-vitro studies including Schilling test, glomerular filtration rate, red blood cell mass and plasma volume, and breath tests.

d. Therapeutic uses of unsealed radiopharmaceuticals: patient selection and management, including dose administration and dosimetry; radiation toxicity, and radiation protection considerations in the treatment of metastatic cancer and bone pain, primary neoplasms, solid tumors, and malignant effusions; and the treatment of hemolytic, endocrine, and metabolic disorders.

e. Quality management and improvement: principles of quality management and performance improvement, efficacy assessment, and compliance with pertinent regulations of the Nuclear Regulatory Commission and the Joint Commission on the Accreditation of Healthcare Organizations.

3. Conferences and Seminars

All residents must participate in regularly scheduled clinical nuclear medicine conferences and seminars and interdisciplinary conferences, in which the resident is responsible for presenting case materials and discussing the relevant theoretical and practical issues. There should be active resident participation in well-structured seminars and journal clubs that review the pertinent literature with respect to current clinical problems and that include discussion of additional topics to supplement the didactic curriculum.

a. Clinical Interpretation conference
All residents must participate in regularly scheduled, usually daily, procedure interpretation and review conferences. The program must provide the resident with the opportunity to gain progressively independent responsibility for review, technical approval and acceptance, and interpretation and dictation of consultative reports on completed nuclear medicine procedures.

b. Teaching files
Teaching case files involving diagnostic and therapeutic nuclear medicine procedures should cover the full spectrum of clinical applications; they should be indexed, coded with correlation and follow-up data, and readily accessible for resident use. There must be a mechanism for maintaining case records and treatment results to facilitate patient follow-up and to provide teaching material. Electronic availability of teaching files is acceptable as a substitute or enhancement of on-site teaching case files.

D. Clinical Components

1. Curriculum Content
The residency program in nuclear medicine should include the diagnostic, therapeutic, and investigational uses of radionuclides. It should be of sufficient breadth to ensure that all residents become thoroughly acquainted with current nuclear medicine diagnostic and therapeutic applications. The training experience should ensure ample opportunity to attain sequentially increasing competence in selecting the most appropriate nuclear medicine studies for the patient, performing these studies in the technically correct manner, interpreting the information obtained, correlating this information with other diagnostic studies, and treating and following up the patient who receives radionuclide therapy. Under adequate faculty supervision, the resident should participate directly in the performance of imaging studies, non-imaging measurements and assays, and therapeutic procedures.

Residents must be provided structured opportunities to (a) learn the indications, contraindications, complications, and limitations of specific procedures; (b) develop technical proficiency in performing these procedures; (c) learn to interpret the results of these procedures; and (d) dictate reports and communicate results promptly and appropriately. The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad range of common clinical nuclear medicine procedures. This must include experience in each of the following categories:

a. Musculoskeletal studies, including bone scanning for benign and malignant disease, and bone densitometry.

b. Myocardial perfusion imaging procedures performed with radioactive perfusion agents in association with treadmill and pharmacologic stress (planar and tomographic, including gated tomographic imaging). Specific applications should include patient monitoring, with special emphasis on electrocardiographic interpretation, cardiopulmonary resuscitation during interventional pharmacologic or exercise stress tests, pharmacology of cardiovascular drugs, and hands-on experience with performance of the stress procedure (exercise and pharmacologic agents) for a minimum of 50 patients. Program directors must be able to document the experience of residents in this area, eg, with logbooks.

c. Radionuclide ventriculography performed with ECG gating for evaluation of ventricular performance. The experience should include first pass and equilibrium studies and calculation of ventricular performance parameters, eg, ejection fraction and regional wall motion assessment.

d. Endocrinologic studies, including thyroid, parathyroid, and adrenal imaging, along with octreotide and other receptor-based imaging studies. Thyroid studies should include measurement of iodine uptake and dosimetry calculations for radio-iodine therapy.

e. Gastrointestinal studies of the salivary glands, esophagus, stomach, and liver, both reticuloendothelial function and the biliary system. This also includes studies of gastrointestinal bleeding, Meckel diverticulum, and C14 area breath testing.

f. Hematologic studies, including red cell and plasma volume, splenic sequestration, hemangioma studies, labeled granulocytes for infection, thrombus imaging, bone marrow imaging, and B12 absorption studies.

g. Oncology studies, involving gallium, thallium, septamibi, antibodies, peptides, fluorodeoxyglucose (FDG), and other agents as they become available. Oncology experience should include all the common malignancies of the brain, head and neck, thyroid, breast, lung, liver, colon, kidney, bladder and prostate. It should also involve lymphoma, leukemia, melanoma, and musculoskeletal tumors. Hands-on experience with lymphoscintigraphy is very important.

h. Neurologic studies, including cerebral perfusion with both single photon emission computed tomography (SPECT) and positron emission tomography (PET), cerebral metabolism with FDG, and cisternography. This experience should include studies of stroke, dementia, epilepsy, brain death and cerebrospinal fluid dynamics.

i. Pulmonary studies of perfusion and ventilation performed with radiolabeled macroglycates and radioactive gas or aerosols used in the diagnosis of pulmonary embolus, as well as for quantitative assessment of perfusion and ventilation.

j. Genitourinary tract imaging, including renal perfusion and function procedures, clearance methods, renal scintigraphy with pharmacologic interventions, renal transplant evaluation, vesicoureteral reflux, and scrotal and testicular imaging.

k. Therapeutic administration of radiopharmaceuticals, to include patient selection and understanding and calculation of the administered dose. Specific applications should include radiodine in hyperthyroidism and thyroid carcinoma, and may include radio-phosphorus (soluble) in polycythemia vera and other myeloproliferative disorders, radiocolloids for therapy, radionuclides for painful bone disease, and radioligand therapy. Program directors must be able to document the experience of residents in this area, including patient follow-up, eg, with logbooks.

l. Imaging procedures using positron-emitting radionuclides, medical cyclotron operation for production of PET radionuclides, and experience in PET radiochemistry synthesis.

m. Co-registration and image fusion of SPECT and PET images with computed tomography (CT) and magnetic resonance imaging (MRI) studies. If the program cannot provide sufficient clinical experience in PET imaging, supplemental clinical training or at least didactic instruction should be made available.

2. On Call Experience
In addition, each resident must be given the experience of being on-call and assuming the responsibility for providing consultative activities for procedures performed on an emergency basis.

3. Patient Population Requirements
While the number of procedures may vary from one training program to another, a well-designed program will perform at least 4,000 common nuclear medicine imaging procedures annually, a wide variety of non-imaging procedures, and at least 15
radionuclide therapeutic procedures annually. Imaging procedures should be distributed over the entire spectrum of nuclear medicine practice, including the pediatric age group. A minimum of 100 pediatric nuclear medicine cases should be available annually. Resident rotations to hospitals with a large pediatric case-load should be considered if the number of pediatric studies in the primary institution averages fewer than 100 per year.

4. Patient Management
The program must provide the residents with experience in direct and progressively responsible patient management as they advance through training. This training must culminate in sufficient independent responsibility for clinical decision making to ensure that the graduating resident has achieved the ability to function independently and in a proficient manner in all nuclear medicine consultative areas.

5. Other
The residents must be provided training in both basic life-support and advanced cardiac life-support.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as any one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
   The faculty as a whole must have demonstrated ongoing participation in such activities during the past 5 years.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting.
lighting, in compliance with the Institutional Requirements III. D.1.k.

- c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

The RRC for Nuclear Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:

   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b. mechanisms for providing regular and timely performance feedback to residents that includes at least:

      1) written semianual evaluation that is communicated to each resident in a timely manner and

      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.

   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Observation of the resident performing specific tasks such as image interpretation, taking a history and performing a physical examination, choosing diagnostic studies, formulating patient management, and communicating effectively should be included. Resident evaluation should include review by the program director of the record of the resident's participation in nuclear medicine studies and procedures.

   Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements 1.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment

   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.

   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification

Residents who plan to seek certification by the American Board of Nuclear Medicine should communicate with the office of that Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: June 2002  Effective: January 1, 2003
Common Program Requirements: July 1, 2003
Program Requirements for Residency Education in Obstetrics and Gynecology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Program Goals and Objectives
1. A residency program in obstetrics-gynecology must constitute a structured educational experience, planned in continuity with undergraduate and continuing medical education, in the health care area encompassed by this specialty. While such residency programs contain a patient-service component, they must be designed to provide education as a first priority and not function primarily to provide hospital service.

2. An educational program in obstetrics-gynecology must provide an opportunity for resident physicians to achieve the knowledge, skills, and attitudes essential to the practice of obstetrics and gynecology and must also be geared toward the development of competence in the provision of ambulatory primary health care for women. The program must provide opportunity for increasing responsibility, appropriate supervision, formal instruction, critical evaluation, and counseling for the resident.

B. Duration and Scope of Education
Resident education in obstetrics-gynecology must include 4 years of accredited, clinically oriented graduate medical education, which must be focused on reproductive health care and ambulatory primary health care for women, including health maintenance, disease prevention, diagnosis, treatment, consultation, and referral.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

2. The program must exist in an educational environment that should include at least two other relevant graduate medical education programs such as internal medicine, pediatrics, surgery, or family practice. The program director must obtain teaching commitments from the other departments involved in the education of obstetrics-gynecology residents.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by any institution providing 6 months or more of training in a program of 3 or more years must be approved by the RRC.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. The RRC for Obstetrics-Gynecology uses the following categories for the purpose of monitoring the structure of residencies.
1. Independent—An independent program is conducted within a single educational institution under a single program director. Extramural rotations for a total of no more than 6 months are permitted under the regulations applied to all programs (see II.C.4).

2. Integrated—An integrated program is conducted within multiple educational institutions but under a single program director. Each educational institution involved in an integrated program must provide the same quality of education and level of supervision required of an independent program and must formally acknowledge the authority of the program director and the role that the institution will play in the overall program. Residents may rotate at any level, including the final year of the program. The program director must have authority over the educational program in each hospital, including the teaching appointments and assignments of all faculty and all residents, and must ensure the adequacy of the educational experience for each resident. Additional extramural rotations for a total of no more than 6 months are permitted under the regulations applied to all programs (see II.C.4). If a program includes rotations for a total of more than 6 months for any resident at institutions other than those included in the integrated program, that program becomes an affiliated program.

3. Affiliated—An affiliated program is one in which any resident spends a total of more than 6 months in extramural rotations outside the parent institution (or institutions, in the case of integrated programs).

4. Extramural Rotations—Extramural rotations may be arranged by the program director of either an independent or an integrated program to enhance the educational experience of the residents. The following requirements for the duration of extramural rotations must be observed:
   a. If the total time of extramural rotation from the parent program by any resident during the entire residency exceeds 6 months, the program is considered to be an affiliated program, and the entire program must receive prior approval by the RRC. Residents may not spend more than 18 months away from the parent institution(s) without prior approval of the RRC.
   b. Rotation for a total of less than 6 months will not require that the program be designated as an affiliated program, and these rotations may be arranged by the program director without prior RRC approval.

D. Facilities and Resources
1. Outpatient Facilities
Appropriate facilities and equipment including patient medical and laboratory data retrieval capabilities to manage patients in a timely fashion must be provided so that efficient and effective education in the ambulatory care aspects of the discipline can be accomplished.

2. Inpatient Facilities
Appropriate facilities and equipment, including patient medical and laboratory data retrieval capabilities must be provided to achieve the educational objectives, including the management of critically ill patients and those undergoing obstetric or gynecologic operative procedures.

3. Medical Records
The fundamentals of good medical history taking and thoughtful, meticulous physical examination must be taught. Information gained by these procedures must be carefully recorded in the medical record. A reliable measure of the quality of a program is the quality of hospital records. These records should include daily appropriate progress notes by residents, together with a discharge summary. The hospital should maintain a records room with adequate cross indexing and ready reference for study of patients' charts. Periodic summaries of department statistics are essential for the evaluation of results and usually will be requested before a theme a program is reviewed by the RRC.

4. Medical Library
The medical library is an important resource to the obstetrics-gynecology education program. The library may be sponsored by the hospital or the department, but it must be readily accessible to staff and residents, both during the day and in the evening, including weekends. In addition, there must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. The textbooks should be kept up to date, and there should be an ample supply of current journals devoted to obstetrics-gynecology and related subjects. When a comprehensive library is not available in the hospital, an active reference system should be provided through ready access to larger medical libraries. Programs must provide instruction in retrieval and assessment of medical literature, and library services should include the electronic retrieval of information from medical databases.

5. Resident Facilities and Support Services
Adequate facilities for residents to carry out their patient care and personal educational responsibilities are required. These include adequate on-call, sleep, lounge, and food facilities for residents while on duty and on call. Also required are clinical support services such as pathology and radiology, including laboratory and radiologic information retrieval systems that allow rapid access to results, intravenous (IV) services, phlebotomy services, and messenger/transporter services in sufficient number to meet reasonable demands at all times.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
An RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The number of residents that can be adequately and responsibly educated depends on several interrelated factors. Clinical involvement alone does not constitute an educational experience. The provision of adequate supervision, education, individual evaluation, and administrative support is critical. With this, it is of utmost importance that each resident have sufficient independent operative and clinical responsibilities to prepare for practice in the specialty.

2. The maximum number of residents in a program is linked to the number that can be accommodated within the framework of these requirements. One of the most important considerations is the clinical experience available to give each resident adequate primary responsibility. Because this usually centers on the senior resident year, the maximum number of residents in a program depends on how many senior residents the program can educate. Usually the maximum number of residents in a program is the number of senior residents the program can accommodate multiplied by four.

3. The minimum number of residents in an accredited program is two per year. Accreditation is granted on the basis of a balance between the educational resources and the number of residents in the program. Appointment of residents in excess of the approved number may adversely affect the quality of the total experience of each resident. Therefore, changes in the educational resources should be reported to the RRC, and proposed increases in the number of residents must first be approved in writing by the RRC.

4. All requests for a change in the number of residents must demonstrate a distinct and substantial improvement in the educational opportunities for all residents in the program. Such requests must be based not only on the availability of an adequate patient population but also on adequate resources for supervision, education, and evaluation. A request for a permanent change in the number of residents must describe the predicted impact on the total experience of each of the senior residents under the new circumstances. The request must be received within 18 months of the latest survey of the program; otherwise, a new survey will be necessary. The request will be considered incomplete if it lists only expansion in beds, hospitals, or overall clinical experience and does not address the question of the expansion of faculty and administrative support necessary to teach, supervise, and evaluate the additional residents. Conversely, a reduction in beds or hospitals, or other changes in the program that may lead to an anticipated decrease in total experience for the residents, must be promptly called to the attention of the RRC to determine if a reduction in the number of resident positions in a given graduate medical program is necessary.

5. Residency programs may, with prior RRC approval, contain more residents in the first year than the number approved for subsequent years.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.
IV. Faculty
The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including experience in and commitment to ambulatory primary health care for women. There must be a minimum of 5 years' experience (postresidency/fellowship) in such activities.
   b. be certified by the American Board of Obstetrics and Gynecology (ABOG) or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. have unrestricted license to practice medicine in the state where the institution that sponsors the program is located. (Certain physicians in federal programs are exempted.)

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair. The program leadership is responsible for notifying the executive secretary of the RRC, in writing, within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including
   1) changes in leadership of the department or the program;
   2) changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution; and
   3) substantial changes in volume and/or variety of the patient population.
4. The program director is responsible for communicating to the RRC any change in the use of rotations to participating institutions (including additions or deletions of institutions) and any significant change in the number of patient cases available at the sponsoring and/or participating institutions, if residency education would be adversely affected. The program director must describe the effect of these changes and the corrective action taken to address them.
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.
   d. Other Program Personnel

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the applicable American Board of Obstetrics and Gynecology (ABOG) or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. The faculty complement should include appropriately educated generalist faculty.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the educational activities of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.
V. The Educational Program
The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

   a. One example of such objectives is set forth in the current "Educational Objectives for Residents in Obstetrics and Gynecology," produced under the auspices of the Council on Residency Education in Obstetrics and Gynecology (CREOG). Directors of programs must be able to document that they are reviewing the implementation of the educational objectives and that the residents are indeed accomplishing what is anticipated of them. Any program that does not establish a system that clearly demonstrates that each resident has or has not successfully accomplished each of the items indicated in the program's statement of educational aims and objectives cannot be considered an adequate program.

   b. It is neither essential nor desirable that all educational programs or individual resident experiences be identical in structure or function. Variations that provide creative solutions and opportunities or allow greater efficiency in the educational program may be implemented for up to 6 months of an educational experience focused on women's health care; an experience of more than 6 months and up to 12 months for an individual or a program would need prior written approval of the RRC. This approval requires the assurance that each residency program provides quality education and experience for all of the residents completing the program. The program director has the responsibility to assure that a resident completes the objectives and goals of the specific educational program. All educational experiences must have as a goal the enhancement of the quality of patient care.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

   a. Complete management of a patient's care under adequate supervision should be considered the highest level of residency education. There are, however, circumstances under which the resident may not assume complete management:

      1) When the program director or his/her designee does not believe the resident is adequate to perform the best care of the patient

      2) When the attending physician is unable to delegate the necessary degree of responsibility

      3) When the resident, for religious or moral reasons, does not wish to participate in proposed procedures

   b. An essential feature of resident education is that a significant number of staff support the principle of delegation of complete management under supervision.

   c. Increasing responsibility must progress in an orderly fashion, culminating in a senior resident year. The senior resident year consists of 12 months of clinical experience in the parent and/or integrated institution(s) that occur within the last 24 months of the resident's program. The senior resident must have sufficient independent operating experience to become technically competent and have enough total responsibility for management of patients to ensure proficiency in the diagnostic and treatment skills that are required by a specialist in obstetrics-gynecology in office and hospital practice.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Educational Components

1. The resident's ability to personally evaluate a patient's complaint, provide an accurate examination, employ appropriate diagnostic tests, arrive at a correct diagnosis, and recommend the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

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6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
experience in management of complications as well as training in the performance of these procedures. This education can be provided outside the institution, in an appropriate facility, under the supervision of appropriately educated faculty.

5. No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. Otherwise, access to experience with induced abortion must be part of residency education. This education can be provided outside the institution. Experience with management of complications of abortion must be provided to all residents. If a residency program has a religious, moral, or legal restriction that prohibits the residents from performing abortions within the institution, the program must ensure that the residents receive satisfactory education and experience in managing the complications of abortion. Furthermore, such residency programs (1) must not impede residents in the programs who do not have religious or moral objections from receiving education and experience in performing abortions at another institution and (2) must publicize such policy to all applicants to those residency programs.

6. Because an increasing percentage of women seeking their medical care from obstetrician-gynecologists are postmenopausal, there must be appropriate didactic instruction and sufficient clinical experience in the management of the problems of women in the postreproductive age.

D. Clinical Components

1. Organization and structure

   a. Growth in knowledge and experience in the primary and preventive care role is best provided to residents by maximizing their participation in an ambulatory environment designed to enable continuity of care over an extended period of time. Specific educational experiences for the primary and preventive care role should occupy the equivalent of at least 6 months of the 4 years of residency and may be addressed in any of the 4 years of residency. The emphasis should be on ambulatory care of the patient, which requires both knowledge and skills in the areas of health maintenance, disease prevention, risk assessment, counseling, and the use of consultants and community resources. These experiences should be evident in the residents' exposure to continuity of care, general gynecology, general obstetrics, prevention or control of disease (e.g., sexually transmitted disease), substance abuse, or prevention of pregnancy. In addition to rotations in obstetrics-gynecology, general medical management experience may also be obtained during rotations in internal medicine and/or family practice, emergency medicine, and geriatric medicine. If rotations outside the department of obstetrics-gynecology are used, the residents' role and experience in these rotations should be sufficiently similar to those of residents on these services and relevant to the health care of women. These experiences should be strongly oriented toward ambulatory care. Residents must have an experience in menopausal healthcare and geriatric medicine that is equivalent to at least 1 month of a block rotation.

   b. The patient population on which the educational program is based should be sufficient in size and composition so that the broad spectrum of experiences necessary to meet the educational objectives will be provided.

   c. The ambulatory care experiences of residents preparing for their roles as providers of primary and preventive care require the same attention, supervision, and guidance as those experiences in specialty clinics. It is essential to provide a closely supervised experience by appropriately educated generalist faculty that assures patients of continuity of care by an individual resident. Increasing responsibility should be given to residents under the supervision of a qualified, on-site, attending staff/faculty member. Residents should develop and maintain a continuing physician-patient relationship with a panel of patients, at least 1/2 day per week, throughout at least 3 of the 4 years of education. The use of remote sites or institutions or clinical services must not interrupt continuity of care for longer than 2 months in any of these 3 years. Residents should be provided opportunity on at least a weekly basis to return to the parent institution for their continuity clinic experience.

2. Specific Educational Experiences

   The educational curriculum must be written and implemented for the comprehensive development of measurable competencies for each resident. This education must include but not necessarily be limited to the following:

   a. Obstetrics

      1) The full range of obstetrics, including the medical and surgical complications of pregnancy and experience in the management of critically ill patients

      2) Genetics, including experience with genetic amniocentesis and patient counseling

      3) Learning and performing operative vaginal deliveries, including the use of obstetric forceps and/or the vacuum extractor

      4) Performing vaginal breech and vaginal multifetal deliveries

      5) Performing vaginal births after previous cesarean delivery

      6) Learning the principles of general and conduction anesthesia, together with the management and the complications of these techniques

      7) Immediate care of the newborn (Every resident must have experience in resuscitation of the human newborn and understanding of the principles of general neonatal complications.)

      8) The full range of commonly employed obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques

      9) The emotional and psychosocial impact of pregnancy or pregnancy loss on an individual and her family

      10) The counseling of women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for pregnancy and childbirth

      11) Obstetric pathology

   b. Gynecology

      1) The full range of medical and surgical gynecology for all age groups, including experience in the management of critically ill patients

      2) Diagnosis and management of pelvic floor dysfunction, including experience with the various operations for its correction

      3) Diagnosis and medical and surgical management of urinary incontinence

      4) Oncology, including prevention, diagnosis, and treatment

      5) Diagnosis and nonsurgical management of breast disease

      6) Reproductive endocrinology and infertility

      7) Clinical skills in family planning

      8) Psychosomatic and psychosexual counseling

      9) The full range of commonly employed gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques

      10) Counseling and educating patients about the normal physiology of the reproductive tract and about high-risk behaviors that may compromise reproductive function
E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. Documentation of scholarly activity on the part of the program and the faculty must be submitted at the time of program review.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

   Supervision of residents in obstetrics and gynecology is required to ensure proper (1) quality of care, (2) education, (3) patient safety, and (4) fulfillment of responsibility of the attending physicians to their patients. These considerations must be integrated with the goal of independent competence in the full range of obstetrics and gynecology at the completion of residency. This implies a graduated and increasing level of independent resident action. Each program director must balance quality assurance for patient care, resident education, and independent resident action. The level of resident supervision should be commensurate with the amount of independent function that is designated at each resident level.

   Residents, as well as faculty, may provide supervision.

   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

      1) On an obstetrics and gynecology service, adequate supervision requires the 24-hour presence of faculty in the hospital except when residents are not assigned in-house call responsibilities. Faculty must be immediately available to the resident if clinical activity is taking place in the operating rooms and/or labor and delivery areas. Faculty must be within easy walking distance of patient care units. Clinical services provided in ambulatory (office) locations require on-site supervision. Open and generously used lines of two-way communication are important and should be encouraged.

      2) If the program director judges that the size and nature of the patient population does not require the 24-hour presence of residents and faculty, this situation must be carefully defined and reviewed and should include information about the nature of the hospital, the patient population, the nature of attending staff, and the geographic and climatic situations. Exceptions require prior written approval from the RRC.

   c. Faculty and residents must be educated to recognize the signs of fatigue and adapt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and sched-
3. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the resident and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:

   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. mechanisms for providing regular and timely performance feedback to residents that includes at least

   1) written semiannual evaluation of the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures, that is communicated to each resident in a timely manner and

   2) the maintenance of a record of evaluation for each resident that is accessible to the resident.

c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff. One example of an acceptable mechanism helpful in evaluating cognitive knowledge is the CREOG in-training examination.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and
the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

a. For the purpose of program review, accurate and complete documentation of each individual resident's experience for each year of the program is mandatory. These records should indicate the level of participation of the resident and skills achieved. The program director must review the record of operative experience with individual residents at least semianually for breadth and depth of experience as well as for evidence of continuing growth in technical achievements. These cumulative data will be reviewed in detail at the time of survey for program approval or continued program approval. For the purposes of these records, there is no distinction between private and service patients.

b. Annually, the program director must collect, compile, and retain the numbers and types of operative procedures performed by residents in the program, together with information describing the total resident experience in each institution and facility utilized in the clinical education of residents. This information must be provided in the format and form specified by the RRC.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Obstetrics and Gynecology should communicate with the Executive Director of the Board to ascertain the current requirements for acceptance as a candidate for certification.

Program Requirements for Residency Education in Ophthalmology

Common Program Requirements appear in bold. This language cannot be changed. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Residency training programs in ophthalmology should be organized to provide a stable, well-coordinated, progressive, educational experience in the entire spectrum of ophthalmic diseases so that residents may develop diagnostic, therapeutic, and manual skills as well as sound judgment in their application. Each resident must have major technical and patient care responsibilities in order to provide an adequate base for a comprehensive ophthalmic practice that includes optics, visual physiology, and corrections of refractive errors; retina, vitreous, and uvea; neuro-ophthalmology; pediatric ophthalmology and strabismus; external disease and cornea; glaucoma, cataract, and anterior segment; plastic surgery and orbital diseases; and ophthalmic pathology.

B. Duration and Scope of Education
1. The length of training in ophthalmology must be at least 36 calendar months, including appropriate short periods for vacation, special assignments, or exceptional individual circumstances approved by the program director.
2. Any program that extends the length of training beyond 36 calendar months must present an educational rationale that is consonant with the Program Requirements and the objectives for residency training. Approval for the extended curriculum must be obtained prior to implementation and at each subsequent review. Prior to entry in the program, each resident must be notified in writing of the required curriculum length.
3. The length of time of residency training for a particular resident may be extended by the program director if a resident needs additional training. If the extension is only six months or less, the program director must notify the Residency Review Committee of the extension and must describe the proposed curriculum for that resident and the measures taken to minimize the impact on other residents. Any changes in rotation schedules should be included in the notification. Express permission must be obtained in advance from the RRC if the extension is greater than six months. (See below, IV.B.6.b.)

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution at which the majority of the required clinical and didactic educational experiences occur and are coordinated by the program director must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. There must be a single program director responsible for the program.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

4. If a participating institution is sufficiently remote from the sponsoring institution to prevent regular attendance by residents at the didactic and clinical conferences at the sponsoring institution, or if the rotation otherwise prevents such attendance, the program director must demonstrate that each resident is exposed to a formal educational experience that fulfills the "Program Requirements".

5. Formal teaching case presentations should be included at each participating institution to assure optimal utilization of patients for teaching purposes; alternatively, cases should be brought from participating institutions to the sponsoring institution for presentation if formal teaching case presentations are held only there.

6. The program director must assure that all residents have equivalent educational experiences.

7. Rotations to foreign countries shall not be used to meet minimum educational standards.

C. Facilities

1. Clinic
   The outpatient area of each participating institution must have a minimum of one fully equipped examining lane for each resident in the clinic. There must be access to current diagnostic equipment. This should encompass equipment designed for ophthalmic photography (including fluorescein angiography), perimeter, ultrasonography, keratometry, and retinal electrophysiology, as well as other appropriate equipment.

2. Operating Room Facilities
   The surgical facilities at each participating institution in which residents are trained in surgery must include at least one operating room fully equipped for ophthalmic surgery, including an operating microscope.

3. Inpatient Facilities
   There must be inpatient facilities with access to sufficient space and beds for good patient care. An eye examination room with a slit lamp should be easily accessible.

4. Library
   a. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
   b. Library services should include the electronic retrieval of information from medical databases.
   c. There must be readily available an on-site library or a collection of ophthalmological and general medical texts, journals, films, records and tapes in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

   All applicants entering ophthalmology training programs must have taken a postgraduate clinical year (PGY-1) in a program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada. The PGY-1 year must be comprised of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, six months of this year must be a broad experience in direct patient care.

B. Number of Residents
   The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

   A critical mass or minimum number of residents is essential in order to provide an opportunity for meaningful interaction throughout the training period. Each program must be structured to have a minimum of two residents in each year of training.

C. Resident Transfer
   To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
   The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership; the program director should have a term of at least three years.

A. Qualifications of the Program Director
   1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a
Program Requirements for Residency Education in Ophthalmology

member of the staff of the sponsoring or integrated institution. The institution must ensure that the program director is given sufficient authority, financial support, and facilities by the governing body of the sponsoring institution to permit him/her to organize and supervise the following activities of the training program: resident selection and evaluation, resident instruction, patient management, research, and initiation of recommendations for staff recruitment.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Ophthalmology or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

   a. The program director who serves as administrator, educator, and research coordinator must devote sufficient time to the administration and educational conduct of the program so that the educational experience for the residents is satisfactory.
   b. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
   c. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
   d. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
   e. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
   f. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
      a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
      b. Change in the approved resident complement, both total number and the number at any level. If the change in resident complement results from the extension of training of a current resident as described in II.B.3 above and is not greater than 6 months, only prior notification of RRC is required.
      c. Change in the format of the educational program; in particular, a required rotation of six months or more to any institution other than the primary teaching site.
   g. To ensure proper supervision, the program director must prepare explicit, written descriptions of lines of responsibility for the care of patients and make these clear to all members of teaching teams. Residents must be provided with rapid, reliable systems for communication with and appropriate involvement of supervisory physicians in a manner appropriate for quality patient care and educational programs.

3. The Residency Review Committee for Ophthalmology will evaluate the overall effectiveness of the program director as an administrator, educator, and research coordinator.

   a. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
   b. Faculty Qualifications
      1. The physician faculty must
         a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
         b. be certified by the American Board of Ophthalmology or possess qualifications judged by the RRC to be acceptable.
         c. be appointed in good standing to the staff of an institution participating in the program.
      2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.
   c. Faculty Responsibilities
      1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
         a. The number of teaching faculty (regardless of source of compensation) must be sufficient to ensure that, in the aggregate, they spend at least 13 hours per week per resident in direct interaction with the residents.
         b. The faculty must have a broad range of subspecialty expertise. Such expertise will usually be acquired by subspecialty fellowship training.
      2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
      3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.
   d. Other Program Personnel
      The program must provide the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
   e. The Educational Program
      The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

   a. Role of Program Director and Faculty
      1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
         a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The state-
ment must be distributed to residents and faculty and reviewed with residents prior to the assignment.

b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

c. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components

1. Instruction in the Basic and Clinical Sciences Residents should be educated in basic and clinical sciences through a structured regularly scheduled series of conferences and lectures encompassing a minimum of 360 hours during the 36 month training program, at least 200 of which are intramural. In addition, a minimum of six hours per month should be devoted to case presentation conferences (e.g., Grand Rounds, Continuous Quality Improvement) attended by several faculty and a majority of residents. The program director or designee is responsible for documenting resident attendance at conferences.

2. Pathology

In addition to the structured series of lectures and the clinicopathological conferences devoted to ocular pathology, the training experience in this area should include a minimum of 50 hours of laboratory experience in gross and microscopic examination of pathological specimens, including the residents' review of pathological specimens of his/her patients with a pathologist who has demonstrated expertise in ophthalmic pathology. The experience with such a pathologist may take place intramurally or extramurally at a laboratory considered by the Residency Review Committee to be capable of providing such training.

D. Clinical Components

The volume and variety of clinical ophthalmological problems in children and adults must be sufficient to afford each resident a graduated supervised experience with the entire spectrum of ophthalmic diseases so that the resident may develop diagnostic, therapeutic, and manual skills and judgment as to their appropriate use.

1. Outpatient Experience

During the course of training residents should be responsible for the care of an adequate number of outpatients who represent a broad range of ophthalmic diseases. There must be appropriate faculty supervision of the residents in all outpatient visits. Appropriate faculty supervision occurs when the faculty is readily available to the resident(s) for consultation or assistance when requested.

a. Each resident should participate in a minimum of 3,000 outpatient visits in which the resident performs a substantial portion of the examination.

b. There should be direct faculty supervision of each resident in at least 1,000 outpatient visits. Direct faculty supervision occurs when faculty members also examine the patient with the resident and discuss the management of the patient with the resident before the patient leaves the clinic.

2. Surgical Experience

a. Residents must perform and assist at sufficient surgery to become skilled as comprehensive ophthalmic surgeons. That is, each resident must have major technical and patient care responsibilities in the surgery (including laser surgery) of cataract, strabismus, cornea, glaucoma, retina/vitreous, ocularplastic, and trauma to provide an adequate base for a comprehensive ophthalmic practice.

b. The program director is responsible for documenting the surgical experiences of each resident, to include the number of cases in each category where the resident has served as the primary surgeon or the assistant surgeon. This documentation must be provided to the Residency Review Committee on its Program Information Forms and individual resident logs must be available at the time of the site visit.

3. Systemic Disease Consultation Experience

Each resident should receive experience in providing inpatient and outpatient consultation during the course of three years of education.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and residents must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods, and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
   c. No new patients, defined as any patient for whom the resident has not previously provided care, may be accepted after 24 hours of continuous duty.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   The RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution’s GMEC is required.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
      a. the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) written semiannual evaluation that is communicated to each resident in a timely manner and...
2) the maintenance of a record of evaluation for each resident that is accessible to the resident.

c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

d. an objective test mechanism is required annually as a component of evaluating the resident's cognitive ability. While each program may utilize its own test instruments, the Ophthalmic Knowledge Assessment Program (OKAP) examination is an example. However, results of the OKAP examination should not be used as the only criterion of resident performance. An analysis of the results of these tests should guide the faculty in assessing the strengths and weaknesses of individual residents and of the program.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination of the American Board of Ophthalmology should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
Program Requirements for Residency Education in Orthopaedic Surgery

Common Program Requirements appear in bold. Sections of text not in bold are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Orthopaedic surgery is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods.

B. Duration and Scope of Education

1. Orthopaedic residencies will be accredited to offer 5 years of graduate medical education. The orthopaedic residency director is responsible for the design, implementation, and oversight of a PGY-1 year that will prepare residents for specialty education in orthopaedic surgery. This year must include resident participation in clinical and didactic activities that will give them the opportunity to:
   a. develop the knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems;
   b. be involved in the care of patients with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, peripheral vascular injuries and diseases, and rheumatologic and other medical diseases;
   c. gain experience in the care of critically ill surgical and medical patients;
   d. participate in the pre-, intra- and post-operative care of surgical patients; and
   e. develop an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications.

2. In order to meet these goals the PGY-1 year must include:
   a. a minimum of six months of structured education in surgery, to include multi-system trauma, plastic surgery/burn care, intensive care, and vascular surgery;
   b. a minimum of one month of structured education in at least three of the following: emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, pediatric surgery or pediatrics, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation; and
   c. a maximum of three months of orthopaedic surgery.

3. The program director is also responsible for the design, implementation, and oversight of PGY-2 through PGY-5 years that:
   a. must include at least 5 years of rotations on orthopaedic services; and
   b. may include rotations on related services such as plastic surgery, physical medicine and rehabilitation, rheumatology, or neurological surgery.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. One primary site must provide most of the residents' basic science and research education.
   a. Residents' clinical education at the primary site should include extensive experience in patient care. Preoperative evaluation and postoperative follow-up, as well as evaluation and treatment of patients not requiring surgery, must be included.
   b. Basic science education and the principal clinical conferences should be provided at the primary site. Supplemental conferences may also be provided at other locations, but the program’s didactic activities should be provided at the program’s primary site.

2. The governing body of the sponsoring institution must provide support for the program director in teaching, recruiting staff, selecting residents, assigning residents to an appropriate workload, and dismissing residents whose performance is unsatisfactory and must encourage continuity in the program directorship.

3. In communities where the didactic programs of several residencies are combined, the staff of each accredited program must actively and consistently participate in the combined effort.

4. To provide an adequate interdisciplinary educational experience, the institution that sponsors the orthopaedic program should also participate in ACGME-accredited programs in general surgery, internal medicine, and pediatrics.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Clinical responsibility alone does not constitute a suitable educational experience. Participation by any institution providing more than six months of training in a program requires prior approval by the RRC.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections V.D. and VLA of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

4. Affiliations should be avoided with institutions that are at such a distance from the sponsoring institution as to make resident participation in program conferences and rounds difficult, unless the participating institution provides comparable activities.

5. The program director must have the responsibility and authority to coordinate program activities at all participating institutions and must maintain a file of written descriptions of the
educational activities provided at each institution involved in the 

C. Library Resources
1. Residents must have ready access to a major medical library, ei­ther at the institution where the residents are located or through arrangement with convenient nearby institutions.
   Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic residents in the program.
2. Library services should include the electronic retrieval of in­formation from medical databases.
3. There must be access to an on-site library or to a collection of ap­propriate texts and journals in each institution participating in a residency program. Onsite libraries and/or collections of texts and journals must be readily available during nights and week­

III. Resident Appointment
A. Eligibility Criteria
   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. Pro­grams are encouraged to recognize the value and importance of re­cruiting qualified women and minority students.

B. Number of Residents
   The RRC will approve the number of residents to be educated in the program and at each level of the program based upon estab­lished written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, fac­ulty-resident ratio, institutional funding, and the quality of fac­ulty teaching. It is important that the resident complement be suf­ficient in number to sustain an educational environment.

C. Resident Transfer
   To determine the appropriate level of education for a resident who is transferring from another residency program, the pro­gram director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an as­sessment of competence in the six areas described in section V.B, prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of fellows and other specialty residents or stu­dents must not dilute or detract from the educational opportuni­ties of the regularly appointed specialty residents.

IV. Faculty
   The program director and faculty are responsible for the gen­eral administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of ap­pointment for the program director should provide for continu­ity of leadership. Programs that have acting directors for more than 1 year will be subject to review, which may include a site visit.

A. Qualifications of the Program Director
   1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institu­tion.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in the specialty by the American Board of Or­thopaedic Surgery or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
   1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appoint­ing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating an­nually the program and resident records through the ACGME Accreditation Data System (ADS).
   3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair/division chief.
   4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and proce­dures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
   5. Monitoring of resident well-being: The program director is re­sponsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program direc­tor and faculty should be sensitive to the need for timely pro­vision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
   6. Obtaining prior approval of the RRC for changes in the pro­gram that may significantly alter the educational experience of the residents, for example:
      a. The addition or deletion of major participating institu­tion(s) as specified in section II.B. of this document.
      b. Change in the approved resident complement.
      c. Change in the format of the educational program.
      d. Extension of a resident’s educational period. A program di­rector may retain a resident longer than the duration for which the program is accredited in orthopaedic surgery so that the resident may achieve sufficient competence in the specialty. The RRC must be notified of such retention.
   On review of a proposal for a major change in a pro­gram, the RRC may determine that a site visit is necessary.
   7. Ensuring the provision of adequate facilities, teaching staff, resi­dent staff, teaching beds, educational resource materials, outpa­tient facilities, and research facilities.
   8. Maintaining a file of current, written institutional and interinstitu­tional agreements, resident agreements, patient care statistics, the operative experience of individual residents, poli­cies on duty hours and supervision, and regular assessments of resident performance. These documents must be provided on re­quest to the RRC or to the site visitor.
C. Faculty Qualifications
1. The physician faculty must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in the specialty by the American Board of Orthopaedic Surgery or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   a. All programs must have at least three faculty who devote at least 20 hours each week to the program.
   b. There must be at least one full-time faculty equivalent (one FTE equals 45 hours per week devoted to the residency) for every four residents in the program (excluding residents in nonorthopaedic education).
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.C.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
   a. communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
   b. gather essential and accurate information about their patients;
   c. make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
   d. develop and carry out patient management plans;
   e. counsel and educate patients and their families;
   f. demonstrate the ability to practice culturally competent medicine;
   g. use information technology to support patient care decisions and patient education;
   h. perform competently all medical and invasive procedures considered essential for the area of practice;
   i. provide health care services aimed at preventing health problems or maintaining health; and
   j. work with health care professionals, including those from other disciplines, to provide patient-focused care.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:
   a. analyze practice experience and perform practice-based improvement activities using a systematic methodology;
   b. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
   c. obtain and use information about their own population of patients and the larger population from which their patients are drawn;
   d. apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
   e. use information technology to manage information, access online medical information, and support their own education; and
   f. facilitate the learning of students and other health care professionals.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Residents are expected to:
   a. analyze practice experience and perform practice-based improvement activities using a systematic methodology;
   b. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
   c. obtain and use information about their own population of patients and the larger population from which their patients are drawn;
   d. apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
   e. use information technology to manage information, access online medical information, and support their own education; and
   f. facilitate the learning of students and other health care professionals.
4. Interpersonal and communication skills that result in effective communication and collaboration with patients, their families, and other health professionals. Residents are expected to:
   a. create and sustain a therapeutic and ethically sound relationship with patients;
   b. use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; and
c. work effectively with others as a member or leader of a healthcare team or other professional group.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
   a. demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and ongoing professional development;
   b. demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
   c. demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities; and
   d. demonstrate sensitivity and responsiveness to fellow health care professionals’ culture, age, gender, and disabilities.

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:
   a. understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society and how these elements of the system affect their own practice;
   b. know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare costs and allocating resources;
   c. practice cost-effective health care and resources allocation that does not compromise quality of care;
   d. advocate for quality patient care and assist patients in dealing with system complexities; and
   e. know how to partner with health care managers and healthcare procedures to assess, coordinate, and improve health care and know how these activities can affect system performance.

**C. Didactic Components**

1. **Basic Medical Sciences**
   Basic science education must include substantial instruction in anatomy, biomechanics, pathology, and physiology. The basic science program must also include resident education in embryology, immunology, pharmacology, biochemistry, and microbiology.
   a. Instruction in anatomy must include study and dissection of anatomic specimens by the residents and lecturers or other formal sessions.
   b. Instruction in pathology must include organized instruction in correlative pathology in which gross and microscopic pathology are related to clinical and roentgenographic findings.
   c. Instruction in biomechanics should be presented in seminars or conferences emphasizing principles, terminology, and application to orthopaedics.
   d. Organized instruction in the basic medical sciences must be integrated into the daily clinical activities by clearly linking the pathophysiologic process and findings to the diagnosis, treatment, and management of clinical disorders.
   e. Organized instruction in the appropriate use and interpretation of radiographic and other imaging techniques must be provided for all residents.

2. **Related Areas of Instruction**
   Resident education must include orthopaedic oncology, rehabilitation of neurologic injury and disease, spinal cord injury rehabilit-

3. **Teaching Rounds and Conferences**
   Faculty and residents must attend and participate in regularly scheduled and held teaching rounds, lectures, and conferences. Treatment indications, clinical outcomes, complications, morbidity, and mortality must be critically reviewed and discussed on a regular basis. Subjects of mutual interest and the changing practice of medicine should be discussed at interdisciplinary conferences. On average, there must be at least 4 hours of formal teaching activities each week.

**D. Clinical Components**

1. **Clinical Resources**
   Clinical problems must be of sufficient variety and volume to afford the residents adequate experience in the diagnosis and management of adult and pediatric orthopaedic disorders. The residents' clinical experience must include adult orthopaedics, including joint reconstruction; pediatric orthopaedics, including pediatric trauma; trauma, including multisystem trauma; surgery of the spine, including disk surgery, spinal trauma, and spinal deformities; hand surgery; foot surgery in adults and children; athletic injuries, including arthroscopy; metastatic disease; and orthopaedic rehabilitation, including amputations and postamputation care.

2. **Continuity of Care**
   All residents must have the opportunity to develop competence in the preadmission care, hospital care, operative care, and follow-up care (including rehabilitation) of patients. Opportunities for resident involvement in all aspects of care of the same patient should be maximized.

3. **Nonoperative Outpatient Experience**
   Residents must have adequate experience in nonoperative outpatient diagnosis and care, including all orthopaedic anatomic areas and patients of all age groups. Each week residents must have at least one-half day and should have two-half days of outpatient clinical experience in physician offices or hospital clinics with a minimum of 10 patients per session on all clinical rotations. Residents must be directly supervised by faculty and instructed in pre- and post-operative assessment as well as the operative and non-operative care of general and subspecialty orthopaedic patients. Opportunities for resident involvement in all aspects of outpatient care of the same patient should be maximized.

4. **Progressive Responsibility**
   Residents must have the opportunity to assume increasing responsibility for patient care, under direct faculty supervision (as appropriate for each resident's ability and experience), as they progress through a program. Inpatient and outpatient experience with all age groups is necessary.

5. **Basic Motor Skills**
   Instruction in basic motor skills must include experience in the proper use of surgical instruments and operative techniques. Evaluation of new or experimental techniques and/or materials should be emphasized. The application of basic motor skills must be integrated into daily clinical activities, especially in the operating room.

**E. Scholarly Activities**

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
Program Requirements for Residency Education in Orthopaedic Surgery

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
c. The scholarship of application, as evidenced by publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
d. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, and provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient clinics.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the orthopaedic surgery service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged,
or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation
A. Resident Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least:
      1) written semiannual evaluation that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

   Programs that do not have in place an acceptable set of measures must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan. Adequacy of progress will be assessed against an implementation timetable determined by the RRC that takes into account availability of acceptable tools and current standards of practice. The program is responsible for obtaining the timetable and related information from the RRC.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. Program graduates should take both Part I and Part II of the American Board of Orthopaedic Surgery examinations and at least 75% of those who take the exams for the first time should pass.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents should contact the American Board of Orthopaedic Surgery for information regarding certification.

ACGME: June 2001 Effective: July 2002
Common Program Requirements: July 2003

Program Requirements for Residency Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

I. Introduction
A. Adult reconstructive orthopaedics is a subspecialty of orthopaedic surgery that includes the in-depth study, prevention, and reconstructive treatment of musculoskeletal diseases, disorders, and sequelae of injuries by medical, physical, and surgical methods. An educational program in adult reconstructive orthopaedics may include the care of arthritis and related disorders in many anatomic regions or be limited to areas such as the hip, knee, shoulder, elbow, or ankle and foot. The program must be organized to provide sufficient experience for fellows to acquire the competency of a specialist in the field.

B. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited
Program Requirements for Residency Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

II. Institutional Resources and Organization
A. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of adult reconstructive orthopaedics. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.
B. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
C. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
D. Facilities to support the overall educational program must be available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must contain all necessary equipment, implants, and instrumentation for reconstructive surgery.
E. There should be broad support from other clinical specialties, including radiology, laboratory medicine, rheumatology, gerontology, infectious disease, pathology, and rehabilitation.
F. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides 2 months or more of the educational program must be approved by the RRC. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.
G. The RRC will approve the total number of fellows in the program, based on the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.

III. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.

A. Program Director
The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality. There must be a single program director responsible for the program.
1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Orthopaedic Surgery or appropriate educational qualifications as judged by the RRC.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals and objectives of the program with respect to knowledge, skills, and other attributes of fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. The supervision of fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      i. At least semiannually evaluate the knowledge, skills, and professional growth of the fellows, using appropriate criteria and procedures.
      ii. Communicate each evaluation to the fellow in a timely manner.
iii. Advance fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
Program Requirements for Residency Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

IV. Educational Program

A. The fellowship must provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in adult reconstructive orthopaedics. This education must consist of academic and technical components.

1. The academic component must emphasize a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
2. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.

B. The program must offer supervised training in the operative and other technical skills integral to adult reconstructive orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

C. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. Clinical experience must include opportunities to observe and manage patients with a variety of problems involving orthopaedic reconstruction on both an inpatient and outpatient basis, and the breadth of patient experience should include the evaluation and care of individuals through a wide range of ages, both sexes, and involve acute, subacute, and chronic conditions.

E. The educational curriculum must include opportunities for fellows to study anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, epidemiology, and immunology as they relate to adult reconstructive orthopaedics.

F. The program must have regularly scheduled and held subspecialty conferences with active participation of faculty and fellows.

G. The program must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues; the pathogenesis of these disorders; the treatment modalities available for managing these disorders; and the results and complications of such treatment. Fellows must assume a major role in the continuing care of patients and have progressively responsible in patient assessment, preoperative evaluation, operative experience, and postoperative management and rehabilitation.

H. The fellow must keep a record of the diagnosis and procedure for each operation in which he or she is an operating surgeon or first assistant. This record must be kept on file and available for review.

I. The fellowship program must provide sufficient training to permit fellows to develop clinical competence in the field of adult reconstructive orthopaedics. Reconstructive principles may be broadly based or taught in a context of specific anatomic regions. Examples of knowledge and skills that are desirable include but are not limited to the following:

1. The basic sciences related to adult reconstructive orthopaedics.
2. The natural history of joint diseases.
3. Prudent use of diagnostic laboratory tests.
4. Interpretation of the radiographic and various imaging modality examination of the musculoskeletal system with an appreciation of the risk and information expected of the procedures.
5. Development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, and rheumatologic disorders.
6. Development of operative skills in reconstructive orthopaedics, including soft-tissue procedures, osteotomy, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty.


8. Assessment of the effectiveness of treatment methods, including outcome studies.

9. Sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of adult reconstructive orthopaedics.

10. Acquisition of teaching skills in adult reconstructive orthopaedics.

V. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal clubs and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for fellows involved in research.

6. Provision of support for fellow participation in scholarly activities.

B. Fellows must participate in hypothesis-based basic and/or clinical research.

1. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.

2. The program must provide time and facilities for research activities by fellows.

VI. Library

A. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

B. Library services should include the electronic retrieval of information from medical databases.

C. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation

A. Program directors must have a clearly defined method for regular periodic assessment of the performance of the fellow. The assessment must include cognitive, motor, and interpersonal skills; attitudinal traits; and surgical judgment. There must be at least semiannual communication of this information to the fellow and to the director of the residency program in orthopaedic surgery.

B. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed. Confidential written evaluations by fellows should be utilized in this process.

C. Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Confidential written evaluations by fellows should be utilized in this process.

ACGME: June 2002  Effective: January 2003
Program Requirements for Residency Education in Foot and Ankle Orthopaedics (Orthopaedic Surgery)

I. Introduction
A. Foot and ankle orthopaedics is a subspecialty of orthopaedic surgery that includes the in-depth study, prevention, and treatment of musculoskeletal diseases, disorders, and sequelae of injuries in this anatomic region by medical, physical, and surgical methods.
B. Programs in foot and ankle orthopaedics will be accredited to offer 1 year of postresidency education to individuals who have completed an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency.
C. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited residency.
D. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an ACGME-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
E. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals.
1. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
2. Participation by any institution providing more than 2 months of training in a program must be approved by the RRC.
F. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.

II. Institutional Resources and Organization
A. Adequate facilities to support the overall educational program must be available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must be adequately equipped for reconstructive surgery.
B. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
C. There should be broad support from other clinical subspecialties, including radiology, pathology, rheumatology, endocrinology, laboratory medicine, infectious disease, rehabilitation, and prosthetics and orthotics.
D. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of foot and ankle orthopaedics. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.
E. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

III. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality.

There must be a single program director responsible for the program.
1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Orthopaedic Surgery or suitable equivalent qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. The supervision of residents in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
Program Requirements for Residency Education in Foot and Ankle Orthopaedics (Orthopaedic Surgery)

1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
6. Fellowship directors must ensure that trainees are given reasonable duty and call assignments. It is desirable that fellows' work schedules be designed so that on average, excluding exceptional patient care needs, fellows have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Scheduling will necessitate flexibility, as fellows are at the postgraduate level, so the ratio of hours worked and on-call time may vary.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. In addition to the program director, there must be at least one other orthopaedist who actively participates in the academic and clinical components of the program and regularly provides supervision and instruction of residents.
2. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Educational Program
A. The educational program in foot and ankle orthopaedics may include the orthopaedic management and appropriate referral for the care of related disorders (eg, rheumatoid arthritis, neuro-muscular disorders, and diabetes), as well as those disorders of the leg that may directly or indirectly affect the foot and ankle (eg, compartment syndrome, neuromuscular disease, mal-alignment of the leg, bone instability).
B. The educational program must be organized to provide advanced experience for residents to acquire the competency of a specialist in the field. Clinical experience must include opportunities to observe and to manage patients with a variety of problems involving orthopaedic repair of the foot and ankle on both an inpatient and outpatient basis. The breadth of patient experience should include the evaluation and care of individuals through a wide range of ages and both sexes, and should involve acute, sub-acute, and chronic conditions.
C. A postgraduate fellowship program must provide sufficiently advanced education to allow the fellow to acquire special expertise in foot and ankle orthopaedics. This education must consist of academic and technical components. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of foot and ankle orthopaedics.
D. Programs must provide supervised training in the operative and other technical skills integral to foot and ankle orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in foot and ankle orthopaedics.
E. The educational curriculum must include the study of anatomy, physiology, biomechanics and gait, pathology, microbiology, pharmacology, and immunology as they relate to foot and ankle orthopaedics.
F. The program must have regularly held and attended subspecialty conferences, including at least one weekly teaching conference and a monthly morbidity-mortality conference, with active faculty and resident participation. A monthly journal club covering appropriate topics in foot and ankle surgery should be held.
G. The program must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues of the foot and ankle. The pathogenesis of these disorders, the treatment modalities available, and the results and complications of such treatment should be emphasized.
H. Residents must assume a major role in the continuing care of patients and have progressive responsibility for patient assessment, decisions regarding treatment, preoperative evaluation, operative experience, nonoperative management, postoperative management, rehabilitation, long-term follow-up, and other outpatient care.
I. A fellow must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic
biomedical knowledge with the clinical aspects of foot and ankle orthopaedics.

J. Residents must keep a record of the diagnosis and procedure for each operation for which he or she is an operating room surgeon or first assistant. This must be kept on file and available for review.

K. The program must provide sufficient education to permit residents to develop clinical competence in the field of foot and ankle orthopaedics. Examples of knowledge and skills that are essential include but are not limited to:

1. The basic sciences related to foot and ankle orthopaedics.
2. The natural history of disease and disorders of the foot and ankle, including an understanding of the deformed, injured, or diseased pediatric foot.
3. Prudent use of diagnostic laboratory tests.
4. Interpretation of the radiographic examination of the musculoskeletal system, particularly the foot and ankle, with an understanding of the risk and information expected of these procedures.
5. Development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, neurologic, and rheumatologic disorders.
6. An understanding of the importance of the timing of orthopaedic procedures in the overall context of foot and ankle injuries.
7. Prevention and treatment methods for the management of bony and soft-tissue injuries of the foot and ankle, including the indications for various types of internal and external fixation devices and their applications to foot and ankle trauma.
8. Development of operative skills in reconstructive orthopaedics such as soft-tissue procedures, osteotomies, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty.
9. Understanding of the dysvascular and neurologically impaired foot, including the neuropathic foot, and the indications for various amputation procedures of the foot and ankle.
11. Assessment of the efficacy of treatment methods.
12. Sufficient familiarity with current research methods to enable the resident to critically analyze research reports and to design and implement clinical or basic research in the field of foot and ankle orthopaedics.
13. Recuperative and rehabilitation techniques including the use of physical and occupational therapy designed to return the patient to normal activities and work.
14. Understanding of prosthetics and orthotics pertaining to disorders of the foot, gait, and amputation.
15. Development of teaching skills, lecture techniques, and instructional materials in foot and ankle orthopaedics.

V. Program Research and Scholarly Activity

A. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

C. All residents must participate in clinical or basic research, and this should culminate in the development and publication and/or presentation of an appropriate paper.

D. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty, and the program must provide time and facilities for research activities by faculty and fellows.

VI. Library

I. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation

A. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed.

B. The program, the educational process, and its faculty, in respect to academic performance, should be evaluated at least every 2 or 3 years to see if goals and objectives are being met.

C. This review process must include direct observation and discussion of case management with the resident.

D. In order to ensure that residents meet the academic and clinical goals of the program, evaluation procedures must include:

1. Formal testing of residents' cognitive capabilities.
2. Systematic evaluation and documentation of residents' clinical abilities.
3. Evaluation of residents' interpersonal skills and attitudinal traits.

E. Formal review of residents by the program director and members of the teaching staff must include:

1. Written evaluation of the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures, at least once every 6 months.
2. Timely communication and review of the written evaluation to the resident.

F. Programs must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

ACGME: September 1994  Effective: July 1995
Program Requirements for Residency Education in Hand Surgery (Orthopaedic Surgery)

I. Introduction

A. Definition of the Specialty
Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.

B. Scope of Education
1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization

A. Sponsoring Institution
The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty; financial resources; and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions
1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents
1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities
The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
A single program director must be responsible for the program.
1. Qualifications of the program director
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the appropriate ABMS Board or a suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or a suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
   e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.
2. Responsibilities of the program director
   a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
   b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
   c. Select and supervise the faculty and other program personnel at each participating institution.
   d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
   e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must
      1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
      2. communicate each evaluation to the resident in a timely manner;
      3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident's performance during the
final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.

f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.

h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.

i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.

j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.

k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.

l. Advise applicants of the prerequisite requirements of the appropriate specialty board.

m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.

n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including

1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair; and

2. changes in administrative structure that affect the status of the parent department in the institution.

o. Obtain prior RRC approval for the following changes in the program:

1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;

2. any change in the approved resident complement of the program; and

3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.

6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;

2. participation in journal clubs and research conferences;

3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;

4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;

5. offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research; and

6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.

2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities

Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment,
Program Requirements for Residency Education in Hand Surgery (Orthopaedic Surgery)

and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities
1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. The Educational Program

A. Program Design
1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component
1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.
2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
   a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
   b. Fingertip injuries
   c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
   d. Tendon transfer and tendon balancing
   e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
   f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
   g. Bone grafts
   h. Joint and tendon sheath repar, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
   i. Pollicization or ray transfer
   j. Foot to hand transfer
   k. Tumors, benign and malignant
   l. Dupuytren's contracture
   m. Replantation, revascularization
   n. Amputations
   o. Fasciotomy, deep incision and drainage for infection, and wound débridement
   p. Congenital deformities, including syndactyly and others
   q. Management of upper extremity vascular disorders and insufficiencies
   r. Foreign body, implant removal
   s. Thermal injuries
   t. Arthroscopy
   u. Upper extremity pain management

C. Didactic Components
1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery.
   Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.
3. A list of the conferences should be maintained and available for review at the time of the site visit.
4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.
7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision
1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours
1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time in noneducational activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident performance in the educational program as determined by the program director and must not interfere with resident opportunity for rest, relaxation, and study.
F. Appointment of Other Residents
1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.
2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation

A. Resident Evaluation
The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation
1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that prescribes resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation
1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by one of the sponsoring boards. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification
Residents who plan to seek hand surgery certification as administered by the American Board of Orthopaedic Surgery should communicate with the executive director of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998

Program Requirements for Residency Education in Musculoskeletal Oncology (Orthopaedic Surgery)

I. Introduction
A. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.
B. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency.

II. Institutional Resources and Organization
A. The sponsoring institution must provide sufficient faculty, financial resources and clinical, research, and library facilities to meet the educational needs of the fellows and to enable the program to comply with the requirements for accreditation.
B. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides 2 months or more of the educational program must be approved by the RRC. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.
C. The RRC will approve the total number of fellows in the program based upon the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.
D. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of musculoskeletal oncology. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.
E. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
F. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow
should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

G. There should be broad support from other clinical specialties, including diagnostic and therapeutic radiology, pediatrics, nuclear medicine, pathology, psychiatry, surgery and its subspecialties, and medical oncology. Support of oncologic nursing, rehabilitation, nutrition, dietetic counseling and social services, as well as physical and occupational rehabilitation, is desirable.

H. Modern facilities to accomplish the overall educational program must be available and functioning. These include inpatient ambulatory care and laboratory resources. Specifically, there should be advanced pathology services, including electron microscopy and immunopathology; resources for nuclear medical imaging, magnetic resonance imaging, musculoskeletal angiography, and computed tomography; and sufficient facilities for qualitative correlative studies.

I. The fellow must have day-to-day access to pathologists and to radiologists with recognized expertise in musculoskeletal pathology and radiology.

J. On-site radiation and medical oncology facilities and a modern diagnostic radiologic service are necessary.

K. It is desirable that there be other clinical subspecialties of orthopaedic surgery and general surgery to which the orthopaedic oncology fellow may relate formally as well as special facilities for musculoskeletal pathology.

L. There must be a minimum of 300 new patients per fellow of benign and malignant bone and soft tissue tumors with an appropriate mix of primary and metastatic lesions to afford the fellow an adequate educational experience in musculoskeletal oncology. This experience must include the care of both inpatients and outpatients.

M. The program should include access to computer facilities, and a teaching collection of slides, x-rays, and specimens that are appropriately indexed for easy retrieval.

III. Program Personnel

The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.

A. Program Director

The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality. There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Orthopaedic Surgery or appropriate educational qualifications as judged by the RRC.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. The supervision of fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      1. At least semiannually evaluate the knowledge, skills, and professional growth of the fellows, using appropriate criteria and procedures.
      2. Communicate each evaluation to the fellow in a timely manner.
      3. Advance fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
      4. Maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.
   f. The provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.
   g. Fellowship directors must ensure that trainees are given reasonable duty and call assignments. It is desirable that fellows' work schedules be designed so that on average, excluding exceptional patient care needs, fellows have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Scheduling will necessitate flexibility, as fellows are at the postgraduate level, so the ratio of hours worked and on-call time may vary.
   h. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and fellow complaints or grievances.
   i. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.
   j. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff

1. There must be at least two orthopaedic faculty with documented qualifications who have significant responsibility for the instruction and supervision of program fellows.

2. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

3. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching
abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

C. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Educational Program

A. The fellowship must provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in musculoskeletal oncology. This education must consist of academic and technical components.

1. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.

2. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.

B. The program must offer supervised training in the operative and other technical skills integral to musculoskeletal oncology. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

C. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. The educational program in musculoskeletal oncology must be organized to provide experience at a sufficient level for the fellow to acquire the competency of a specialist in the field. Clinical experience must include opportunities to observe and to manage patients with a wide variety of clinical orthopaedic oncologic problems on both an inpatient and outpatient basis.

E. The fellow must be given an opportunity to assume continuing responsibility for both acutely and chronically ill patients in order to learn the natural history of musculoskeletal neoplasia as well as the effectiveness of therapeutic programs. Fellow education must provide sufficient opportunity for independent clinical decision making so that the program director and faculty are assured that the graduating fellow has achieved the ability to make sound clinical decisions.

F. There should be a weekly multi-disciplinary tumor conference involving pathologists and radiologists as well as radiation, medical, and pediatric oncologists.

G. The program must provide training to develop clinical competence in the overall field of musculoskeletal oncology. Examples of knowledge and skill that are desirable include, but are not limited to, the following:

1. The natural history of musculoskeletal neoplasia

2. Knowledge and understanding of musculoskeletal surgical pathology and diagnostic radiology

3. Management of treatment protocols

4. Knowledge of the indications for and limitations of surgery, radiation therapy and chemotherapy in the treatment of musculoskeletal neoplasms

5. Knowledge of the methodology and techniques to perform creditable clinical and/or basic research in musculoskeletal oncology to include epidemiology and statistics and design of clinical trials

6. Acquisition of teaching skills in musculoskeletal pathology and oncology

H. The educational program must be based on a core curriculum that ensures appropriate instruction in the basic concepts of oncogenesis and molecular oncology, adult and pediatric oncology, immunology, and radiation oncology.

1. Fellows and faculty must participate in a journal club which reviews current literature in medical, pediatric, and radiation oncology on at least a monthly basis.

V. Program Research and Scholarly Activity

A. Graduate medical education must take place in an environment of inquiry and scholarship in which fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal clubs and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for fellows involved in research.

6. Provision of support for fellow participation in scholarly activities.

C. Fellows must participate in basic and/or clinical, hypothesis-based research.

1. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.

2. The program must provide time and facilities for research activities by fellows.

VI. Library

A. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
Program Requirements for Residency Education in Musculoskeletal Oncology (Orthopaedic Surgery)

B. Library services should include the electronic retrieval of information from medical databases.
C. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation
A. Program directors must have a clearly defined method for regular periodic assessment of the performance of the fellow. The assessment must include cognitive, motor, and interpersonal skills; attitudinal traits; and surgical judgment. There must be at least semiannual communication of this information to the fellow and to the director of the residency program in orthopaedic surgery.
B. Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Confidential written evaluations by fellows should be utilized in this process.
C. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed. Confidential written evaluations by fellows should be utilized in this process.

ACGME: September 2001  Effective: July 1, 2002

Program Requirements for Residency Education in Orthopaedic Sports Medicine (Orthopaedic Surgery)

I. Introduction
A. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.
B. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
C. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
D. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a program should be related to program goals.

II. Institutional Resources and Organization
A. Sponsoring Institution
   The sponsoring institution must provide sufficient faculty, financial resources and clinical, research, and library facilities to meet the educational needs of the fellows and to enable the program to comply with the requirements for accreditation.
B. Participating Institutions
   If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides 2 months or more of the educational program must be approved prospectively by the Residency Review Committee. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.
C. Appointment of Fellows
   The RRC will approve the total number of fellows in the program based on the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.
D. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of orthopaedic sports medicine. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.
E. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
F. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
G. Facilities to accomplish the clinical and educational objectives of the specialty must be available and functioning for both inpatients and outpatients.
   1. The physical therapy and the athletic training departments must be completely equipped with the modern therapeutic modalities used in the treatment of the injured athlete.
   2. The operating room facilities must contain modern equipment, including arthroscopes, adjunctive equipment for arthroscopy, and necessary imaging equipment.
H. The educational program must be conducted in a setting that will allow interaction with the disciplines of radiology, physical therapy, internal medicine and such other specialties ordinarily encountered in sports medicine.

III. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of fellows and the maintenance of records related to program accreditation.
A. Program Director

The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality. There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Orthopaedic Surgery or appropriate educational qualifications as judged by the RRC.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of orthopaedic surgery residents and fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents, fellows, and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. The supervision of orthopaedic surgery residents and fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Orthopaedic surgery residents and fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      1. At least semiannually evaluate the knowledge, skills, and professional growth of fellows, using appropriate criteria and procedures.
   f. The provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow permanent record maintained by the institution.
   g. Fellowship directors must ensure that trainees are given reasonable duty and call assignments. It is desirable that fellows' work schedules be designed so that on average, excluding exceptional patient care needs, fellows have at least 1 day off every 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Scheduling will necessitate flexibility, as fellows are at the postgraduate level, so the ratio of hours worked and on-call time may vary.
   h. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and fellow complaints or grievances.
   i. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.
   j. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.
   k. Notify the RRC regarding any major programmatic changes.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the fellows in the program. All programs must have at least two orthopaedists on the teaching staff who have significant responsibility for the supervision and instruction of all fellows during the 12 months of accredited education.
2. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

C. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Educational Program

A. The fellowship must provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in orthopaedic sports medicine. This education must consist of academic and clinical components.
1. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   a. All fellows must participate in didactic sessions devoted to the basic sciences, including anatomy, biomechanics, and biology of healing.
Program Requirements for Residency Education in Orthopaedic Sports Medicine (Orthopaedic Surgery)

b. Instruction should also be provided in sports medicine issues in the areas of cardiology, dermatology, pulmonology, preventive medicine, pediatric and adolescent medicine, exercise physiology, environmental exposure, athletic populations, team physicians, and protective equipment (including braces).

2. The clinical component must be designed to ensure that fellows become competent in the evaluation (history, physical examination, and imaging) and management (both operative and nonoperative) of patients with sports injuries or conditions.

B. The program must offer supervised training in the operative and other technical skills integral to orthopaedic sports medicine. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

C. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. Clinical experience must include inpatient and outpatient opportunities to observe, manage, operate and follow patients with a wide variety of sports medicine problems.

E. The program must be structured to provide the fellow with an opportunity to assume continuing responsibility with appropriate supervision for patients with acute and chronic injuries and to observe the natural course of athletic injuries and the effects of various therapeutic modalities on their outcome. Fellow education must provide sufficient opportunity for independent clinical decision making so that the program director and faculty are assured that the graduating fellow has achieved the ability to make sound clinical decisions.

F. The program should provide the fellow with the opportunity to work with athletic teams and/or athletic organizations.

G. The program must emphasize the pathology and biomechanics of athletic injuries and the effects of injury on the athlete, including both physical and psychological manifestations. Appropriate utilization of laboratory tests, physical modalities, and operative procedures for the diagnosis and treatment of athletic injuries must be stressed.

H. The program must provide the fellow with specific experience with athletic trainers and physical therapists and with related experience in writing appropriate prescriptions and in monitoring patient progress.

I. The program must provide sufficient opportunity for the fellow to gain knowledge and skill in a number of areas that include, but are not limited to:

1. Taking a history and performing an appropriate physical examination for orthopaedic sports injuries.
2. Exposure to patients with typical histories and physical findings of chronic orthopaedic sports injuries and the management of those injuries.
3. Differentiating between those sports injuries that require immediate surgical treatment and those that can be treated nonoperatively.
4. Recognizing those sports injuries for which a minor delay in treatment would not be deleterious to the patient.
5. Acute care of orthopaedic and other acute sports medicine injuries that may occur during athletic competition and how to deal with those injuries on the athletic field.
6. How to order and interpret radiologic examinations that are used for diagnosis of sports injuries, including specific views, tomograms, bone scans, arthrograms, computerized axial tomography scans, and magnetic resonance imaging.
7. Therapeutic modalities offered in the department of physical therapy, how to use them, and how to judge the appropriateness and efficacy of a treatment plan.
8. Diagnostic and operative arthroscopy.
9. Nonorthopaedic problems that occur in sports medicine and how to deal with those problems or how to refer them appropriately.
10. The psychological effect of injuries on athletes and how to deal with them personally and how to select consultants to assist in their management.
11. Sports equipment, particularly protective devices intended to allow the athlete to continue to compete, including helmets, protective pads, knee braces, foot orthotics, and others not specifically named.

V. Program Research and Scholarly Activity

A. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (eg, research design, statistical analysis) for fellows involved in research.
6. Provision of support for fellow participation in scholarly activities.

C. Fellows must participate in basic and/or clinical research.

1. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
2. The program must provide time and facilities for research activities by fellows.

VI. Library

A. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

B. Library services should include the electronic retrieval of information from medical databases.

C. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.
Program Requirements for Residency Education in Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

I. Introduction
A. Subspecialty training in orthopaedic spine surgery includes the in-depth study, prevention, and treatment of spinal column diseases, disorders, and injuries by medical, physical, and surgical methods. The educational program of a fellowship in orthopaedic surgery of the spine must be organized to provide sufficient experience for a fellow to acquire the competency of a specialist in the field.
B. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.
C. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
D. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
E. The director and teaching staff of a program must prepare and comply with written educational goals and objectives for the program. All educational components of a program should be related to program goals and objectives.
1. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
2. Participation by any institution providing more than 2 months of training must be approved by the RRC.

II. Institutional Resources and Organization
A. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of spine surgery. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.
B. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institution(s) as required by the Institutional Requirements. Participation by any institution that provides 2 months or more of the educational program must be approved by the RRC. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.
C. Appointment of Fellows
   The RRC will approve the total number of fellows in the program, based on the total number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.
D. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
E. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
F. Facilities and equipment to support the overall educational program must be readily available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must contain all necessary equipment for surgery of the spine.
G. Institutions sponsoring programs in orthopaedic surgery of the spine should also have an ACGME-accredited residency in neurological surgery. The educational program must involve close cooperation with neurological surgery and should maintain close collegial relationships with related clinical specialties including but not limited to physical medicine and rehabilitation, neurology, radiology, pathology, laboratory medicine, anesthesiology, and infectious disease. Exceptions to this standard will be considered on a case-by-case basis and will require justification based on sound educational principles, as well as demonstration of substantial compliance with the intent of this requirement.

III. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.
A. Program Director
The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality.

There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Orthopaedic Surgery or appropriate educational qualifications as judged by the RRC.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals and objectives of the program with respect to knowledge, skills, and other attributes of fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. The supervision of fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      1. At least semiannually evaluate the knowledge, skills, and professional growth of the fellows, using appropriate criteria and procedures.
      2. Communicate each evaluation to the fellow in a timely manner.
      3. Advise fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
      4. Maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.
   f. The provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow’s performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow’s permanent record maintained by the institution.
   g. Fellowship directors must ensure that fellows are given reasonable duty and call assignments. It is desirable that fellows’ work schedules be designed so that on average, excluding exceptional patient care needs, fellows have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Scheduling will necessitate flexibility, as fellows are at the postgraduate level, so the ratio of hours worked and on-call time may vary.
   h. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and fellow complaints or grievances.
   i. Monitoring of fellow stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.
   j. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the fellows in the program. All programs must have at least two physicians with experience or qualifications in spine surgery on the teaching staff who have significant responsibility for the supervision and instruction of all fellows during the 12 months of accredited education.
2. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Educational Program
A. The fellowship must provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in orthopaedic surgery of the spine. This education must consist of academic and technical components.
   1. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   2. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
B. The program must offer supervised training in the operative and other technical skills integral to orthopaedic surgery of the spine. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

C. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. The fellows' clinical experience must include opportunities to observe and manage patients on both an inpatient and an outpatient basis as well as for the evaluation and care of individuals through a wide range of ages and of both sexes, and with a wide variety of problems in various spinal regions.

E. The educational curriculum must include anatomy, physiology, biomechanics, microbiology, pathology, and other sciences as they relate to orthopaedic surgery of the spine.

F. The program must have regularly scheduled and held subspecialty conferences with active participation of faculty and fellows.

G. The program must emphasize the diagnosis of clinical disorders of the spine, the pathogenesis of these disorders, the operative and nonoperative treatment modalities available for managing these disorders, and the results and complications of such treatment.

H. The educational program will not include experience in the treatment of intradural pathology. When spinal disease or injury and neurological deficit coexist, the educational program will ensure appropriate interdisciplinary cooperation with neurological surgery and rehabilitation medicine. The program structure must ensure that the fellow plays a major role and has progressive responsibility in the assessment, preoperative evaluation, surgical care, and postoperative management and rehabilitation of patients. There must be an opportunity for continuing evaluation of treated patients.

I. Fellows must maintain a record of the diagnosis and procedure for each operation in which they are an operating surgeon or first assistant. This record must be kept on file and available for review by the RRC and its site visitors.

J. Fellows must have the opportunity to develop clinical competence in the field of orthopaedic surgery of the spine. Principles may be broadly based or taught in a context of specific anatomic regions. Examples of knowledge and skills that are essential include but are not limited to:

1. The basic sciences related to the musculoskeletal system.
2. The natural history of spinal degeneration.
3. The ability to assess clinically the neurologic function of the spinal cord and nerve roots.
4. Prudent use of diagnostic laboratory tests (including electrophysiologic monitoring).
5. Indications for and interpretation of imaging studies of the spine, including an appreciation of the risk and information expected of the procedures.
6. Development of a treatment plan to manage patients with traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine.
7. Development of operative skills for the management of patients with orthopaedic disorders of the spine.
8. Recognition and management of complications of treatment (including appropriate consultations with subspecialists).
10. Familiarity with currently used research methods.
11. Acquisition of teaching skills in evaluation and care of spinal problems.

V. Program Research and Scholarly Activity

A. Graduate medical education must take place in an environment of inquiry and scholarship, in which fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for fellows involved in research.
6. Provision of support for fellow participation in scholarly activities.

C. Fellows must participate in hypothesis-based basic science and/or clinical research.

1. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
2. The program must provide time and facilities for research activities by fellows.

VI. Library

A. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

B. Library services should include the electronic retrieval of information from medical databases.

C. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation

A. Program directors must have a clearly defined method for regular periodic assessment of the performance of the fellow. The assessment must include cognitive, motor, and interpersonal skills; attitudinal traits; and surgical judgment. There must be at least semiannual communication of this information to the fellow and to the director of the residency program in orthopaedic surgery.

B. Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Confidential written evaluation of the faculty by fellows should be included in these activities.

C. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by
fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.

C. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

D. Modern facilities to support the overall educational program must be available and functioning. The primary hospital in which the fellow works must be a Level I or II trauma center or equivalent with 24-hour full services, acute and emergency surgery, and at least 200 operative orthopaedic trauma cases each year. It must have a modern operating room facility, image intensification, compatible fracture table, orthopaedic implants in stock, and, ideally, a special room dedicated to acute and emergency surgery.

E. There must be access to records and x-rays of orthopaedic trauma cases for at least 5 years following patient discharge via computerized or other efficient coding system. Photographic records and photography support should be readily available.

F. There must be broad support and cooperation from other clinical services, particularly emergency medicine, general surgery, neurosurgery, anesthesia, intensive care, rehabilitation services, and radiology (including CT and angiography available on an emergency basis). Plastic surgery, urology, otolaryngology, ophthalmology, and pulmonary medical specialists should also be available to provide emergency consultation.

G. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring institution and participating institutions as required by the Institutional Requirements. Participation by any institution that provides two months or more of the educational program must be approved by the Residency Review Committee.

H. The RRC will approve the number of residents in the program per year, based on the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.

III. Program Personnel

The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.

A. Program Director

The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality. There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification by the American Board of Orthopaedic Surgery or appropriate educational qualifications as judged by the RRC.

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**Program Requirements for Residency Education in Orthopaedic Trauma (Orthopaedic Surgery)**

**I. Introduction**

A. Orthopaedic trauma is a subspecialty of orthopaedic surgery that includes the in-depth study and treatment of injuries to the locomotor system and their sequelae. An educational program in orthopaedic trauma must be organized to provide sufficient experience for fellows to acquire the competency of a specialist in the field.

B. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

C. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.

D. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.

E. The director and teaching staff of a program must prepare and comply with written educational goals and objectives for the program. All educational components of a program should be related to program goals and objectives.

1. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
2. Participation by any institution providing more than 2 months of training must be approved by the RRC.

**II. Institutional Resources and Organization**

A. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of orthopaedic trauma. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.

ACGME: June 2002 Effective: January 2003

Program Requirements for Residency Education in Orthopaedic Surgery of the Spine (Orthopaedic Surgery)
d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills and other attributes of fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      1. at least semiannually evaluate the knowledge, skills and professional growth of the fellows, using appropriate criteria and procedures;
      2. communicate each evaluation to the fellow in a timely manner;
      3. advance fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth; and
      4. maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.
   f. Provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.
   g. Fellowship directors must ensure that trainees are given reasonable duty and call assignments. It is desirable that fellows' work schedules be designed so that on average, excluding exceptional patient care needs, fellows have at least 1 day off out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Scheduling will necessitate flexibility, as fellows are at the postgraduate level, so that the ratio of hours worked and on-call time may vary.
   h. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and fellow complaints or grievances.
   i. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.
   j. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff
   1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the fellows in the program.
   2. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
   3. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
   4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
   5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.
   6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

C. Other Program Personnel
   Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program
   A. The fellowship must provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in orthopaedic trauma. This education must consist of academic and technical components.
      1. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
      2. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
   B. The program must offer supervised training in the operative and other technical skills integral to orthopaedic trauma. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
   C. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
   D. Clinical experience must include opportunities to observe and to manage patients with a wide variety of problems in orthopaedic trauma, and the breadth of patient experience should include the evaluation and care of individuals of a wide range of ages and both sexes. Generally, care of these patients involves several specialties and a cooperative effort in trauma centers.
   E. The educational curriculum must include opportunities for fellows to study anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, and epidemiology as they relate to orthopaedic trauma.
F. The program must hold regularly scheduled subspecialty conferences, including at least one weekly teaching conference, a monthly morbidity/mortality conference, and a monthly conference with other trauma services, with active faculty and fellow participation.

G. The program must emphasize the diagnosis of clinical orthopaedic trauma problems, the mechanism of injury, the treatment modalities available, and the results and complications of each treatment. Fellows must have the opportunity to assume a major role in the continuity of care of patients and have progressive responsibility for patient assessment, preoperative planning, operative experience, postoperative intensive care, other postoperative management, rehabilitation, and other outpatient care of patients.

H. The fellow must keep a record of the diagnosis and procedure for each operation in which he/she is an operating surgeon or first assistant. This must be kept on file and available for review.

I. The fellowship program must provide sufficient training to permit fellows to develop clinical competence in the field of orthopaedic trauma, and in resuscitation as applied to the patient with polytrauma. Examples of knowledge and skills that are desirable include, but are not limited to, the following:

1. The basic sciences related to orthopaedic trauma.
2. An understanding of the integration of the orthopaedic traumatologist in a trauma team and an appreciation of the importance of the timing of orthopaedic procedures in the overall care of the severely injured patient.
3. Indications for various types of internal and external fixation devices and their applications in multiple trauma situations both in the axial and appendicular skeletons.
4. Treatment protocols for severe soft tissue injuries, including compartment syndrome and secondary organ failures in polytrauma.
5. Indications for early or immediate amputation rather than salvage attempts in severely injured limbs.
6. Diagnosis and management of complications of musculoskeletal trauma.
7. Pathophysiology of severe musculoskeletal trauma and secondary organ failure.
8. Psychiatric and psychological implications of severe musculoskeletal trauma for the patient and family members.
9. Recuperative and rehabilitation techniques and use of physical and occupational therapy designed to return the patient to normal activities and work.
10. Sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of musculoskeletal trauma.
11. Teaching skills and lecture techniques and materials in orthopaedic traumatology.
12. Overall, the fellow must develop medical, surgical and psychosociological skills in the management of the severely injured patient.

V. Program Research and Scholarly Activity
A. Graduate medical education must take place in an environment of inquiry and scholarship in which fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (eg, research design, statistical analysis) for fellows involved in research.
6. Provision of support for fellow participation in scholarly activities.

C. Fellows must participate in hypothesis-based basic and/or clinical research.

1. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
2. The program must provide time and facilities for research activities by fellows.

VI. Library
A. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

B. Library services should include the electronic retrieval of information from medical databases.

C. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation
A. Program directors must have a clearly defined method for regular periodic assessment of the performance of the fellow. The assessment must include cognitive, motor and interpersonal skills, attitudinal traits, and surgical judgment. There must be at least semi-annual communication of this information to the fellow and to the director of the residency program in orthopaedic surgery.

B. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed. Confidential written evaluations by fellows should be utilized in this process.

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Pediatric Orthopaedics is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods in patients aged 16 years and younger.

B. Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education will take place after completion of an accredited orthopaedic surgery residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

C. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.

D. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.

E. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a program should be related to program goals.

1. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

2. Participation by any institution providing more than 2 months of training must be approved by the RRC.

II. Institutional Resources and Organization

A. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of pediatric orthopaedics. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.

C. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

D. Inpatient, ambulatory care, and laboratory facilities must be available and functioning.

E. The program must be conducted in a setting in which comprehensive surgical, medical, and pediatric consultation services are available.

F. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides two months or more of the educational program must be approved (prospectively) by the Residency Review Committee. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the program’s sponsoring institution.

G. The RRC will approve the total number of fellows in the program based on the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program.

III. Program Personnel

The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.

A. Program Director

The director of the subspecialty program and the director of the affiliated orthopaedic surgery program, in conjunction with the administration of the institution, will be responsible for ensuring that adequate facilities and other necessary resources are available to provide an education of high quality.

There must be a single program director responsible for the program.

1. Qualifications of the program director include:

a. Requisite and documented clinical, educational, and administrative abilities and experience.

b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

c. Certification by the American Board of Orthopaedic Surgery or judged by the RRC to possess appropriate educational qualifications.

d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:

a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of fellows and for each major rotation or other program assignment. This statement must be distributed to residents, fellows, and members of the teaching staff. It should be readily available for review.

b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.

c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.

d. Supervision of residents and fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents and fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:

I. At least semiannually evaluate the knowledge, skills, and professional growth of the fellows, using appropriate criteria and procedures;
Program Requirements for Residency Education in Pediatric Orthopaedics (Orthopaedic Surgery)

2. communicate each evaluation to the fellow in a timely manner;
3. advance fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholar­ship and professional growth; and
4. maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.

f. Provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.
g. Fellowship directors must ensure that fellows are given reasonable duty and call assignments. It is desirable that fellows' work schedules be designed so that on average, excluding exceptional patient care needs, fellows have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Scheduling will necessitate flexibility, as fellows are at the postgraduate level, so the ratio of hours worked and on-call time may vary.
h. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and fellow complaints or grievances.
i. Monitoring fellow stress, including mental or emotional condi­tions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.
j. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the fellows in the program. All programs must have at least two pediatric orthopaedists on the teaching staff who have significant responsibility for the instruction and supervision of all fellows during the 12 months of accredited education.
2. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordi­nation by the program director.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of pa­tients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Educational Program
A. The fellowship must provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in pediatric orthopaedics. This education must consist of academic and technical components.
   1. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
   2. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
B. The program must include a didactic program, non-operative experience, and an operative experience emphasizing continuity of care in pediatric orthopaedics trauma (acute and reconstruc­tive), metabolic and genetic conditions, tumors, neuromuscular conditions, spinal conditions, hip conditions, foot and ankle conditions, amputations and prosthetics, hand surgery, athletic injuries, and general pediatric orthopaedics.
C. The program must offer supervised training in the operative and other technical skills integral to pediatric orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
D. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
E. The fellows' clinical experience should include observation and treatment of both in-patients and out-patients with a wide variety of orthopaedic disorders.
F. Fellows must have the opportunity to assume continuous responsibility for both acutely and chronically ill patients so as to learn the natural history of pediatric orthopaedic disorders as well as the effectiveness of treatment programs and the impact of growth on these disorders.
G. The program should emphasize normal physiologic mechanisms and the pathogenesis and complications of pediatric orthopaedic disorders.
H. Utilization of appropriate laboratory procedures and allied medical personnel should be stressed.
   1. The knowledge and skills the program must cover include, but are not limited to:
      1. prudent and judicious use of diagnostic tests;
      2. use of data resources and the need for and interpretation of data;
      3. interpretation of radiologic examination of the musculoskeletal system including vascular studies and the modalities of nuclear medicine (and other advanced techniques) with an appreciation of the risk and expected yield of the procedures;
      4. understanding of the role of physical and occupational therapists, and of orthotists and prosthetists in the rehabilitation and on-going management of pediatric orthopaedic disorders; and
      5. performance of pediatric orthopaedic surgical procedures.
V. Program Research and Scholarly Activity
A. Graduate medical education must take place in an environment of inquiry and scholarship in which both residents and fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (eg, research design, statistical analysis) for fellows involved in research.
6. Provision of support for fellow participation in scholarly activities.
C. Fellows must participate in basic and/or clinical research.
1. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
2. The program must provide time and facilities for research activities by fellows.

VI. Library
A. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
B. Library services should include the electronic retrieval of information from medical databases.
C. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation
A. Program directors must have a clearly defined method for regular periodic assessment of the performance of the fellow. The assessment must include cognitive, motor, and interpersonal skills; attitudinal traits; and surgical judgment. There must be at least semianual communication of this information to the fellow and to the director of the residency program in orthopaedic surgery.
B. Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Confidential written evaluations by fellows should be used in this process.
C. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed. Written evaluations by fellows should be utilized in this process.

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Program Requirements for Residency Education in Otolaryngology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Residency programs in otolaryngology-head and neck surgery are designed to provide residents with education in the comprehensive evaluation and medical and surgical management of patients of all ages with diseases and disorders that affect the ears, the upper respiratory and upper alimentary systems and related structures, and the head and neck. The educational program should include the core knowledge, skills, and understanding of the basic medical sciences relevant to the head and neck; the upper respiratory and upper alimentary systems, the communication sciences, including the knowledge of audiology, speech pathology, rehabilitation, and the vestibular systems; and the chemical senses, otolaryngic allergy, endocrinology, and neurology as they relate to the head and neck area. The educational program also should include the clinical aspects of the diagnosis, the medical and/or surgical therapy, and the prevention and rehabilitation from diseases, neoplasms, deformities, disorders and/or injuries of the ears, the upper respiratory and upper alimentary systems, the face, the jaws, and other head and neck systems; head and neck oncology; and facial plastic and reconstructive surgery.

B. Duration and Scope of Education
1. Prior to admission, the program must notify each resident in writing of the required length of the educational program. The required length of the educational program for a particular resident may not be changed without mutual agreement during his or her program unless there is a significant break in his or her training or the resident requires remedial education.
2. Residency programs in otolaryngology-head and neck surgery must be of at least 6 years' duration, which must include 1 year of general surgery and at least 4 years of progressive education in the specialty. Experience in the basic surgical sciences should precede the otolaryngology-head and neck surgery education. The final year of the specialty education must be a chief resident experience and must be spent within institutions approved as part of the program.
3. While it is not essential that all programs have the same curriculum or offer a uniform sequence of experience, all accredited programs should adequately cover the entire scope of the discipline with interdisciplinary interaction as appropriate.
4. The program should provide a comprehensive educational experience in bronchoscopy, endocrinology, facial plastic and reconstructive surgery, head and neck surgery, immunology, laryngology, otology, otolaryngic allergy, neurology, neurosurgery, otolaryngology, and rhinology. The program must provide sufficient clinical and operative experience to enable the residents, on completion of their education, to practice this specialty in a scientific, a knowledgeable, and an independent manner.

II. Institutional Organization

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The sponsoring institution must provide sufficient faculty, financial resources, support space, clinical and research facilities, and library materials to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. The governing body of the sponsoring institution must grant the program director sufficient authority, financial support, and access to facilities to organize and supervise the following activities: resident selection and evaluation; the didactic and clinical components of the program, including patient management and scholarly activity; and staff recruitment and evaluation. There must be sufficient operative time available to ensure an adequate resident surgical experience.

B. Participating Institutions
1. Assignments to participating institutions must be based on clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VA of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.
4. In programs involving two or more hospitals, the sponsoring institution must organize the program to provide residents with a progressive educational experience.
5. Each participating institution must offer significant educational opportunities to the program. Resident education at each participating institution must comply with the Program Requirements for Otolaryngology. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
6. There must be a qualified otolaryngologist-head and neck surgeon appointed by and responsible to the program director in each geographically separate institution. This individual must be responsible for the education of the residents and also will supervise the educational activities of the other faculty relating to resident education in that institution. The program director at each
The educational program may not include assignments to any non-approved participating institutions for more than a total of 3 months without prior approval of the Residency Review Committee (RRC).

C. Facilities and Resources
There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff, pertinent library materials and current information technology readily available for clinical care, as well as diagnostic, therapeutic, and research facilities. Within each institution, beds sufficient for the needs of the service must be provided. Residents must have access to outpatient facilities, clinics, and office space for education in the regular preoperative evaluation and postoperative follow-up of cases for which the resident has responsibility. Technologically current equipment considered necessary for diagnosis and treatment must be available. A patient information system that facilitates both quality patient care and education must be available. It should be maintained to ensure easy and prompt access at all times, and be organized to permit the collection and evaluation of selected material from clinical records for investigative and review purposes. Residents should be provided with adequate office, sleeping, lounge, and food facilities during assigned duty hours. Adequate clerical support services also must be provided.

6. Library
a. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
b. Library services should include the electronic retrieval of information from medical databases.
c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. Programs may not graduate more residents in any given year than the number of residents approved by the RRC, except in cases where a resident's educational program is extended because the program director has determined the need for additional education to meet minimum requirements for competency. The program director must request approval in writing from the RRC to extend a resident's educational program. Any increase in the number of residents in any year of the program or in the total number of residents must receive prior approval of the RRC. Any request for change in the approved resident complement must include a strong educational rationale.

2. A vacancy in a resident complement, if filled, must be at the same level in which the vacancy occurs, unless otherwise approved by the RRC. Violations of these requirements will result in an adverse accreditation action.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
1. The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed otolaryngology residents.
2. Any program with subspecialty residents must submit a clear statement of the areas of education, clinical responsibilities, and duration of the educational program. This statement must be supplied to the RRC at the time the program is site visited.
3. If, in the judgment of the RRC, subspecialty residents will detract from the education of the regularly appointed otolaryngology residents, the accreditation status of the program may be adversely affected.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must:
a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
b. be certified by the American Board of Otolaryngology or possess qualifications judged to be acceptable by the RRC.
c. be appointed in good standing and based at the primary teaching site.
d. hold a license to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted).

B. Responsibilities of the Program Director
1. Oversight and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution,
Program Requirements for Residency Education in Otolaryngology

appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

7. Supervising residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

C. Faculty Qualifications

1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Otolaryngology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. It is desirable that, in addition to the program director, there be at least two other members of the faculty with qualifications similar to those of the program director.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E. 1.

4. The faculty is responsible for ensuring that the structure and content of the residency program reflect an appropriate education-to-service ratio. The resident should be recognized as a student and provided with a sufficient experience in nonoperative management and the preoperative, intraoperative, and postoperative care of patients with otolaryngologic disorders. This responsibility must include on-site supervision of the resident in operative, inpatient, outpatient, and emergency cases as well as participation in patient care conferences and other educational exercises.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty

1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge, supplemented by the addition of current information, and the development of resident competence in the six areas listed above.
   c. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

The residency program must require its residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals

228

Graduate Medical Education Directory 2004-2005
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**C. Didactic Components**

The program must have a comprehensive, well-organized, and effective curriculum, including the cyclical presentation of core specialty knowledge supplemented by the addition of current information. There must be evidence that the teaching is conducted in a variety of educational settings such as clinics, classrooms, operating rooms, bedsides, and laboratories, employing accepted educational principles.

1. Basic Science

   There must be a structured educational experience in basic science. Ordinarily, this should be provided within the participating institutions of the residency program. Any program that provides the requisite basic science experience outside the approved participating institutions must demonstrate that the educational experience provided meets these designated criteria. Faculty must participate in basic science education, resident attendance must be monitored, education must be evaluated, and content must be integrated into the educational program.

   The broad scope of the specialty of otolaryngology-head and neck surgery requires that the program provide basic science, medical and surgical education in the following areas:

   a. Basic sciences, as relevant to the head and neck and upper aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, cell biology, and immunology; the communication sciences, including knowledge of audiology and speech-language pathology; and the voice sciences as they relate to laryngology, as well as the chemical senses, endocrinology, and neurology as they relate to the head and neck.

   Basic Science Education should include instruction in anatomy, biochemistry, cell biology, embryology, immunology, molecular genetics, pathology, pharmacology, physiology, and other basic sciences related to the head and neck.

   b. Sufficient resources, including space, equipment, personnel, and funding for instruction and study of the basic sciences, should be available to permit satisfactory correlation between basic science knowledge and clinical application.

   c. Communication sciences as they relate to otology and laryngology, including audiology, speech-language pathology, and voice science.

   d. Resident instruction in anatomy should include study and dissection of cadaver specimens, including the temporal bone, with appropriate lectures and other formal sessions.

   e. Resident instruction in pathology should include formal instruction in correlative pathology in which gross and microscopic pathology relating to the head and neck area are included. The resident should study and discuss with the pathology service tissues removed at operations and autopsy material. It is desirable to have residents assigned to the Department of Pathology.

   f. Ethical, socioeconomic, and medicolegal issues that affect the provision of quality and cost-effective care and the utilization of resources within the health care system; the provision of quality and cost-effective otolaryngology care within the context of the health care system, and the use of the resources of that health care system, other medical specialists, information technology, continuing medical education, and the ongoing analysis of clinical outcomes to assure such care.

2. Clinical conferences

   Clinical conferences must be held regularly and should be attended by all residents and faculty. Grand rounds, mortality and morbidity conferences, tumor conferences, and conferences on other pertinent topics must be included in the educational program. Interdisciplinary conferences are encouraged.

**D. Clinical Components**

1. Clinical Experiences

   a. Diagnosis and diagnostic methods, including 1 audologic, vestibular, and vocal function testing, biopsy and fine needle aspiration techniques, and other related clinical and laboratory procedures for diagnosing diseases and disorders of the upper aerodigestive tract and the head and neck.

   b. Therapeutic and diagnostic imaging: the interpretation of medical imaging techniques relevant to the head and neck and the thorax, including studies of the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus.

   c. Diagnostic evaluation and management of congenital anomalies, otolaryngic allergy, sleep disorders, pain and other conditions affecting the regions and systems mentioned above and the chemical senses, endocrinology, and neurology as they relate to the head and neck.

   d. Management of congenital, degenerative, idiopathic, infectious, inflammatory, toxic, allergic, immunologic, vascular, metabolic, endocrine, neoplastic, foreign body and traumatic states through airway management, resuscitation, local/regional anesthesia, sedation and universal precaution techniques, operative intervention, and preoperative and postoperative care of the following major categories:

      1) General otolaryngology, including pediatric otolaryngology, rhinology, bronchosophagology and laryngology

      2) Head and neck oncologic surgery

      3) Facial plastic and reconstructive surgery of the head and neck

      4) Otolaryngology and neurotology

   e. Habilitation and rehabilitation techniques and procedures including respiration, deglutition, chemoreception, balance, speech, and auditory measures such as hearing aids and implantable devices.

   f. Diagnostic and therapeutic techniques involving endoscopy of the upper aerodigestive tract, including rhinoscopy, laryngoscopy, esophagoscopy, and bronchoscopy, as well as the associated application of stroboscopes, lasers, mechanical debriders, and computer assisted guidance devices.

   g. Exposure to state of the art advances and emerging technology in Otolaryngology/Head and Neck Surgery.

2. Surgical Experience

   a. Collectively, the sponsoring and participating institutions approved for the program must have a sufficient number and variety of adult and pediatric medical and surgical patients who are available for resident education.

   b. While not all residents are expected to have operative experience in all surgical specialty procedures, the surgical procedures performed by the residents must be sufficient in number and variety to provide education in the entire scope of the specialty. There must be adequate distribution and sufficient complexity within the principal categories of the specialty.

   c. Generally equivalent and adequate distribution of categories and procedures among the residents must be demonstrated. Significantly unequal experience in volume and/or complexity of cases managed by the residents will be considered serious...
Program Requirements for Residency Education in Otolaryngology

1. The responsibility for E.
2. Adequate resources for scholarly activities must be provided. The cumulative operative experience of each resident must be reviewed at least semi-annually by the program director as a part of his or her responsibility for evaluation of the balanced progress of individual residents. The program director is responsible for compiling accurate information regarding the institutional operative records and the individual resident operative reports annually at the end of each academic year and for submitting these records for review as requested by the RRC.

3. Outpatient Experience
   a. There must be a well-organized and well-supervised outpatient service. This service must operate in relation to an inpatient service used in the program. Residents must have the opportunity to see patients, establish provisional diagnoses, and initiate preliminary treatment plans. An opportunity for follow-up care must be provided so that the results of surgical care may be evaluated by the responsible residents. These activities must be carried out under appropriate faculty supervision.
   b. If residents participate in preoperative and postoperative care in a private office, the program director must ensure that the resident functions with an appropriate degree of responsibility with adequate supervision. Experience should be provided in office practice procedures and management.
   c. Residents must have experience in the emergency care of critically ill and injured patients with otolaryngology-head and neck conditions.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
   e. The educational program should provide a structured research experience for the residents, sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting. The research experience may be clinical or basic in nature and should reflect careful advice by and planning with the faculty. Facilities and protected time for research by the residents should be provided, with guidance and supervision by qualified faculty.
2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
   Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, residents may assist in surgery.
   c. No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the otolaryngology service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

Resident Policies
   The program director must ensure, direct, and document the implementation of and compliance with appropriate resident policies at all times.

7. Graded Responsibility
   The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status. The program must provide residents with experience in direct and progressively responsible patient management, including surgical experience as assistant to the surgeon, as they advance through the educational program. This education must culminate in sufficient independent responsibility for clinical decision making to reflect that the graduating resident has developed sound clinical judgment and possesses the ability to formulate and carry out appropriate management plans.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) written semiannual evaluation that is communicated to each resident in a timely manner and
         2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
      c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
      d. Residents who fail to demonstrate appropriate industry, competence, responsibility, learning abilities, or ethics should be successively counseled and, after due process, dismissed if remediation has not occurred.
      e. It is essential that the residents participate in existing national examinations. The annual Otolaryngology Training Examination (OTE), offered by the American Board of Otolaryngology, is one example of an objective test that can be used by the program. An analysis of the results of these testing programs should guide the faculty in assessing the strengths and weaknesses of individual residents and the program. The program director should also monitor the performance of program graduates on the examinations of the American Board of Otolaryngology.
   2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution.
Program Requirements for Residency Education in Otolaryngology

I. Introduction

A. Definition and Description of the Specialty

The neurotology lateral skull base surgery program will provide advanced education in the diagnosis and management of disorders of the temporal bone, lateral skull base, and related structures. Surgery of the lateral skull base that involves the mesial aspect of the dura or intradural structure requires the joint effort of an neurotology and neurological surgery team. A 24-month educational program will ensure that concentrated time is available for the neurotology resident to develop advanced diagnostic expertise and advanced medical and surgical management skills not afforded in the basic otolaryngology residency program; ie, for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (eg, vestibular nerve section and joint neurotology resection of intradural VIII nerve tumors), and lateral skull base, including the occipital bone, sphenoid bone, and temporal bone. This advanced education is required so that the neurotology resident may develop expertise with extradural skull base approaches in collaboration with neurological surgery. The postoperative care of these lateral skull base surgery patients requires the joint management of both neurological surgery and neurotology. The advanced education is also necessary to gain expertise in the joint collaborative management of patients undergoing lateral skull base surgery. In addition, the program will permit exposure to new research opportunities and time to explore new research ideas.

B. Duration and Scope of Education

1. Admission to a program is contingent on completion of a residency program in otolaryngology accredited by the Accreditation Council for Graduate Medical Education (ACGME).

2. The duration of the program is 24 months, all of which must be spent in participating institutions approved by the Residency Review Committee (RRC). The neurotology program must be associated with an ACGME-accredited otolaryngology program. Resident experiences in related specialties such as physical medicine and rehabilitation, neurology, neurological surgery, neuroradiology, and neuropathology must be offered by the sponsoring institution.

3. One neurotology resident should be enrolled each year. A program without a resident for 2 successive years will be administratively withdrawn. The RRC will develop an annual resident reporting system to ensure that ACGME procedures are followed in this respect.

C. Program Goals and Objectives

The program course of study must be comprehensive and well organized and must provide each resident with opportunities for progressive management responsibility in both inpatient and outpatient environments. The goals and objectives of the program must include the following experiences:

1. The program must include increasing responsibility in both inpatient and outpatient environments. Direct surgical experience with all procedures must be documented. The experience must include neurotology and lateral skull base surgery techniques with intracranial exposures performed jointly with neurosurgery.

2. Program faculty must be responsible to the patient and the neurotology resident so that when a neurootologist plans an operation in which the dura may be entered, neurological consultation will be obtained to determine the appropriateness and planning of a joint surgical effort by both neurootology and neurosurgery.

3. The refinement of diagnostic expertise and the development of medical and surgical management strategies, including intracranial exposure, and postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.

4. Because advanced neurotology is multidisciplinary in nature and because interactions with peers from related disciplines contribute to the quality of education, the faculty from related disciplines such as neurology, neurological surgery, audiology, neuro-ophthalmology, neuroradiology, and neuropathology must be offered by the sponsoring institution. Close interaction with physical medicine and rehabilitation in the aspect of otologic-neurologic rehabilitation is highly desirable.

5. In addition to combined educational conferences with the other disciplines listed in C.4 above, cooperative efforts in the diagnostic area with neurological surgeons, surgical team approaches to operative therapy with neurosurgeons, and combined approaches...
to rehabilitative efforts with physical medicine and rehabilitation must be emphasized. The program faculty must be responsible to the patient and the neurotology resident so that when an neurotologist plans an operation in which the dura may be entered, it is expected that neurosurgical consultation will be obtained to determine the appropriateness and planning of a joint effort by neurotology and neurosurgery.

6. The neurotology resident must be provided with experience in the habilitation and rehabilitation of the vertiginous patient and the treatment of intracranial and intratemporal facial nerve disorders.

7. Participation in a multidisciplinary surgical team that manages disorders of the temporal bone, cerebellopontine angle, lateral skull base, and related structures is required. Members of the team should include audiologists, electrophysiologists, head and neck surgeons, neurologists, neuroradiologists, neurological surgeons, neuro-opthalmologists, neuropathologists, neurologists, and psychiatrists.

II. Institutional Organization

A. Sponsoring Institution
1. A single sponsoring institution must sponsor the neurology program, as stated in the Institutional Requirements.
2. The sponsoring institution must provide sufficient faculty, financial resources, and clinical and research support. Other educational resources, such as a temporal bone dissection laboratory; testing facilities for complete auditory and vestibular evaluation that include facilities for intracranial nerve monitoring; and other appropriate diagnostic, therapeutic, and research facilities to meet the educational needs of the neurotology residents, are required.
3. Service commitments must not compromise the achievement of the program's educational goals and objectives.

B. Participating Institutions
1. If the resources of two or more institutions are used, interinstitutional agreements must be developed by the institutional governing boards, as referenced in the Institutional Requirements.
2. The RRC must approve the addition and deletion of all participating institutions prospectively. Such approval will be based on a clear educational rationale and the value of the institution to the program as a whole.

C. Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an onsite library or to a collection of appropriate texts and journals in each institution participating in the educational program.

D. Appointment of Residents
1. The RRC will approve a total number of neurotology residents in the program for each year. The number of residents will be based on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to the educational program.
2. A program may not graduate more residents in any given year than are approved by the RRC unless prior approval has been received.

III. Program Personnel
The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
1. Qualifications
a. A single program director with the requisite and documented clinical and educational experience must be responsible for the program. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located and must be appointed in good standing to the medical staff of an institution participating in the program.
b. The program director must be certified by the American Board of Otolaryngology and be certified in the subspecialty or possess suitable equivalent qualifications, as determined by the RRC.
c. The program director must have administrative responsibility for the neurotology program and should possess the skills of administrator, clinician, teacher, and researcher. The program director must devote sufficient time to the program to ensure continuity of leadership and to fulfill all of the responsibilities inherent in meeting the educational goals of the program. Frequent changes of leadership or long periods of temporary leadership will be cause for serious concern. The executive secretary should be notified promptly of any change in program leadership.
2. Responsibilities
a. Development of a sound administrative and organizational framework, to include an effective faculty as an essential element of the program.
b. Maintenance of the record of neurotology operative cases performed by the service and for each neurotology resident. These records must be reviewed annually by the program director with the resident as a part of the director's responsibility for evaluation of the balanced progress of each resident and of the total program. These data must be submitted to the RRC at the time of the program review.
c. Preparation of a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of neurotology residents at each level of education and for each major rotation or other program assignment. This statement must be distributed to residents and members of the faculty and must be readily available for review.
d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
e. Selection and supervision of faculty and other personnel at each institution participating in the program.
f. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
g. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
h. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should
be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.

1. Preparation of an accurate statistical and narrative description of the program, as requested by the RRC.

**B. Faculty**

1. There must be one neurotology faculty member in addition to the program director who is certified by the American Board of Otolaryngology with additional appropriate professional qualifications in neurotology or other equivalent qualifications, as determined by the RRC.
2. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support for the goals and objectives of the program, commitment to their own continuing education, and participation in scholarly activities. One measure of this commitment is the extent to which faculty members permit neurotology residents to participate in the management of patients in their care.
4. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving them. At least one resident should participate in these reviews.
5. The faculty should periodically evaluate the use of resources available to the program, the contribution of each participating institution, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of resident supervision.
6. The faculty must demonstrate involvement in scholarly activities, including:
   a. participation in their own continuing education;
   b. participation in regional and national scientific societies;
   c. presentation and publication of scientific studies;
   d. active participation in research as it pertains to neurotology;
   e. offering of guidance and technical support, eg, research design and statistical analysis, for residents involved in research;
   f. active participation in clinical discussions, rounds, and conferences in a manner that promotes the spirit of inquiry and scholarship.
7. Because neurotology is multidisciplinary in nature and because interaction with peers from related disciplines contributes to the quality of education, faculty from related disciplines such as audiology, neuro-ophthalmology, neurosurgery, oncology, physical medicine and rehabilitation, psychiatry, and radiology should participate in the program to enhance the residents' educational opportunities. These faculty members should have recognized expertise in neurotology.

**C. Other Program Personnel**

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

**IV. The Educational Program**

The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for the practice of the specialty. This objective can be achieved only when the program leadership, the faculty, and the sponsoring institution are committed to the educational program and when appropriate resources and facilities are available.

**A. General**

1. The program director is responsible for developing a structured curriculum with written, defined goals and objectives. Clinical, basic science, and research conferences and seminars and critical literature review activities about the subspecialty must be conducted regularly and as scheduled. The neurotology residents must participate in planning and in conducting conferences. Both the faculty and neurotology residents must attend and participate in multidisciplinary conferences.
2. The neurotology residents must be provided with the opportunity to develop skills in providing consultation, in communication with colleagues and referring physicians, and in teaching medical students, physicians, and other professional personnel.
3. Lines of responsibility must be clearly delineated between neurotology residents and otolaryngology residents in the areas of training, clinical responsibilities, and direction of training. Such information must be supplied to the RRC at the time of the review and survey.
4. The same resident duty hours and supervision requirements apply to these subspecialty residents as documented in the core Program Requirements for Residency Education in Otolaryngology.

**B. Course of Study**

1. **Academic**
   The academic component should provide supplemental education in the basic sciences related to neurotology, including allergy and immunology, audiology and rehabilitative audiology, genetics, neuroanatomy, neurophysiology, neuropathology, neuropharmacology, neuro-ophthalmology, physical medicine and rehabilitation, temporal bone histopathology, and vestibular pathophysiology. The course of study must reflect the following content areas:
   a. Neurophysiology, neuropathophysiology, diagnosis, and therapy of advanced neurologic disorders, including advanced audiolingual and vestibular testing; evaluation of cranial nerves and related structures; interpretation of imaging techniques of the temporal bone and lateral skull base; and electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII
   b. Vestibular rehabilitation
   c. Auditory and speech rehabilitation of the hearing impaired, included cochlear implants
   d. Management and rehabilitation of extracranial cranial nerve defects and those defined in the definition and description of the specialty (Section IA)
   e. Didactic and laboratory experience teaching advanced surgical techniques to deal with diseases and disorders of the auditory and vestibular systems; extracranial skull base, including the sphenoid bone; temporal bone; and reconstructive techniques for repair of deficits in these areas

2. **Clinical**
   1. Programs must provide structured clinical opportunities for residents to develop advanced skills in neurotology and lateral skull base surgery, including exposure to intracranial approaches.
   2. A sufficient volume and variety of cases must be available to ensure adequate inpatient and outpatient experience for each neurotology resident.
   3. Each neurotology resident must prepare documentation of surgical experience as both assistant surgeon and surgeon in the surgical revision procedures for the treatment of chronic otitis media; disorders of the vestibular system; otosclerosis; profound hearing loss; facial nerve disorders; and congenital inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural
petrous bone and apex, occipital bone, sphenoid bone, and related structures.

4. The diagnosis and medical and surgical management of congenital, traumatic, inflammatory, degenerative, neoplastic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.

5. Audiometric testing including auditory brainstem responses and otocoustic emissions, vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures are required experiences.

6. Rehabilitation techniques and procedures concerning the vestibular disorders, cranial nerve neuropathies, assistive listening devices and hearing aids, and cochlear implants must be provided.

D. Research and Scholarly Activity

1. Graduate medical education must take place in an environment of inquiry and scholarship in which neurotology residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty.

2. The course of study must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research. The neurotology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases.

3. It is highly desirable that the resident prepare and submit at minimum one paper for publication in a peer-reviewed journal. While the specific content will be related to the particular expertise, interest, and capability of the program faculty and institutional resources, the general goal of the research experience should be maintained.

V. Evaluation

A. Resident Evaluation

The program director with participation of the faculty must:

1. evaluate each resident in writing at least semiannually, using appropriate criteria and procedures. The evaluation must be confidential and must include observation, assessment, and substantiation of the resident’s acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, humanistic qualities as demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.

2. communicate each evaluation to the resident in a timely manner and provide feedback on his or her performance, including appropriate counseling and necessary remedial effort.

3. advance residents to positions of higher responsibility based on evidence of satisfactory progressive scholarship and professional growth.

4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

5. provide a final written evaluation for each resident graduating from the program that includes a review of resident performance during the program. This evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final record should be part of the resident’s permanent record maintained at the institution.

6. maintain the record of surgical operative procedures performed by the resident during the educational program. These records must be submitted to the program director and kept in a permanent file for review as requested.

B. Faculty Evaluation

All faculty must be evaluated on a regular basis. This evaluation should include teaching ability and commitment to the educational program, clinical knowledge, and scholarly contributions. Residents should participate in this evaluation.

C. Program Evaluation

There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the neurotology residents, and the extent to which the goals of resident education have been met. Confidential written evaluations by residents should be included in this process.

AGME: June 1995 Effective: June 1995
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Program Requirements for Residency Education in Pediatric Otolaryngology (Otolaryngology)

I. Introduction

A. Definition of the Subspecialty

Pediatric otolaryngology is a subspecialty within otolaryngology-head and neck surgery defined by both the age of the patient served and the knowledge and skill of the physician providing medical and surgical care. The pediatric otolaryngologist has special expertise in the management of infants and children with complex problems generally referred to tertiary care pediatric institutions with a multidisciplinary team of full-time hospital-based medical specialists. A pediatric otolaryngology educational program will be based in a tertiary care pediatric institution where the care of children can be readily coordinated with other subspecialists, thus allowing sufficient exposure and broad experience in the management of uncommon and complex otolaryngology disorders in children. A pediatric otolaryngology educational program must provide the following experiences for the pediatric otolaryngology residents: the diagnosis and care of congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear and neck; expertise in the diagnosis, treatment, and management of childhood disorders of voice, speech, language, and hearing; and a knowledge of genetics. The program should provide opportunities for the pediatric otolaryngologist to function as an advocate for the child and facilitate patient management in the home, school, or institutional setting.

B. Duration and Scope of Education

1. Admission to a pediatric otolaryngology program is contingent on completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in otolaryngology.

2. The duration of a pediatric otolaryngology program is 24 months, all of which must be spent in participating institutions approved by the Residency Review Committee (RRC). The pediatric otolaryngology program must be associated with an ACGME-accredited otolaryngology program.
3. One pediatric otolaryngology resident should be enrolled each year. A program without a resident for 2 successive years will be administratively withdrawn. The RRC will develop an annual resident reporting system to ensure that the ACGME procedures are followed in this respect.

C. Program Goals and Objectives
The overall goal for residency education is to provide the pediatric otolaryngology resident with diagnostic and surgical skills for the care of ear, nose, throat, head and neck, and bronchoesophageal disorders of children that are uncommon and complex. Specific objectives include:
1. an in-depth study of the embryology, developmental anatomy and physiology, microbiology, oncology, and psychology of the infant and child as related to the head and neck;
2. an understanding of the differences among the medical management of infant, childhood, and adult diseases of the head and neck;
3. provision for a sufficient number and variety of pediatric otolaryngology surgical procedures in the scope of the specialty with emphasis on those procedures infrequently encountered in the general practice of otolaryngology;
4. an appreciation for the inherent complexities of interacting with children and their families compared with adult patients; and
5. the ability to teach otoscopic and other diagnostic skills to pediatricians and other primary care physicians.

II. Institutional Organization

A. Sponsoring Institution
1. A pediatric otolaryngology educational program must be sponsored by a single sponsoring institution, as stated in the Institutional Requirements. In addition, the program must be based within a pediatric tertiary care institution that provides sufficient exposure and broad experience in the management of uncommon and complex otolaryngology disorders of children. The RRC will develop an annual resident reporting system to ensure that ACGME procedures are followed in this respect.
2. The sponsoring institution must provide sufficient faculty, clinical material, research and other educational resources to meet the needs of the pediatric otolaryngology residents.
3. Service commitments must not compromise the achievement of educational goals and objectives.

B. Participating Institutions
1. If the resources of two or more institutions are used, interinstitutional agreements must be developed by the institutional governing boards, as referenced in the Institutional Requirements.
2. The RRC must approve the addition or deletion of all participating institutions prospectively. Such approval will be based on a clear educational rationale and the value of the institution to the program.

C. Appointment of Residents
1. The RRC will approve a total number of pediatric otolaryngology residents in the program for each year. The number will be based on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to the program.
2. The program may not graduate more residents in any year than are approved by the RRC unless prior approval has been received.

III. Program Personnel
The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
1. Qualifications
   a. There must be a single program director responsible for the program with requisite and documented clinical, educational, and administrative abilities and experience. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located and be appointed in good standing to a faculty position.
   b. The program director must be certified by the American Board of Otolaryngology and be certified in the subspecialty or possess suitable equivalent qualifications as determined by the RRC.
   c. The program director must have administrative responsibility for the pediatric otolaryngology program and should possess the skills of administrator, clinician, teacher, and researcher. The program director must devote sufficient time to the program to ensure continuity of leadership and to fulfill all responsibilities inherent in meeting the educational goals of the program. The executive secretary should be notified promptly of any change in program leadership.
2. Responsibilities
   a. Development of a sound administrative and organizational framework that includes an effective faculty as an essential element of the program. Continuity of leadership is essential to the program’s stability. Frequent changes in leadership or long periods of temporary leadership will be cause for serious concern. The executive secretary should be notified promptly of any change in program leadership.
   b. Maintenance of a record of pediatric otolaryngology operative cases performed by the service and a record of operative experience for each pediatric otolaryngology resident. These records must be reviewed at least semiannually by the program director as a part of his or her responsibility for evaluation of the balanced progress of each individual resident and of the total program. These data must be submitted to the RRC at the time of each program review.
   c. Preparation of a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents at each level of education and for each major rotation or other program assignment. This statement must be distributed to residents and members of the faculty and be readily available for review.
   d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   e. Selection and supervision of faculty and other personnel at each institution participating in the program.
   f. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
   g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
b. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.

i. Preparation of an accurate statistical and narrative description of the program, as requested by the RRC.

B. Faculty
1. There must be one pediatric otolaryngology faculty member in addition to the program director who is certified by the American Board of Otolaryngology with additional appropriate professional qualifications in pediatric otolaryngology or other equivalent qualifications, as determined by the RRC.

2. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all pediatric otolaryngology residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

3. Because the care of pediatric otolaryngology patients may be multidisciplinary in nature, additional peers from pediatrics and other related pediatric disciplines should participate in the program to enhance the residents' educational opportunities. Examples of related faculty may include anesthesiology; medical genetics; radiology; neonatology; pediatric neurology; audiology; speech, voice, and hearing specialists; plastic surgery; and pathology.

4. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support for the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. One measure of this commitment is the extent to which faculty members permit pediatric residents to participate in the management of patients under their care.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving them. At least one pediatric otolaryngology resident should participate in these reviews.

6. The faculty should periodically evaluate the utilization of resources available to the program, the contribution of each participating institution, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of resident supervision.

7. The faculty must demonstrate involvement in scholarly activities, to include:
   a. participation in their own continuing education;
   b. participation in regional and national scientific societies;
   c. presentation and publication of scientific studies;
   d. active participation in research as it pertains to pediatric otolaryngology;
   e. offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research; and
   f. active participation in clinical discussions, rounds, and conferences to promote a spirit of inquiry and scholarship.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program
The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for the practice of the subspecialty.

This objective can be achieved only when the program leadership, the faculty, and the sponsoring institution are committed to the educational program and when appropriate resources and facilities are available.

A. General
1. The program director is responsible for developing a structured curriculum with written, defined goals and objectives. Clinical, basic science, and research conferences and seminars and journal club activities pertaining to the subspecialty must be conducted regularly. The pediatric otolaryngology resident must participate in planning and conducting the conferences. Both the faculty and the resident must attend and participate in multidisciplinary conferences.

2. The pediatric otolaryngology resident must be provided with opportunities to develop skills in providing consultation, in communicating with colleagues and referring physicians, and in teaching medical students, residents, physicians, and other professional personnel.

3. Lines of responsibility must be clearly defined between pediatric otolaryngology and otolaryngology residents in the areas of education, clinical responsibilities, and duration of education. Such information must be supplied to the RRC at the time of the survey and review.

4. The same resident duty hours and supervision requirements apply to these subspecialty residents as those documented in the Program Requirements for Residency Education in Otolaryngology.

B. Clinical
1. Outpatient Experiences
a. There must be adequate outpatient experiences to provide a sufficient number of visits for the evaluation of patients with varied types of disorders to provide the residents with wide experience in diagnosis and outpatient management of patients with otolaryngology disorders. Residents are required to attend a minimum of two clinic sessions per week.

b. Experience in the ambulatory care setting should include evaluation of children with common disorders and experience with the diagnosis and management of children with congenital abnormalities of the head and neck, hearing impairment, inherited disorders and developmental abnormalities, swallowing disorders, and sinus disease.

c. In addition, multispecialty, interdisciplinary team experience should be provided to include, for example, a craniofacial and/or cleft palate team.

2. Inpatient
a. An adequate inpatient facility must be available to provide a broad range of pediatric consultative experience.

b. Pediatric intensive care facilities must be available for resident experience.

C. There must be a sufficient number and variety of surgical cases to provide the pediatric otolaryngology resident with operative experience in all aspects of pediatric otolaryngology.

The surgical case load should include experience in the following areas: laryngobronchoparaseaphagology, head and neck surgery, laryngotracheal surgery, otologic surgery, surgery of the nose and paranasal sinuses, surgery for congenital abnormalities of the head and neck, and surgery for benign and malignant head and neck disorders.

3. Diagnostic
Program Requirements for Residency Education in Pediatric Otolaryngology (Otolaryngology)

a. Complete diagnostic facilities for infants and children with otolaryngologic disorders must be available to provide the resident with the opportunity to interpret the results of diagnostic studies.

b. The diagnostic studies for complete audiologic, voice, speech, language, and developmental assessments must be available. In addition, state-of-the-art diagnostic, therapeutic, and laboratory facilities must be provided.

C. Research and Scholarly Activity
1. Graduate medical education must take place in an environment of inquiry and scholarship in which pediatric otolaryngology residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty.

2. The course of study must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research. The pediatric otolaryngology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases. It is highly desirable that the resident prepare and submit one paper for publication in a peer-reviewed journal.

D. Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an onsite library or to collections of appropriate texts and journals in each institution participating in the educational program.

V. Evaluation
A. Resident Evaluation
The program director, with faculty participation, must
1. evaluate residents in writing at least semiannually regarding the knowledge, skills, and professional growth using appropriate criteria and procedures. The procedures must be confidential and must include observation, assessment, and substantiation of the resident's acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, and humanistic qualities demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.

2. communicate each evaluation to the resident in a timely manner and provide feedback on his or her performance, including appropriate counseling and necessary remedial effort.

3. advance residents to positions of higher responsibility based on evidence of satisfactory progressive scholarship and professional growth.

4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

5. provide a final written evaluation for each resident graduating from the program that includes a review of the resident's performance during the program. This evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record at the institution.

6. maintain the list of all surgical operative procedures performed by the resident during the educational program. These data must be submitted to the program director and kept in a permanent file for review by the RRC at the time of the site visit and review.

B. Faculty Evaluation
All faculty must be evaluated on a regular basis. This evaluation should include teaching ability and commitment to the educational program, clinical knowledge, and scholarly contributions. Residents should participate in this evaluation.

C. Program Evaluation
There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the pediatric otolaryngology residents, and the extent to which the goals of resident education have been met. Confidential written evaluations by residents should be included in this process.

ACGME: June 1995 Effective: June 1995
Program Requirements for Residency Education in Pathology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Scope of the Specialty
Graduate medical education programs in pathology are accredited in the following categories:

- APCP-4 Four-year programs in anatomic pathology and clinical pathology.
- AP-3 Three-year programs in anatomic pathology.
- CP-3 Three-year programs in clinical pathology.
- PCP-1 One-year programs in cytopathology.
- BB-1 One-year programs in blood banking/transfusion medicine.
- DP-1 One-year programs in dermatopathology.
- FP-1 One-year programs in forensic pathology.
- HMP-1 One-year programs in hematology.
- MM-1 One-year programs in medical microbiology.
- NP-2 Two-year programs in neuropathology.
- PP-1 One-year programs in pediatric pathology.
- FCH-1 One-year programs in chemical pathology.
- SP One-year programs in selective pathology. Selective pathology programs are typically sponsored by institutions that provide unique educational resources in a specialized area of pathology.

B. Duration and Scope of Training

1. Graduate medical education programs in anatomic pathology and/or clinical pathology must provide an organized educational experience for qualified physicians seeking to acquire the basic competence of a pathologist.
2. Programs must offer residents the opportunity to acquire a broad understanding of anatomic pathology and/or clinical pathology, the techniques and methods of those disciplines, and the consultative role of the pathologist in patient-care decision making.
3. APCP-4 programs are accredited to offer 4 years of education/training in anatomic pathology and clinical pathology, 3 years of training in anatomic pathology (AP-3), and 3 years of training in clinical pathology (CP-3).
4. AP-3 and CP-3 programs must include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. The remaining 12 months of training may be a continuation of structured anatomic pathology or clinical pathology education or may be devoted to a specialized facet of pathology.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. Institutions involved in residency programs must be in compliance with the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education. Institutional commitment to graduate medical education is a critical influence on a residency and will be carefully evaluated when pathology programs are reviewed.
2. As other residency programs facilitate peer interchange and augment the breadth of the educational experience, institutions providing graduate medical education in anatomic pathology and/or clinical pathology should also sponsor at least three additional accredited residency programs. Programs in internal medicine, family practice, obstetrics and gynecology, general surgery, pediatrics, and radiology are considered to be most complementary to pathology education. Requests for exceptions to this requirement will be considered on a case-by-case basis.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by an institution providing more than 6 months of training in a program must be approved by the RRC.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.
4. Resident assignments away from the primary institution should not prevent regular resident participation in rounds and conferences, either at the parent institution or in equivalent conferences at participating institutions.

C. Program Facilities

1. Adequate space and equipment must be available for the conduct of the program, including equipment for the performance of all the functions described above, meeting rooms, classrooms, and office and research space for staff.
IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership. Frequent changes in the directorship or long periods of temporary leadership are cause for serious concern by the RRC.

A. Qualifications of the Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, should be a member of the staff of the sponsoring or integrated institution, and must devote sufficient time to fulfill the responsibilities inherent in meeting the educational goals of the program, including the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, resident staff, and educational resource materials.

b. be certified by the American Board of Pathology (in anatomic pathology and clinical pathology, anatomic pathology, or clinical pathology) or possess qualifications judged to be acceptable by the RRC.

c. be appointed in good standing and based at the primary teaching site.

d. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

B. Responsibilities of the Program Director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS). When a program is scheduled for review by the RRC, action by the RRC will be deferred, or an adverse action considered, if the forms are not completed as requested.

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair. The RRC must also be provided written notification of major changes in a program within 90 days. Prior approval of the RRC is required for the addition or deletion of a major participating institution, a major change in the design of the program, or an increase or decrease in the approved number of residents in the program.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
1. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
2. The laboratories providing patient-care services must be accredited by the appropriate organizations and must be directed by a qualified physician who is licensed to practice medicine and is a member of the medical staff.
3. The number and qualifications of medical technologists and other support personnel must be adequate for the volume of work in the laboratory and the educational activities of the institution.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
   a. The program statement must also include
      1) a listing and description of elective rotations, the year(s) of the program in which they are available, and their duration;
      2) a description of resident opportunities for teaching and research.
   b. The description of rotations, assignments, or other experiences must also include
      1) the goals and objectives of the experience;
      2) the duration of the experience;
      3) the duties and responsibilities of residents at each year of training;
      4) the teaching staff responsible for the supervision and instruction of the residents during the experience; and
      5) the manner in which residents are supervised and evaluated during the experience.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management.
   a. Residents must be considered integral members of the staff of the Department of Pathology and must have the opportunity to participate in discussion of matters related to management of the Department.
   b. There must be periods of time when decision making in the laboratory is the direct responsibility of residents, under appropriate supervision.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate a satisfactory level of diagnostic competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
3. Practice-based learning and improvement that involves investigation and evaluation of their diagnostic and consultative practices, appraisal and assimilation of scientific evidence, and improvements in their patient care practices.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide pathology services that are of optimal value.

C. Didactic Components

1. Curriculum
   a. Education in anatomic pathology must include autopsy and surgical pathology, cytology/pathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histotechnology, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available.
   b. Education in clinical pathology must include microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, aspiration techniques, and other advanced diagnostic techniques as they become available.
   c. Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient care decision making and patient care consultation. Residents must also participate in pathology conferences, rounds, teaching, and scholarly activity and gain experience in the management and direction of a pathology laboratory (including quality assurance, safety, regulations, and the use of hospital and laboratory information systems).
   d. The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means; in any case, all rotations and other assignments must conform to the educational goals and objectives of the program.

2. Seminars, Conferences, and Rounds
   a. There must be regularly scheduled seminars and conferences devoted to the basic and applied medical sciences and clinical correlation conferences.
   b. Clinical correlation conferences (e.g., a pediatric mortality conference) should be held with clinical services such as internal medicine, surgery, gynecology, radiology, pediatrics, and their subspecialties.
   c. There must be departmental conferences, in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.
   d. Residents must participate in the regular, formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, infectious disease service rounds should be attended during an assignment in microbiology.

3. Consultation
   a. Both faculty and residents must be regularly involved in consultative activity.
   b. Patient-care consultations should be both intra- and interdepartmental.

4. Resident Teaching
   a. Residents should participate in the education of medical students and other trainees.
   b. The effectiveness of residents as teachers should be monitored and evaluated by the program director and teaching staff.

D. Clinical Components

1. Resources for Anatomic Pathology
   a. The volume and variety of material available in the program for anatomic pathology education must be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities, and develop the necessary professional and technical skills to perform the functions of an anatomic pathologist. This experience must emphasize the role of the pathologist as a consultant for effective patient care decisions.
   b. While the quality of an educational program is not based upon volume of teaching material alone, programs should have sufficient volume and variety of material available for educational purposes to ensure that all residents
   c. perform at least 50 autopsies during the program. Each resident must be the primary prosctor of 40 autopsies. Further, programs must ensure that residents participate fully in all aspects (including gross and microscopic examinations) of the autopsies they count toward this standard. It is highly desirable that this experience include forensic and stillborn autopsies.
   d. examine and sign out at least 2000 surgical pathology specimens during the program. This material must include a variety of both exfoliative and aspiration specimens.
   e. perform at least 200 operating room consultations (frozen sections) during the program.

2. Resources for Clinical Pathology
   a. The volume and variety of material available in the program for training in clinical pathology should be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities, and develop the necessary professional and technical skills to perform the functions of a clinical pathologist. This experience must emphasize the role of the pathologist as a consultant for effective patient care decisions.
   b. The number and variety of tests performed in the laboratories utilized in the program should be sufficient to give residents experience in the range of tests typically available in a general hospital. Further, resident experience should be augmented through the use of seminar and course materials and laboratory indexes of unusual cases.
   c. While the quality of an educational program is not based upon the volume of teaching material alone, programs should have a laboratory workload that will ensure that all residents gain experience with the full spectrum of clinical pathology procedures.
   d. A sufficient number of supervisory personnel and medical technologists, as well as modern equipment, must be available in each of the laboratories utilized in the program.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. Resident Research

a. Throughout their time in the program, residents should be exposed to and encouraged to participate in clinical or laboratory research, research seminars, work-in-progress sessions, and organized reviews of intradepartmental research.

b. Resident involvement in research may be related to methods development, clinical or basic research, or literature surveys, but in all cases the program should provide an environment that promotes research or scholarly activity by residents.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficiently to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational
VI. Evaluation

A. Resident Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least:
      1) written semiannual evaluation, including that of rotations outside the primary institutions or to specialty experiences, that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d.), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be reviewed by the RRC and approved in advance to assure that they are consistent with the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Pathology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2001 Effective: July 2001
ACGME General Competencies: July 2002
Common Program Requirements: July 2003

Program Requirements for Residency Education in Blood Banking/Transfusion Medicine (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Blood banking/transfusion medicine is the practice of laboratory and clinical medicine concerned with all aspects of blood transfusion, including the scientific basis of transfusion, selection and recruitment of blood donors, utilization and quality control, preparation of blood components, pretransfusion testing, transfusion of blood components, adverse effects of blood transfusion, autoimmunity, transplantation; histocompatibility, therapeutic apheresis and phlebotomy, blood substitutes, medicolegal considerations of transfusion, management aspects of blood services, including regulatory issues, and the history of blood transfusion. Blood banking/transfusion medicine requires a strong foundation in clinical pathology as well as clinical medicine.

B. Duration and Scope of Education
1. Graduate medical education programs in blood banking/transfusion medicine must provide an organized educational experience for qualified physicians seeking to acquire additional competence in blood banking/transfusion medicine.
2. Programs will be accredited to offer 1 year of organized education in all aspects of blood banking/transfusion medicine.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. Each blood banking/transfusion medicine program should be administratively attached to an Accreditation Council for Graduate Medical Education-accredited residency in anatomic and/or clinical pathology when feasible.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by any institution providing more than 2 months of training must be approved by the RRC.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. specify the period of fellow assignment;
   d. establish the policies that will govern fellow education during the assignment.

C. Institutional Resources

1. The program must have a sufficient number and variety of patients to offer training in the widest range of blood banking/transfusion medicine. There must be a mechanism for the retrieval and review of cases. There must be effective mechanisms to facilitate clinical correlation with laboratory findings.

2. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.

3. The institutions, laboratories, and clinical services participating in the program must be appropriately accredited and/or licensed.

D. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

2. The fellow should have completed two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of clinical pathology, or be certified by a primary medical specialty board of the American Board of Medical Specialties.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer

To determine the appropriate level of education for a fellow who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed blood banking fellows.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

2. The program director must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Pathology in Blood Banking/Transfusion Medicine or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in blood banking/transfusion medicine.
c. be appointed in good standing, privileged in blood banking/transfusion medicine, and based at the primary teaching site.
d. have at least 3 years active participation as a specialist in blood banking/transfusion medicine following completion of training.
e. be licensed to practice medicine in the state where the institution that sponsors the program is located.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology in Blood Banking/Transfusion Medicine or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the fellows in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.
3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
1. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
2. The laboratories and clinical services involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution’s medical staff.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
Residents must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to develop these competencies. The program must create and reinforce the concept of life-long learning.
1. Patient care
   Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.
2. Medical knowledge
   residents must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
3. Practice-based learning and improvement
   residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.
4. Interpersonal and communication skills
   residents must be able to demonstrate interpersonal and communication skills that result in effective information ex-
change and teaming with other health care providers, patients, and patients' families.

5. Professionalism
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
Residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Didactic Components
1. There must be sufficient opportunity for the fellow to develop comprehensive knowledge of the technical aspects of blood banking and immunochemistry. There must be an opportunity to acquire knowledge and skills in new technologies as they become available.
2. Lectures, tutorials, seminars, and conferences must be regularly scheduled and held, with active participation of clinical services. The fellows must have the opportunity to attend regional or national meetings.
3. Instruction should include studies illustrating usual and unusual cases.

D. Clinical Components
Clinical aspects of transfusion medicine must be emphasized throughout the program. Fellows must participate in ongoing clinical consultations regarding all aspects of blood transfusion and have opportunity to develop competence in providing services to patients and other physicians.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty.
   The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
   1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
VI. Evaluation

6. Duty Hours Exception

A. The residency program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include:

a. the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. mechanisms for providing regular and timely performance feedback to fellows that includes at least:
1) written semiannual evaluation that is communicated to each fellow in a timely manner and
2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.

c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner:

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment

a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.

b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

VIII. Certification and Accreditation

A. The RRC for Pathology is responsible for accreditation of graduate medical education programs in blood banking/transfusion medicine. The American Board of Pathology is responsible for certification of individual physicians in blood banking/transfusion medicine.

B. Questions about accreditation of fellowship programs should be directed to the executive director of the RRC.

C. Fellows who plan to seek certification by the American Board of Pathology in blood banking/transfusion medicine should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 2003 Effective: July 1, 2004
Program Requirements for Residency Education in Chemical Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction
A. Definition and scope of the specialty
   Chemical Pathology is the practice of pathology devoted primarily to the use of biochemical and molecular techniques in the laboratory diagnosis and management of human disease. Chemical Pathologists should be capable of advising clinicians on the selection and interpretation of clinical chemistry tests, and be capable of managing and directing a clinical chemistry laboratory.

B. Programs will be accredited to offer one year of graduate medical education in chemical pathology following the completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology.

II. Institutional Support
A. Sponsoring Institution
   1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
   2. The sponsoring institution should also sponsor an ACGME-accredited program.

B. Participating Institutions
   1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
   2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
   3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
      a. identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D. and VI.A of the Program Requirements;
      b. outline the educational goals and objectives to be attained by the fellow during the assignment;
      c. specify the period of fellow assignment;
      d. establish the policies that will govern fellow education during the assignment.

C. Facilities and Resources
   1. Sponsoring institutions must provide the necessary clinical material to support experience at a sufficient level for the trainee to acquire the competency of a specialist in chemical pathology.
   2. Program laboratories must have sufficient office and work space for both laboratory personnel and program trainees.
   3. The laboratories in all participating institutions should have adequate and modern equipment and facilities, sufficient personnel, and appropriate policies and procedures for the performance of all laboratory aspects of chemical pathology.
   4. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
      a. Library services should include the electronic retrieval of information from medical databases.
      b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment
A. Eligibility Criteria
   1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
   2. Fellows must have completed at least two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of clinical pathology, prior to admission to the program.

B. Number of Fellows
   The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer
   To determine the appropriate level of education for a fellow who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
   The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed specialty fellows.

IV. Faculty
   The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
   1. There must be a single program director responsible for the program. The person designated with this authority is
accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Pathology in Chemical Pathology or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in chemical pathology.
   c. be appointed in good standing and based at the primary teaching site.
   d. have at least 3 years active participation as a specialist in chemical pathology following completion of training.
   e. be licensed to practice medicine in the state where the institution that sponsors the program is located.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology in Chemical Pathology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the fellows in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.
3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
Fellows must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to develop these competencies. The program must create and reinforce the concept of life-long learning.
1. Patient care
   Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.
2. Medical knowledge
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
3. Practice-based learning and improvement
Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients’ families.

5. Professionalism
   Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
   Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Didactic Components
   The educational program must be designed to provide residents a broad education in chemical pathology through didactic instruction and practical experience.

D. Clinical Components
   1. Programs must provide instruction and give trainees the opportunity to gain experience in clinical laboratory consultation and interpretation of data in the areas of Electrolytes and Acid-Base, Protein Markers, Lipids, Renal Function, Hepatic Function, Gastro-Intestinal Function, Cardiac Function, Therapeutic Drug Monitoring & Toxicology, Autoimmune Disease, Endocrinology, and Metabolic Diseases. The program must also provide structured instruction and experience in the administration, management, and direction of a chemical pathology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital data systems.

2. The analytical repertoire of the laboratory must be distributed satisfactorily within the various categories and subdivisions of chemical pathology to provide experience at a sufficient level for the resident to acquire the competency of a specialist in chemical pathology.

3. Clinical training in relation to chemical pathology, including the use and interpretation of chemical analyses in clinical diagnosis and management, must be an integral part of the training program.

4. The program must provide opportunities for residents to develop knowledge and skills relating to analytical chemical pathology, both basic and applied.

E. Scholarly Activities
   1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
      a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
      b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
      c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
      d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
   Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty.
      The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic ac-
tivities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.  
c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.  
d. At-home call (pager call) is defined as call taken from outside the assigned institution.  
1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.  
2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.  
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.  
4. Moonlighting  
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.  
b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.  
c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.  
5. Oversight  
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.  
b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.  
6. Duty Hours Exception  
An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.  

VI. Evaluation  
A. Fellow Evaluation  
1. The fellowship program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include  
a. the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.  
b. mechanisms for providing regular and timely performance feedback to fellows that includes at least  
   1) written semiannual evaluation that is communicated to each fellow in a timely manner and  
   2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.  
c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.  
2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.  
B. Faculty Evaluation  
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.  
C. Program Evaluation  
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.  
1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the program should have an explicit plan of action, which should be approved by the faculty and documented in the minutes.  
2. Outcome assessment  
a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.  
b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the fellowship program.  
3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.  

VII. Experimentation and Innovation  
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.  
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
Program Requirements for Residency Education in Cytopathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and scope of the specialty
Cytopathology is the practice of pathology concerned with the study and diagnosis of human disease manifested in cells. Diagnostic cytopathology requires a strong foundation in anatomic pathology.

B. Duration and scope of education
1. Graduate medical education programs in cytopathology must provide an organized educational experience for qualified physicians seeking to acquire the competence of a cytopathologist.
2. Programs will be accredited to offer 1 year of organized education in all current aspects of cytopathology, including laboratory procedures, laboratory management, quality assurance, self-assessment, diagnostic and patient care decision making, and the scientific basis of cytopathology.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A cytopathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology when feasible.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. Identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. specify the period of fellow assignment;
   d. establish the policies that will govern fellow education during the assignment.

C. Facilities and Resources
1. The program must provide access to a large volume and variety of cytopathology material that includes gynecologic, non-gynecologic and FNA samples. The material and files must be organized to permit appropriate retrieval. There must be mechanisms to facilitate correlation with other diagnostic studies.
2. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
3. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

D. Library
1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate textbooks and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment

A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Prior to enrollment in a cytopathology program, fellows should have completed at least two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of anatomic pathology or 18 months of clinical pathology.

B. Number of Fellows
The RRC may approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer
To determine the appropriate level of education for a fellow who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, including an assessment of
competence in the six areas described in section IV.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed cytopathology fellows.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Pathology in Cytopathology or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in cytopathology.
   c. be appointed in good standing and based at the primary teaching site.
   d. have at least 3 years active participation as a cytopathologist following completion of training.
   e. be licensed to practice medicine in the state where the institution that sponsors the program is located.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement.
   c. Change in the format of the educational program.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology in Cytopathology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities.
3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.
2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

c. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
Residents must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to develop these competencies. The program must create and reinforce the concept of lifelong learning.

1. Patient care
Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioural) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement
Residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients’ families.

5. Professionalism
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
Residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Didactic Components
Educational opportunities to support training must be available. These should include, but not be limited to:

1. Regularly scheduled lectures, seminars, and conferences with clinical services.

2. Study sets of usual and unusual cases.

D. Clinical Components
1. There must be ample opportunity for fellows to develop knowledge and skills in the techniques of screening, specimen collection, cyt preparation (including thin layer preparation), management, quality assurance, and informatics. The fellow should understand the application of additional diagnostic adjuncts such as flow cytometric analysis, in situ hybridization, hormone receptor assessment, cyogenetic testing, and other new immunological and molecular techniques as they become applicable to the study of cells; the performance of these techniques, however, is not an on-site requirement.

2. Diagnosis, pathogenesis, clinical correlation, consultative skills, and prognostic significance must be emphasized throughout the program.

3. Fellows must be instructed and involved in correlating cytologic and histopathologic specimens.

4. Adequate material and exposure must be available for all types of cytologic specimens, including gynecologic, non-gynecologic, and aspirate material.

5. Fellows must learn to perform fine needle aspirations (FNA) on living patients and provide rapid evaluation of these specimens.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship: offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
Program Requirements for Residency Education in Cytopathology (Pathology)

c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.
d. At-home call (pager call) is defined as call taken from outside the assigned institution.
1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements. III. D.1.k.
c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution’s GMEC is required.

VI. Evaluation

A. Fellow Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include
a. the use of methods that produce an accurate assessment of fellows’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
b. mechanisms for providing regular and timely performance feedback to fellows that includes at least
   1) written semiannual evaluation that is communicated to each fellow in a timely manner and
   2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.
c. a process involving use of assessment results to achieve progressive improvements in fellows’ competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow’s performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow’s permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

VIII. Board Certification and Accreditation
A. The RRC for Pathology is responsible for accreditation of graduate medical education programs in cytopathology. The American Board of Pathology is responsible for certification of individual physicians in cytopathology.
B. Questions about accreditation of fellowship programs should be directed to the Executive Director of the RRC.
C. Fellows who plan to seek certification by the American Board of Pathology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

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Program Requirements for Residency Education in Dermatopathology (Pathology)

I. Duration and Scope of Education
A. Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails and subcutaneous tissues by histological, histochemical, immunological, ultrastructural, molecular, microbiological, and other related techniques.
B. Graduate medical education programs in dermatopathology must provide an organized educational experience for qualified physicians seeking to acquire the additional competence of a dermatopathologist.
C. Programs must provide organized education in all current aspects of dermatopathology, including basic science, laboratory procedures, laboratory management, quality assurance, and self-assessment.
D. The dermatopathology program must be an equal and joint function of the Department of Dermatology and of the Department of Pathology in the sponsoring institution that has an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in Dermatology and an ACGME-accredited residency in Anatomic Pathology (AP-3) or Anatomic and Clinical Pathology (APCP-4).
E. Dermatopathology programs must offer 12 months of education subsequent to the satisfactory completion of an ACGME-accredited residency in either dermatology or pathology.
F. For all dermatopathology fellows, 50% of their education should be devoted to the study of dermatopathology as outlined in II.A.I. For those who have completed a pathology residency, 50% of the 1-year program should be education in clinical dermatology provided by the dermatology teaching staff. For those who have completed a dermatology residency, 50% of the program should be education in anatomic pathology provided by the pathology teaching staff.
G. The director and teaching staff of the program must prepare and comply with written educational goals for the program and distribute them to applicants, fellows, and members of the teaching staff. All educational components of the program should be related to these goals.
H. The program design and/or structure must be approved by the dermatopathology review committee as part of the regular review process.
I. Participation by any institution providing more than 2 months of training in the program must be approved by the dermatopathology review committee.
J. The educational effectiveness of the program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed. Written evaluations by fellows should be utilized in this process.

II. Educational Program
A. Curriculum
1. Fellows must actively participate in the daily review and diagnosis of current dermatopathology specimens. This experience must extend throughout the 12 months of accredited education and must be equivalent in quantity and quality for all fellows.
2. The program must include didactic instruction and practical experience in the diagnosis of skin disorders by direct inspection, and by histological, histochemical, immunological, molecular, microbiological, and other related techniques.
3. Dermatopathology fellows must be given clearly defined assignments and increasing responsibility as they progress through the program.
4. The program must provide a sufficient volume and variety of dermatopathology specimens (at least 5,000 new accessions per fellow per year) and other educational material for the fellow to acquire the qualifications of a consultant in dermatopathology.
5. The program must provide the fellow with the experience required to set up and to operate a dermatopathology laboratory and to supervise and train laboratory personnel.

6. All dermatopathology fellows should participate in patient examination appropriate to dermatopathology. Fellows who are pathologists must participate in the examination of at least 1,000 dermatology patients.

7. Dermatopathology fellows who are dermatologists must have exposure to surgical pathology. This experience should emphasize contemporary diagnostic techniques and require attendance at surgical pathology conferences and the review of slide sets of diseases relevant to dermatopathology. Participation in autopsies appropriate to dermatopathology is desirable.

B. Educational Activities

1. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held.

2. Instruction should include the use of and access to study sets and files of usual and unusual cases and other educational materials (eg, the Internet, etc).

III. Program Personnel

A. The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.

B. Program Director

1. The program director must be responsible for and have the authority to conduct the training program effectively. He or she must devote sufficient time to the program to ensure the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, fellow staff, and educational resource materials.

2. A program involving two or more participating institutions must have a single director with authority for the supervision and coordination of the portions of the program carried out at each institution.

3. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. Certification in Dermatopathology by the American Board of Dermatology or American Board of Pathology or suitable equivalent qualifications.
   d. Appointment in good standing to the medical staff of, and privileged in dermatopathology at, an institution participating in the program.
   e. At least 5 years of experience (following fellowship) in the practice of dermatopathology.
   f. Experience as a teacher and/or administrator in a dermatopathology or related program.

4. The program director must demonstrate continuing scholarly activity.

5. Responsibilities of the program director include:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of fellows at each level of training and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the teaching staff. It should be readily available for review.
   b. Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection, supervision, and evaluation of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of fellows in accordance with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      i. At least semi-annually evaluate the knowledge, skills, and professional growth of the fellows, using appropriate criteria and procedures.
      ii. Communicate each evaluation to the fellow in a timely manner.
      iii. Advise fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
      iv. Maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.
   f. Provision of a written final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.
   g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and fellow complaints or grievances.
   h. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.
   i. Preparation of an accurate statistical and narrative description of the program as requested by the dermatopathology review committee.

C. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications in dermatopathology to instruct and supervise adequately all the fellows in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives.
as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.

5. At least once a year the teaching staff should evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

6. At least once a year the teaching staff must evaluate the educational effectiveness of the program. In particular, the quality of the curriculum and the extent to which educational goals have been met by fellows must be assessed. Written evaluations of the program by fellows should be utilized in the process.

D. Dermatopathology Fellows
Fellows appointed to an ACGME-accredited dermatopathology fellowship must have completed an ACGME-accredited residency in Anatomic Pathology (AP-3), Anatomic Pathology/Clinical Pathology (AP/CP-4), or Dermatology.

1. The number of positions requested must not exceed the educational resources available in a program.

2. Fellows must have the opportunity to assume increasing responsibility under supervision appropriate to their experience as they progress through the program.

3. Fellows should have the opportunity to become involved in dermatopathologic research and teaching during the program.

4. The program director must ensure that fellows are adequately supervised by faculty at all times. Further, fellow duty and on-call assignments must be made in a manner that ensures that neither education nor quality of patient care is jeopardized by fellow stress or fatigue. Physicians must have a keen sense of personal responsibility for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day. In no case should a trainee go off duty until the proper care and welfare of the patients have been ensured. Fellow duty hours and night and weekend call must reflect the concept of responsibility for patients and the provision of adequate patient care. Fellows must not be required regularly to perform excessive, prolonged duties. When averaged over 4 weeks, fellows should spend no more than 80 hours per week in hospital duties. Fellows should, on average, have the opportunity to spend at least 1 day out of 7 free of program duties and should be on call no more often than every third night. When on call for 24 hours or more, there should be opportunity to rest and sleep.

E. Other Personnel
1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution’s medical staff.

2. There must be a sufficient number of qualified professional, technical, and clerical personnel to support laboratory work and the educational program.

IV. Institutional Resources
A. There must be ample case material and supporting facilities to meet the training requirements in dermatopathology, dermatology, and pathology. Each dermatopathology fellow should examine at least 5,000 dermatopathology specimens (ie, in-house or referred specimens in the institution’s accession file for which reports are generated).

B. There must be adequate equipment, laboratory space, office facilities, meeting rooms, classrooms, and research space to support service, teaching, and educational responsibilities.

C. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

D. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. Research and Scholarly Activity
A. Graduate medical education must take place in an environment of inquiry and scholarship in which fellows participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal clubs and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (eg, research design, statistical analysis) for fellows involved in research.

6. Provision of support for fellow participation in scholarly activities.

VI. Evaluation
A. There must be regular, written evaluation of fellows by teaching staff. Evaluations should be completed and discussed with the fellows at least once every 6 months.

B. Fellows should submit written evaluations of the program at least once each year for confidential review by the director.

VII. Certification and Accreditation
A. The Residency Review Committees for Dermatology and Pathology are responsible for accreditation of graduate medical education programs in dermatopathology.

B. The American Board of Dermatology and American Board of Pathology are responsible for certification of individual physicians in dermatopathology. Individuals who plan to seek certification should communicate with their respective boards to obtain the latest information regarding certification.

ACGME: February 2002   Effective: July 2002
Program Requirements for Residency Education in Forensic Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and scope of the specialty
Forensic pathology is the application of the principles of medicine and pathology to the study of sudden, unexpected, suspicious, and violent death in order to determine the mechanisms, cause and manner of death.

B. Duration and scope of education
The educational program in forensic pathology shall be for a period of 1 year.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by any institution providing more than two months of training in a program must be approved by the RRC.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. specify the period of fellow assignment;
   d. establish the policies that will govern fellow education during the assignment.

C. Facilities and Resources
1. Approximately 500 medicolegal autopsies should be conducted in an approved program each year. Of these, 100 or more should be in cases in which death is due to the immediate (within 24 hours) and direct effects of physical or chemical injury.

2. The institution or office should conduct approximately 300 additional autopsies for each additional fellowship position requested.

3. Adequate facilities and competent personnel shall be available and properly utilized for the conduct of all bacteriologic, biochemical, toxicology, firearms, trace evidence, physical anthropology, odontology, and other scientific studies as may be needed to insure complete postmortem investigation. When such support services are not housed at the medicolegal facility, they should be available and accessible to the fellow at suitable laboratories.

4. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
   a. Library services should include the electronic retrieval of information from medical databases.
   b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment

A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

2. Prior to enrollment in a forensic pathology program, fellows should have completed at least two years of training in an ACGME-accredited pathology residency program, which must include at least 18 months of anatomic pathology.

B. Number of Fellows
The RRC may approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer
To determine the appropriate level of education for a fellow who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, including an assessment of competence in the six areas described in section IV.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed forensic pathology fellows.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of ap-
pointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Pathology in Forensic Pathology or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, there must be at least one other member of the teaching staff who is certified by the American Board of Pathology in Forensic Pathology.
   c. be appointed in good standing and based at the primary teaching site.
   d. have at least 3 years of active participation as a forensic pathologist following completion of training.
   e. be licensed to practice medicine in the jurisdiction in which the program is located.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement for those specialties that approve fellow complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology in Forensic Pathology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
   a. The teaching staff must include at least two forensic pathologists (including the program director.)
   b. Programs that offer training for two or more residents must have a senior staff of qualified forensic pathologists that numbers at least one more than the number of fellowship positions.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.
3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.D.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
   b. preparing and implementing a comprehensive, wellogorganized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
Residents must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and atti-
The program must provide a wide variety of case types for learning.

1. Patient Care
   Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of forensic pathology services.

2. Medical Knowledge
   Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-Based Learning and Improvement
   Residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and Communication Skills
   residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism
   residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-Based Practice
   residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Clinical Components
   The program must provide a wide variety of case types for examination by the fellow.

1. A fellow should perform at least 200 and not more than 300 autopsies in a year of approved training. At least 200 of the cases must be complete autopsies that include active participation in:
   a. Review of medical history and circumstances of death
   b. External examination of the body
   c. Gross dissection
   d. Review of microscopic and laboratory findings
   e. Preparation of written descriptions of the gross and microscopic findings
   f. Development of an opinion regarding the cause of death
   g. Review of the autopsy report with a member of the teaching staff

2. All fellows should have experience in scene investigations, including examination of the body before it has been disturbed.

3. The fellow should have responsibility for the performance of autopsies on cases that are likely to result in criminal prosecution or civil litigation, and it is highly desirable for fellows to have opportunities to participate in the legal follow-up of cases if such occurs during the course of their year of training.

4. It is highly desirable for fellows to accompany staff pathologists when they testify in court and give depositions.

5. During the year of approved training, the fellow must have a period of approximately 4 to 8 weeks devoted exclusively to laboratory experience in toxicology, physical anthropology, and components of the crime laboratory such as firearms, serology, and trace evidence.

6. Fellows should receive training in making decisions about acceptance of cases, performing or not performing an autopsy, issues pertaining to tissue and organ donations, and determination of manner of death.

7. Fellows should keep a log of their experience, to include autopsies, external examinations, crime scene visits, and opportunities to observe or provide court testimony.

8. Fellows must have the opportunity to assume increasing responsibility as they progress through the program.

D. Scholarly Activities
   1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
      a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
      b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
      c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
      d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

E. Resident Duty Hours and the Working Environment
   Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty.
      The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
      b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
      c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours
do not include reading and preparation time spent away from the duty site.
b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.
d. At-home call (pager call) is defined as call taken from outside the assigned institution.
1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation
A. Fellow Evaluation
1. The fellowship program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include:
a. the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
b. mechanisms for providing regular and timely performance feedback to fellows that includes at least
1) written semiannual evaluation that is communicated to each fellow in a timely manner and
2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.
3) periodic review of the log of fellow experience in autopsies, external examinations, crime scene visits, and the observation and/or provision of court testimony.
c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the
Program Requirements for Residency Education in Forensic Pathology (Pathology)

I. Definition, Duration, and Scope of Education
A. Hematology is the practice of pathology concerned with the study and diagnosis of human diseases involving the hematopoietic tissues and cells. Hematology requires a strong foundation in pathology.
B. Graduate medical education programs in hematology must provide an organized educational program for qualified physicians seeking to acquire additional competence in hematology and should be associated with an active program in clinical hematology of both adults and children.
C. Programs will be accredited to offer 1 year of organized training in all current aspects of hematology, including clinical laboratory procedures, laboratory management, database management, quality assurance, self-assessment, clinical consultation, and the scientific basis of hematology.

II. Program Goals and Objectives
A. The director and teaching staff of a program must prepare and comply with written educational goals for the program.
B. All educational components of a residency program should be related to program goals.
1. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
2. Participation by any institution providing more than 2 months of training in a program must be approved by the RRC.

III. Educational Program
A. Curriculum
1. The program must be structured to give hematology residents clearly defined graduated responsibilities and delegated authority. Written goals and objectives for the educational program must be clearly defined.
2. There must be ample opportunity for the residents to develop knowledge and skills in the techniques of specimen collection and preparation for routine hematologic testing, bone marrow aspiration, biopsy and interpretation, lymph node interpretation, coagulation testing, cell analysis systems, and the applications of advanced technology, including in situ hybridization, image analysis, immunocytochemistry, cytogenetics, and molecular probe diagnosis, to hematologic problems. Adult and pediatric diagnostic material must be available.
3. Diagnosis, pathogenesis, clinical correlation, and prognostic significance of hematologic disease must be emphasized throughout the program.
4. Residents must be given increasing responsibilities for services to patients and other physicians as they progress through the program.
5. Residents must be instructed in methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease.

B. Educational Activities
1. Lectures, tutorials, seminars, rounds, and conferences with clinical services must be regularly scheduled and held.
2. Instruction should include the use of study sets of usual and unusual cases, performance of tests under supervision, and interpretation of results with generation of narrative reports.

IV. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
A program involving two or more institutions must have a single director with authority for the supervision and coordination of the portions of the program carried out at each institution.
1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
Program Requirements for Residency Education in Hematology (Pathology)

A. The program must have access to the number and variety of accredited institutions and resources necessary for the training of residents.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

C. Residents
1. The resident should have completed training in anatomic and clinical pathology, anatomic pathology or clinical pathology, or primary certification in another primary medical specialty board of the American Board of Medical Specialties.

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1. The resident should have completed training in anatomic and clinical pathology, anatomic pathology or clinical pathology, or primary certification in another primary medical specialty board of the American Board of Medical Specialties.

D. Other Personnel
1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

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1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

V. Institutional Resources
A. The program must have access to the number and variety of patients needed to provide education in hematology. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.
B. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
C. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

VI. Program Research and Scholarly Activity
A. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.
C. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
1. Library services should include the electronic retrieval of information from medical databases.
2. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VII. Evaluation
A. There must be regular, formal, written evaluations of residents by teaching staff. Evaluations should be completed and discussed with the residents at least once every 6 months.
B. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Residents should submit formal, written evaluations of the program and faculty at least once each year for review by the director and the teaching staff.

VIII. Administrative Structure
A hematology program should be administratively attached to an Accreditation Council for Graduate Medical Education-accredited residency in anatomic and/or clinical pathology.

IX. Certification and Accreditation
A. The RRC for Pathology is responsible for accreditation of graduate medical education programs in hematology. The American Board of Pathology is responsible for certification of individual physicians in hematology.
B. Questions about accreditation of residency programs should be directed to the executive director of the RRC.
C. Individuals who plan to seek certification from the American Board of Pathology should communicate with the executive vice president of the board to obtain the latest information regarding certification.

ACGME: February 1993 Effective: July 1995

Program Requirements for Residency Education in Medical Microbiology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and scope of the specialty
Medical Microbiology is a subspecialty of pathology concerned primarily with the laboratory diagnosis, treatment, and control of infectious diseases. Practitioners of medical microbiology should be qualified to provide medical, scientific, and administrative direction of a diagnostic microbiology laboratory; consultations as a physician regarding the pathologic/microbiologic diagnosis of infectious diseases; and clinical consultations on the selection and interpretation of medical microbiology tests. In addition to these activities, medical microbiologists may be expected to direct the infection control program of a healthcare organization, and to participate on or direct an antibiotic formulary committee (to optimize the wise use of antimicrobial agents and minimize the emergence of resistance toward these compounds).

Training encompasses the pathophysiology of infectious diseases, the epidemiology of the spread of infectious microbes, and the use of antimicrobial agents based on sound pharmacokinetic/pharmacodynamic principles. Physicians trained in Medical Microbiology should be qualified to:
1. Provide medical, scientific, and administrative direction to a diagnostic microbiology laboratory.
2. Interpret and correlate the clinical status of a patient with the results of Medical Microbiology testing, including the implications of both negative and positive test results.
3. Provide medical advice on the diagnosis, treatment, and control of infectious diseases.
4. Perform and interpret all relevant forms of microscopy (e.g., light, fluorescence, and electron microscopy) for the morphologic diagnosis of infectious diseases in clinical materials (e.g., direct microscopy of stained smears, cytologic preparations, and tissue sections).
5. Use immunological and molecular methods to aid in the detection and identification of microorganisms and their virulence factors.
6. Independently evaluate and solve problem situations identified by the medical and laboratory staff relating to medical microbiology, infectious diseases, and epidemiology.
7. Assess/recognize the public health implications of specific microorganisms, and means for their control.
8. Participate in decisions that affect communicable disease prevention and epidemiology.
10. Participate in the training of others in Medical Microbiology
11. Participate in institution-wide financial decisions relating to the diagnosis, management, treatment, and control of infectious diseases.

B. Duration and scope of education
Programs will be accredited to offer one year of graduate medical education in medical microbiology following the completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology, or completion of an ACGME-accredited residency in another primary medical specialty and completion of an ACGME-accredited fellowship in infectious diseases.

II. Institutional Support
A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. The sponsoring institution should also sponsor an ACGME-accredited program in Anatomic Pathology and Clinical Pathology.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. Identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D. and VI.A of the Program Requirements;
   b. Outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. Specify the period of fellow assignment;
   d. Establish the policies that will govern fellow education during the assignment.

C. Facilities and Resources
1. Sponsoring institutions must provide the necessary clinical material and analytical capability in medical microbiology to support experience at a sufficient level for the trainee to acquire the competency of a specialist in medical microbiology.
2. Medical microbiology fellows must have access to reference laboratories for training in specialized procedures not available in laboratories in the sponsoring institution.
3. The laboratories in all participating institutions should have adequate and modern equipment and facilities, sufficient personnel, and appropriate policies and procedures for the performance of all laboratory aspects of medical microbiology, epidemiology, and infectious diseases.

D. Library
1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment
A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements. Completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology, or completion of an ACGME-accredited residency in another primary medical specialty and completion of an ACGME-accredited fellowship in infectious diseases is a prerequisite.

B. Number of Fellows
The RRC may approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer
To determine the appropriate level of education for a fellow who is transferring from another fellowship program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, including an assessment of competence in the six areas described in section IV.B., prior to acceptance into the program. A program director is required to provide verification of fellowship education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed medical microbiology fellows.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a
member of the staff of the sponsoring or integrated institution.

2. The program director must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Pathology in Medical Microbiology or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, at least one member of the teaching staff must be certified by the American Board of Pathology in medical microbiology.
   c. be appointed in good standing and based at the primary teaching site.
   d. have at least three years of active participation as a medical microbiologist following completion of training.
   e. be licensed to practice medicine in the state where the institution that sponsors the program is located.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement for those specialties that approve fellow complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology in Microbiology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.
3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
Residents must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to develop these competencies. The program must create and reinforce the concept of life-long learning.
1. Patient care
   Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.
2. Medical knowledge
   Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
3. Practice-based learning and improvement
Residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
   Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism
   Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
   residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Didactic Components
1. Programs must provide instruction and give trainees the opportunity to gain experience and competence in the interpretation of laboratory data as part of patient care decision making and patient care consultation. The program must also provide structured instruction and experience in the administration, management, and direction of a medical microbiology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital information systems. All trainees must also participate in medical microbiology conferences, journal clubs and rounds, teaching, and scholarly activity.
2. The program should provide regular administrative meetings, seminars, and conferences in medical microbiology, in pathology, and in the clinical and epidemiologic aspects of infectious diseases.
3. Instruction should include, but not be limited to, training in medical bacteriology, mycobacteriology, mycology, virology, parasitology, immunology, molecular testing related to infectious diseases, public health microbiology (including epidemiologic typing as related to infection control), and antimicrobial testing.

D. Clinical Components
1. The training program must provide opportunities for fellows to develop knowledge and skills related to the selection, collection and transport of specimens, processing of specimens, direct microscopic examination of clinical materials, examination of cultures, identification of microorganisms by all appropriate methodologies (including morphologic, immunologic, and molecular techniques), supplemented with stock cultures of infrequently encountered and medically important microorganisms, microscopic slides, photographs and seminar material.
2. In depth knowledge of specimen collection, transport and processing, microscopic examination of specimens, histopathologic and clinical correlation of microbiologic data, activity and pharmacokinetics of antimicrobial agents, principles and interpretation of antimicrobial susceptibility testing and antimicrobial assays are important educational objectives.
3. Fellows must develop knowledge and skills relating to principles of disinfection and sterilization, hospital infection control, infection control committee functions and responsibilities, microbiologic safety, quality control, workload accounting, budgeting, personnel supervision, and epidemiology as related to hospital and public health issues.
4. Educational experiences should include opportunities to observe patients of all ages with a wide variety of infectious diseases through interaction with physicians from other clinical services.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one
Program Requirements for Residency Education in Medical Microbiology (Pathology)

continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation

A. Fellow Evaluation

1. The fellowship program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include

a. the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. mechanisms for providing regular and timely performance feedback to fellows that includes at least

1) written semiannual evaluation that is communicated to each fellow in a timely manner and

2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.

c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment

a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.

b. The program should have in place a process for using fellow and performance assessment results together with
Program Requirements for Residency Education in Molecular Genetic Pathology (Pathology)

I. Introduction
A. Molecular Genetic Pathology (MGP) is the subspecialty of Medical Genetics and Pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, to assess the natural history of those disorders, and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular Genetic Pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in genes, provides information about gene structure, function, and alteration, and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.
B. Educational programs in molecular genetic pathology must be 1 year in length and provide a structured educational experience for qualified physicians seeking to acquire additional competence in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. Programs must be designed to teach trainees to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients.
C. The director and teaching staff of a program must prepare and comply with written educational goals for the program.
D. All educational components of a residency program should be related to program goals.

II. Institutional Organization
A. Sponsoring Institution
1. The sponsoring institution must provide sufficient faculty, financial resources and clinical, research, and library facilities to meet the educational needs of the residents for accreditation.
2. Postgraduate fellowships in molecular genetic pathology will be accredited in institutions that also sponsor ACGME-accredited residencies in medical genetics and pathology. Requests for exceptions to this policy will be reviewed on a case by case basis.
B. Participating Institutions
If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements. Participation by any institution that provides 2 months or more of the educational program must be approved (prospectively) by the Subcommittee for Molecular Genetic Pathology. Assignments to participating institutions must be based on a clear educational rationale and should provide clinical resources not available to the sponsoring institution for the program.

III. Program Personnel
A. Program Director
1. Qualifications of the program director include:
   a. Requisite and documented clinical, educational, and administrative abilities and experience.
   b. Unrestricted licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the American Board of Pathology or the American Board of Medical Genetics (in clinical medical genetics) or appropriate educational qualifications as judged by the Subcommittee.
   d. Appointment in good standing to the medical staff of an institution participating in the program.
2. A program involving two or more participating institutions must have a single director who has the authority to supervise and coordinate the portions of the program carried out at each institution.
3. Responsibilities of the program director include:
   a. In association with the teaching staff, the general administration of a program; including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, and the maintenance of records related to program accreditation.
   b. Conducting the training program effectively. He or she must devote sufficient time to fulfill the responsibilities inherent in meeting the educational goals of the program, including the implementation of sound administrative practices, evaluation procedures, and the provision of adequate facilities, teaching staff, resident staff, and educational resource materials.
   c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.

other program evaluation results to improve the fellowship program.
3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered for fellows for the duration of such a project.

VIII. Board Certification
Fellows who plan to seek certification by the American Board of Pathology in medical microbiology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 2003 Effective: July 1, 2004
B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications in MGP to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical teaching abilities, support for the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

5. The teaching staff should periodically review the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of the supervision of residents.

C. Molecular Genetic Pathology Residents

1. The resident should have completed training in an ACGME accredited residency in either Medical Genetics or Pathology, or be a physician who is certified by the American Board of Medical Genetics.

2. The number of positions requested must not exceed the educational resources available in a program.

3. Residents must have the opportunity to assume increasing responsibility under supervision appropriate to their experience as they progress through the program.

4. Residents should have the opportunity to become involved in Molecular Genetic Pathology research and teaching during the program.

5. The residents must maintain a logbook of MGP cases in which they were involved in sufficient detail to ascertain the residents' involvement in establishing the primary diagnosis and the transmission of this information. A "case" is defined as the complete laboratory evaluation of an individual or an individual specimen (e.g., for tumor specimens). If a family study is involved, the entire family is considered as a single case. Completion of the case will involve appropriate communication of the results (e.g., written report, verbal communication to referring physician and/or counseling of the individual/family). The logbook should contain sufficient information to demonstrate experience with the breadth of techniques and variety of diseases necessary to direct an MGP diagnostic laboratory service.

6. The program director must ensure that residents are adequately supervised by faculty at all times. Further, resident duty and on-call assignments must be made in a manner that ensures that neither education nor quality of patient care is jeopardized by resident stress or fatigue. Residents should, on average, have the opportunity to spend at least 1 day out of 7 free of program duties and should be on call no more often than every third night. When on call for 24 hours or more, there should be opportunity to rest and sleep.

D. Other Personnel

There must be a sufficient number of qualified, professional, technical and clerical personnel to support the administration, laboratory work, and the educational program.

IV. Institutional Resources

A. The sponsoring institution must provide sufficient faculty, administrative, financial, and library services, as well as technical personnel, laboratory space and equipment, meeting rooms, classrooms, research space, and resident office space to support service, teaching, and educational responsibilities in molecular genetic pathology.

B. The molecular genetic pathology program must be jointly sponsored by the Department of Pathology and the Department of Medical Genetics. Further, the sponsoring institution must ensure that activity is supported by other disciplines, including internal medicine, pediatrics, and obstetrics-gynecology.
C. A sufficient volume and variety of current specimens from adult and pediatric patients must be available to provide MGP residents a broad exposure to consultation regarding medical genetic testing for congenital and acquired diseases without diluting the educational experience of residents in affiliated Pathology and Medical Genetics residencies.

D. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Residents must have ready access to a major medical library. Library services should include electronic retrieval of information from national medical databases.

F. Residents must have ready on-site access to appropriate texts and journals in each institution participating in the program.

V. Educational Program

A. Curriculum

1. The curriculum for the program must be based upon written, clearly defined educational goals and objectives prepared by the program director and teaching staff.

2. Programs should be structured so that residents are involved in MGP throughout the year. The program must include didactic instruction and practical experience with the molecular biology and the biochemistry of nucleic acids and proteins including structure, function, replication mechanisms, in vitro synthesis, and the roles of DNA and various RNA classes and proteins in cellular biology. Programs should instruct residents in an understanding of the mechanism of regulation of gene expression in prokaryotes and eukaryotes, and the biochemical mechanisms of mutations. The program should instruct residents in the detailed knowledge of disease processes at the molecular level and the methods used for their detection. These diseases include but are not limited to: solid tumors, leukemia-lymphomas, infectious diseases, inherited Mendelian diseases, non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). In addition, residents should be instructed in tissue typing/identity testing and the principles of linkage analysis. The program should instruct residents in their role as a consultant and the application of molecular techniques and interpretation of results with regard to diagnosis, prognosis, treatment and recurrence risk in patient care decision making.

3. MGP residents must be given clearly defined assignments and increasing responsibility as they progress through the program.

4. The program must provide a sufficient volume and variety of MGP specimens and other educational material for the resident to acquire the qualifications of a consultant in MGP. The resident must be instructed to create and must keep a logbook of each accession in which they are involved.

5. Residents must gain experience as consultants in clinical decision making in collaboration with professionals from related disciplines and in the cost-effective use of molecular genetic pathology testing.

6. The program must provide the resident with the experience required to set up and to operate a MGP laboratory and to supervise and train laboratory personnel in other advanced techniques as they are developed.

7. MGP residents who are pathologists must participate in the diagnosis, management, and treatment of patients with genetic disorders and in the counseling of the patient and the family. MGP residents who are medical geneticists must have exposure to autopsy and surgical pathology. This experience should emphasize contemporary diagnostic techniques and require involvement in autopsies, surgical pathology, the review of slide sets of diseases relevant to Molecular Genetic Pathology, and other relevant pathology activities.

B. Educational Activities

1. There must be regularly scheduled inter-departmental MGP conferences as well as intra-departmental conferences, lectures, seminars, journal clubs and other structured educational activities. Both teaching staff and residents must attend and actively participate in these sessions on a regular basis.

2. Instruction should include the use of study sets and files of usual and unusual cases and other educational materials.

VI. Research and Scholarly Activity

A. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

B. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

2. Participation in journal club and research conferences.

3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

6. Provision of support for resident participation in scholarly activities.

VII. Evaluation

A. There must be regular, written evaluation of residents by teaching staff. Evaluations should be completed and discussed with the residents at least once every 6 months.

B. Residents should submit written evaluations of the program at least once during the year for review by the director and teaching staff.

C. Residents should submit written evaluations of program teaching staff at least once during the year for confidential review by the program director.

VIII. Certification and Accreditation

A. The Residency Review Committees for Medical Genetics and Pathology are responsible for accreditation of graduate medical education programs in MGP.

B. The American Board of Medical Genetics and The American Board of Pathology are responsible for certification of individual physicians in MGP. Individuals who plan to seek certification should communicate with their respective Boards to obtain the latest information regarding certification.

ACGME: June 2001 Effective: June 12, 2001
Program Requirements for Residency Education in Neuropathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction
A. Neuropathology is the branch of medicine dealing with morphological and other aspects of disease of the nervous system.
B. The educational program must be 2 years in length and provide a structured educational experience in all current aspects of the discipline, including basic science, laboratory management, and patient care consultation.

II. Institutional Support
A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Neuropathology programs should be administratively attached to an Accreditation Council for Graduate Medical Education-accredited anatomic and clinical pathology (APCP) program.
3. Institutions sponsoring a neuropathology training program should have additional accredited residency training programs which include neurology, neurosurgery, and neuroradiology.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by any institution providing more than 2 months of training in the program must be approved by the RRC.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. Identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D. and VI.A of the Program Requirements;
   b. Outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. Specify the period of fellow assignment;
   d. Establish the policies that will govern fellow education during the assignment.

C. Facilities and Resources
1. Appropriate laboratory space, facilities, and personnel should be available for the conduct of special neuropathologic procedures, including but not limited to ultrastructural, histochemical, immunopathologic, and molecular-biologic techniques.
2. Indexes of usual and unusual cases, course and seminar materials, microscopic slide collections augmented by photographs, and museum specimens sufficient for the study of conditions and diseases not frequently encountered in routine necropsy and surgical specimens should be readily available to the program for educational purposes.
3. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
   a. Library services should include the electronic retrieval of information from medical databases.
   b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment
A. Eligibility Criteria
The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows
The RRC may approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching. Programs that fail to recruit new fellows in 2 consecutive years will be subject to review and possible adverse accreditation action.

C. Fellow Transfer
To determine the appropriate level of education for a fellow who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, including an assessment of competence in the six areas described in section IV.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed neuropathology fellows.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a
member of the staff of the sponsoring or integrated institution.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field which must be primarily neuropathology.
   b. be certified by the American Board of Pathology in neuropathology or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, at least one member of the teaching staff must be certified by the American Board of Pathology in neuropathology.
   c. be appointed in good standing and based at the primary teaching site.
   d. have at least three years of active participation as a neuropathologist following completion of training.
   e. be licensed to practice medicine in the state where the institution that sponsors the program is located.

B. Responsibilities of the Program Director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.

4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.

5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications

1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology in neuropathology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.

3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty

1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

Residents must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to develop these competencies. The program must create and reinforce the concept of lifelong learning.

1. Patient care
   Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
   Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement
   Residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices,
appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
Residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Didactic Components
1. Fellows should regularly participate in basic neuroscience activities, teaching conferences in neuropathology, and joint conferences with the pathology department and clinical services involved in the diagnosis and management of neurological disorders.
2. Programs must be designed to teach neuropathology fellows to integrate neuropathologic information into medical consultations with clinicians in the diagnosis and management of patients.
3. Fellows should be provided with exposure to neuro-oncology and neurogenetics.

D. Clinical Components
1. Fellows must actively participate in the evaluation of a comprehensive body of pathological lesions of the central nervous system, peripheral nervous system, and neuromuscular systems.
2. Each fellow should have the opportunity to develop competence in morphologic assessment of diseases of muscle and peripheral nerves, including morphometric analysis and teased nerve fiber preparations, and to study neoplasms and related lesions of peripheral nerves and the sympathetic and parasympathetic nervous systems.
3. The program must assure that each fellow has the opportunity to perform at least 200 necropsies that include examination of the nervous system (these may include brains seen in consultation, brains from complete autopsies, or brain only autopsies).
4. The program must assure that each fellow has the opportunity to examine at least 300 neurosurgical specimens (including consultations) from the brain, spinal cord, pituitary gland, and eyes (including neoplastic, degenerative, infectious, and immune disorders of significance in the treatment and management of pediatric and adult patients).
5. The program must assure that each fellow has the opportunity to perform at least 50 intraoperative neurosurgical consultations.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
VI. Evaluation

A. Fellow Evaluation

1. The fellowship program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include:
   a. the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to fellows that includes at least:
      1) written semiannual evaluation that is communicated to each fellow in a timely manner and
      2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.
   c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.
   b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the fellowship program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC
Program Requirements for Residency Education in Pediatric Pathology (Pathology)

Common Program Requirements appear in bold.
Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the specialty
Pediatric pathology is that practice of pathology concerned with the study and diagnosis of human disease manifested in the embryo, fetus, infant, child, and adolescent.

B. Duration and Scope of education
1. Graduate medical education programs in pediatric pathology must provide an organized educational experience for qualified physicians seeking to acquire advanced competence in the diagnosis of childhood diseases.
2. Programs will be accredited to offer 1 year of organized education in pediatric pathology, which must include formal education in diagnostic pediatric pathology and placental and fetal pathology as well as management and quality assessment issues germane to the pediatric laboratory environment.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Each pediatric pathology program should be administratively attached to an Accreditation Council for Graduate Medical Education-accredited residency in anatomic and clinical pathology or anatomic pathology when feasible.
3. To facilitate peer interchange and augment the breadth of the educational experiences, institutions providing programs in pediatric pathology must be affiliated with accredited specialty training programs in pediatrics, obstetrics, surgery, and radiology.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Participation by any institution providing more than 2 months of training during the program must be approved by the RRC.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. Identify the faculty who will assume the educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance per Sections IV.D. and VI.A of the Program Requirements;
   b. Outline the educational goals and objectives to be attained by the fellow during the assignment;
   c. Specify the period of fellow assignment;
   d. Establish the policies that will govern fellow education during the assignment.

C. Facilities and Resources
1. The program must have access to an adequate volume and variety of pediatric pathology material. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.
2. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
3. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
4. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
   a. Library services should include the electronic retrieval of information from medical databases.
   b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Fellow Appointment

A. Eligibility Criteria
1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows should have completed at least 2 years of training in ACGME-accredited residencies in anatomic and clinical pathology, anatomic pathology, or clinical pathology prior to appointment to a pediatric pathology program.

B. Number of Fellows
The RRC may approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratios, institutional funding, and the quality of faculty teaching.
C. Fellow Transfer
To determine the appropriate level of education for a fellow who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance of the transferring fellow, including an assessment of competence in the six areas described in section IV.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed pediatric pathology fellows.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Pathology in Pediatric Pathology or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, at least one member of the teaching staff must be certified by the American Board of Pathology in Pediatric Pathology.
   c. be appointed in good standing and based at the primary teaching site.
   d. have at least three years of active participation as a pediatric pathologist following completion of training.
   e. be licensed to practice medicine in the state where the institution that sponsors the program is located.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and fellow records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the Institutional Requirements.
5. Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and facility should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the fellows, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved fellow complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
7. The supervision of fellows through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Pathology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.
3. The faculty must demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
1. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
2. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.
A. Role of Program Director and Faculty

1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program.
   The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing fellows with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

Residents must develop competencies in the six areas below to the level expected of a new practitioner. Toward this end, the program must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to develop these competencies. The program must create and reinforce the concept of life-long learning.

1. Patient care
   Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge
   Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement
   residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills
   residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism
   residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice
   residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

C. Didactic Components

1. The educational experiences may be provided through separate, exclusive rotations or by rotations that combine more than one area or by other means.

2. Lectures, tutorials, seminars, and conferences with clinical services, including pediatric surgery, pediatric hematology, pediatric oncology, medical microbiology, medical genetics, pediatric radiology, obstetrics, and pediatrics, must be regularly scheduled and held.

3. Instruction should include the use of study sets of usual and unusual cases and other educational materials.

D. Clinical Components

1. The education in pediatric pathology must include general and systemic aspects of autopsy and surgical pathology (including embryo-fetal, perinatal, and placental pathology as well as pediatric aspects of dermatopathology, gynecological and obstetrical pathology, forensic pathology, and neuropathology), immunopathologic and histochemical techniques, cytopathology, ultrastructural pathology, cytogentic, molecular biologic techniques including diagnostic techniques for metabolic diseases, and other advanced diagnostic techniques as they relate to pediatric pathology.

2. While the quality of an educational program is not based on the volume of teaching material alone, programs must have sufficient volume and variety of materials available for educational purposes to ensure the opportunity for:
   a. The participation in at least 40 pediatric autopsies per fellow during the program. This experience must include general pediatric, metabolic, forensic, perinatal, and stillborn autopsies. It is highly desirable that this experience also include embryo-fetal autopsies.
   b. Examination of at least 2000 pediatric surgical pathology specimens per fellow during the program. This material must be from an adequate mix of cases, including obstetrics-related materials (placentas and abortions) and cytology.
   c. The performance of at least 50 intraoperative consultations (frozen sections, smears) per fellow during the program.

3. The number and variety of laboratory tests utilized in the program should be sufficient to give each fellow experience in the range of laboratory examinations typically available and useful in the diagnoses and following of both common and unusual pediatric diagnostic problems, including metabolic, prenatal, genetic, neoplastic, and other diseases of the pediatric population.

4. Programs must provide instruction and experience in the major aspects of a hospital laboratory as it relates to diagnosis in pediatric pathology, including fellow participation in interpretation of laboratory data as part of pediatric patient-care consultation, conferences, rounds, laboratory management, quality assurance, data processing, teaching, and scholarly activity.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.
Program Requirements for Residency Education in Pediatric Pathology (Pathology)

2. Adequate resources for scholarly activities for faculty and fellows must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour elements must recognize that faculty and residents collectively must be provided with rapid, reliable systems for communicating with supervising faculty.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation

A. Fellow Evaluation
1. The fellowship program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include
   a. the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to fellows that includes at least
      1) written semiannual evaluation that is communicated to each fellow in a timely manner and
      2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow.
Program Requirements for Residency Education in Pediatric Pathology (Pathology)

c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment

a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.

b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the fellowship program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

VIII. Board Certification

A. The RRC for Pathology is responsible for accreditation of graduate medical education programs in pathology. The American Board of Pathology is responsible for certification of individual physicians in pathology.

B. Questions about accreditation of fellowship programs should be directed to the executive director of the RRC.

C. Fellows who plan to seek certification by the American Board of Pathology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 2003 Effective: July 1, 2004
Program Requirements for Residency Education in Pediatrics

I. Introduction

A. Scope of Training
Programs must provide residents with a broad exposure to the health care of children and substantial experience in the management of diverse pathologic conditions. This must include experience in child health supervision and those conditions commonly encountered in primary care practice. It must also include experience with a wide range of acute and chronic medical conditions of pediatrics in both the inpatient and ambulatory settings.

Preventive health care, ethical issues, and discussions of the cost of diagnostic tests, procedures, and therapies should be a part of all rotations.

Throughout the 3 years of training, emphasis must be placed on enhancement of residents’ competence in the medical interview, physical examination, and communication and interpersonal skills.

B. Duration and Levels of Training
Programs must provide a progressive educational experience with increasing patient care responsibility over a 3-year period. The first year (PL-1) should include an introduction to the basic experiences on which the rest of the training will be based. During the last 24 months of training the program must require at least 8 months of supervising the activities of more junior residents within the approved educational settings. The supervisory responsibilities must involve both inpatient and outpatient experience.

C. Goal of the Residency
The goal of residency training in pediatrics is to provide educational experiences that prepare residents to be competent general pediatricians able to provide comprehensive, coordinated care to a broad range of pediatric patients. The residents’ educational experiences must emphasize the competencies and skills needed to practice general pediatrics of high quality in the community. In addition, residents must become sufficiently familiar with the fields of subspecialty pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders.

Residents must be given the opportunity to function with other members of the health care team in both inpatient and ambulatory settings to become proficient as leaders in the organization and management of patient care.

II. Institutional Organization

A. Sponsoring Institution
There must be one sponsoring institution for each residency, as mandated by the Institutional Requirements. This entity must be identified at the time of each review of the residency.

B. Participating Institutions
1. Single or Multiple institutions
An accredited program may be independent or may occur in two or more institutions that develop formal agreements and joint responsibilities to provide complementary facilities, teaching staff, and teaching sessions. When affiliated institutions are utilized and a single program director assumes responsibility for the entire residency, including the appointment of all residents, the determination of all rotations, and the assignment of both residents and members of the teaching staff, the affiliated institution may be proposed as integrated. Ordinarily one hospital may not be an integrated part of more than one pediatric residency.

The Residency Review Committee (RRC) must approve the designation of a participating hospital as integrated. In making its determination the RRC will consider the proximity of the hospital to the primary teaching site and the duration of rotations planned. Normally, at least 3 months of required experience should occur at a hospital that is designated as integrated. A significant increase in the time spent at an integrated hospital should receive prior approval from the RRC. Within a single program some participating hospitals may qualify as integrated, while others are merely affiliated.

2. Agreements with Participating Institutions
When a residency program relies on other institutions to provide some components of the curriculum, the arrangement between the institutions must be designed to meet the educational needs of the residents and must be described in a written document that is signed by the appropriate persons from the respective institutions. These agreements must relate specifically to the residency program in pediatrics and must be current at the time of the site visit. Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must be submitted with the program information forms at the time of each evaluation by the RRC.

C. Appointment of Residents
The development of a satisfactory program requires careful selection of applicants for appointment to the residency. When appointing residents, the program director must adhere to the criteria for resident eligibility that are specified in the Institutional Requirements. To determine the appropriate level of training for a resident who is transferring from another ACGME-accredited pediatrics program, the program director must receive written verification of the previous educational experiences in a pediatric residency and a statement regarding the performance evaluation of the transferring resident prior to accepting that resident into the program. The program director is also required to provide verification of training, if requested to do so, for any residents who may leave the program prior to completion of training.

III. Faculty Qualifications and Responsibilities
The chief of pediatrics/department chair must have overall responsibility for all educational programs that are carried out within the Department of Pediatrics, including those in the subspecialties. All program descriptions submitted to the RRC from this department must bear this person’s signature, in addition to that of the program director, indicating that the chief/chair has reviewed and approved the materials submitted.

The program director and teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program. The RRC must be notified immediately in writing of a change in leadership of the program. Continuity of leadership over a period of years is important for the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have an adverse effect on an educational program and will be cause for serious concern.

1. Qualifications
a. Experience/Ability: The director of the residency program must have demonstrated ability as a clinician, medical educator, and administrator and have an understanding of, and commitment to, general pediatric education.
b. Licensure: The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

c. Board Certification: The director must be currently certified by the American Board of Pediatrics or must possess appropriate educational qualifications. The adequacy of alternate qualifications will be determined by the RRC.

d. Medical Staff Appointment: The director must hold an appointment in good standing to the medical staff of an institution participating in the residency.

2. Responsibilities

The program director must devote sufficient time to the residency program to provide continuity of leadership and to fulfill administrative and teaching responsibilities inherent in achieving the educational goals of the program.

The responsibilities of the director include the following:

a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment, and distribution of the statement to residents and members of the teaching staff.

b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.

d. Supervision of residents.

e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

f. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.

g. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Training situations that consistently produce undesirable stress on residents must be evaluated and modified. The director should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.

h. Program directors are required to provide accurate and complete statistical and narrative information as requested by the RRC for these evaluations.

i. Notification of the RRC of major changes in the program.

B. Faculty

The teaching staff must have sufficient background and expertise to ensure that the educational goals, objectives, and/or curricular content can be met. They must be actively involved in the establishment of educational goals and objectives for the resident experiences in which they participate and in the evaluation of both the residents and the program.

1. Sufficient Numbers and Diversity

There must be a sufficient number of pediatric teaching staff who function as general pediatrician and subspecialist role models for the residents and who contribute adequate time to the program to meet the educational needs of the residents.

Within the primary hospital and/or integrated participating hospitals there must be teaching staff with expertise in the area of general pediatrics who will serve as teachers, researchers, and role models for general pediatrics. Hospital-based as well as community-based general pediatricians should participate actively in the program as leaders of formal teaching sessions, as outpatient preceptors, and as attending physicians on the general inpatient services. The number of general pediatricians actively involved in the teaching program must be sufficient to enable each resident to establish close working relationships that foster role-modeling. Where teaching staff participate on a part-time basis, there must be evidence of sufficient involvement and continuity in teaching. These physicians should have a continuing time commitment to direct patient care to maintain their clinical skills.

There must be teaching staff with training and/or experience in behavioral and developmental pediatrics, as well as teaching staff with training and/or experience in adolescent medicine.

Within the primary hospital and/or integrated participating hospitals, there also must be teaching staff in at least four of the pediatric subspecialties listed in Section V.C.3 from which the four required 1-month rotations must be chosen. These subspecialists must function as integral parts of the clinical and didactic components of the program in both outpatient and inpatient settings.

A surgeon having significant experience with pediatric patients must play a major role in the residents' education with respect to surgical diagnoses and preoperative and postoperative care. A pathologist and a radiologist who have significant experience with pediatric problems and who interact regularly with the pediatric residents are essential.

2. Commitment to Education

The faculty must demonstrate a commitment to the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. A measure of the commitment of the teaching staff to the program is the degree to which patients under their care are available for resident education.

3. Participating Institutions

Where multiple hospitals participate, a member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. Qualifications

All of the physician teaching staff must be currently board-certified and have achieved subspecialty certification where appropriate or must possess appropriate educational qualifications. Each time the program is evaluated by the RRC it is the responsibility of the program director to provide evidence of appropriate qualifications for teaching staff who lack board certification. The RRC will judge the adequacy of alternate qualifications.

C. Other Program Personnel

Teaching by other health professionals such as nurses, pharmacists, social workers, child life specialists, physical and occupational therapists, speech and hearing pathologists, respiratory therapists, psychologists, and nutritionists is highly desirable.

D. Support Staff

Additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program must be provided.

IV. Facilities and Resources

A. Inpatient and Outpatient Facilities

The inpatient and outpatient facilities must be adequate in size and variety and must have the appropriate equipment necessary for a broad educational experience in pediatrics.

There must be an appropriately equipped and staffed emergency facility for the care of pediatric patients. The program must also
have an intensive care facility that is appropriately equipped and staffed for the care of a sufficient number of seriously ill pediatric patients to provide adequate experience for the number of residents in the program.

B. Medical Library
Residents must have ready access to a major medical library, either at the institution where they are located or through arrangement with convenient nearby institutions. These library services should include the electronic retrieval of information from medical databases. There must also be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

C. Patient Population
Programs must provide residents with patient care experience in both inpatient and outpatient settings. A sufficient number, variety, and complexity of patients, ranging in age from infancy through young adulthood, must be present. A deficient or excessive patient load may jeopardize the accreditation status of the program.

V. Educational Program
The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

A. Curriculum, Goals, and Objectives
Each program must describe a core curriculum that complies with the RRC's requirements and is participated in by all residents. Programs that utilize multiple hospitals or that offer more than one track must provide evidence of a unified educational experience for each resident. Where multiple tracks exist within one program, each track must comply with the requirements, and residents in all tracks must have a minimum of 18 months of training in common. The provisions of the Institutional Requirements also must be met for accreditation.

Written goals and objectives and a method of evaluation must exist for each curricular component. The residency curriculum must be a structured educational experience that reflects an appropriate balance between clinical and didactic elements. The curriculum should be competency-based and focus on skill attainment and skill maintenance. It should emphasize attitudes and skills necessary for lifelong learning.

1. Resident Assignments
Assignments to affiliated institutions must be designed to fulfill the educational goals and objectives of the program and must not be made primarily to meet service needs.

While no limit is placed on the duration of rotations to institutions that are integrated with the primary hospital's pediatric program (although the duration must have RRC approval), rotations to participating institutions that are not integrated with the primary hospital may not exceed a total of 9 months during the 3 years of training. No more than 3 months of these outside rotations may be in institutions that do not have their own pediatric residencies.

Rotations to other programs should enrich but not replace core experiences. When residents rotate to an institution that has its own accredited pediatric residency, the rotating residents must be fully absorbed into the prevailing pattern of instruction and patient care at the same level as the pediatric residents of that affiliated institution.

Residency programs that offer training to residents from other pediatric residencies must provide instruction and experience equivalent to that given to their own residents. They should enter into agreement with other programs only if they are prepared to absorb those residents into the prevailing pattern of education and patient care.

2. Approval of Changes
The program design or format must be approved by the RRC as part of the regular review process. Major changes in the content or format of a program that are proposed between regular reviews and/or the addition or deletion of a participating institution that provides 6 months or more of training require RRC approval before implementation. The RRC may determine that a site visit is required before a decision is made on such proposals.

B. General Pediatrics
In keeping with the commitment to general pediatrics, a minimum of 50% of clinical training should be devoted to ambulatory experiences. This may include all assignments in the continuity practice, emergency and acute care, and community-based experiences, as well as the ambulatory portion of normal-term newborn, subspecialty, behavior/development, and adolescent experiences.

1. Inpatient Experience
General inpatient pediatrics must constitute at least 5 months of a resident's overall experience, exclusive of intensive care rotations. It must be structured to provide the resident with a concentrated exposure and continuity of involvement to ensure a primary role in patient care. The inpatient care experience must be designed to develop resident competency in managing patients with diverse illnesses of such complexity and severity as to require in-hospital care but not care in a critical care unit. This can be achieved most effectively through block rotations. An experience that is integrated with other educational activities will be considered acceptable if the program can demonstrate that the educational goals and objectives are met and that the primary role of the resident in the ongoing care of patients is ensured.

The experience must be structured to enable residents to develop:

- an understanding of which patients require in-hospital care and why, including medical, psychosocial, and environmental considerations;
- skills in determining which patients can be managed in a primary care setting and which require higher levels of care and expertise in a critical care unit;
c. skills and competence in the evaluation, diagnosis, management, and appropriate disposition of pediatric patients in the hospital setting;
d. skills in working with an organized inpatient health care team, including nursing, child life therapy, social services, physical therapy, occupational therapy, and discharge planning; and
e. skills in the appropriate utilization of consultants and selection of studies in the care of pediatric patients in the hospital setting.

The program must ensure that each resident has the opportunity for independent evaluation and development of a differential diagnosis, planning diagnostic studies, formulating and implementing therapeutic options, and planning for discharge of patients under their care. It is not an appropriate educational experience if the above are all accomplished by attending physicians without the pediatric inpatient resident’s involvement.

The resident must be given progressive responsibility under close faculty supervision within a team that fosters peer and supervisory interchange. The availability of consultative resources appropriate to the patient base must be assured, while allowing the resident to participate in the full spectrum of patient care from admission through discharge.

Regularly scheduled teaching/attending rounds that include all patients for whom the resident is responsible must be conducted by qualified teachers who are immediately available for consultation and who are supported by consultants in subspecialty areas appropriate to the patient population. Rounds should be targeted to the knowledge and skills required of a general pediatrician in an inpatient setting and should emphasize the appropriate utilization of subspecialist colleagues. The correlation of basic pathophysiologic principles with the disease process should be stressed. Rounds that focus on the educational objectives of inpatient care must be held at least three times per week and may not be replaced by rounds that are primarily work-oriented.

The patient load for residents at all levels of training should allow time for close and effective management and detailed study of patients, yet should challenge the resident with diverse and complex problems at increasing levels of responsibility. A first-year resident should be responsible for approximately six to ten inpatients, depending on the average length of stay and the nature and severity of the illness. Second- and third-year residents may be involved in the care of more patients in a supervisory capacity, but this number should not exceed 30 in most situations.

The patient population available for resident education on the inpatient service must be of sufficient number, age distribution, and variety of complex and diverse pathology to assure the residents of adequate experience with infants, children, and adolescents who have acute and chronic illnesses, as well as with those with life-threatening conditions. Although there is increasing emphasis on outpatient care for a broad spectrum of pediatric illness, resident experience that is limited to the ambulatory setting will not be considered adequate for patient groups that require inpatient care as part of their ongoing treatment.

The comprehensive curriculum should include but not be limited to the following core content and should emphasize the pathophysiologic correlates of the clinical situations:

a. Interviewing techniques with specific emphasis on behavioral, psychosocial, environmental, and family unit correlates of disease
b. Physical examination, both general and system-specific, as a tool in initial diagnosis and subsequent patient monitoring
c. Utilization of appropriate members of the health care team to ensure comprehensive yet cost-effective care of the patient and the family
d. Diagnosis and management of acute episodic medical illness including but not limited to meningitis, sepsis, dehydration, pneumonia, diarrhea, renal failure, seizure, coma, hypertension, and respiratory illnesses
e. Diagnosis and management of acute problems associated with chronic diseases including but not limited to diabetic ketoacidosis, status asthmaticus, status epilepticus, oncologic therapy and complications, congenital heart disease, cystic fibrosis, chronic renal disease, gastrointestinal disorders, hepatic failure, metabolic disorders, and neurologic disorders
f. Pediatric aspects of the management of surgical patients, both preoperatively and postoperatively, including interaction with the surgical team
g. Principles of discharge planning to ensure efficient transition and continuity of care

Residents on the inpatient service must be supervised by pediatric faculty who have extensive experience in and knowledge of the care of pediatric patients with illnesses of sufficient severity to warrant hospitalization. The utilization of general pediatricians in this role is encouraged, provided that consultative services from pediatric subspecialists and other specialists appropriate to the patient population are readily available.

2. Emergency and Acute Illness Experience (See also Section V.G.2, paragraph 7)

The experience in emergency and acute illness must constitute a minimum of 4 months. Two of these months should be in emergency medicine; at least 1 of these months must be a block rotation in an emergency department that serves as the receiving point for EMS transport and ambulance traffic and is the access point for seriously injured and acutely ill pediatric patients in the service area. This may be either a pediatric emergency department or a combined pediatric/adult emergency department. Assignment to an acute care center or walk-in clinic to which patients are triaged from the emergency department will not fulfill this requirement.

The remaining required experience may be in the emergency department or, if patients are available in sufficient numbers, in another setting where acutely ill pediatric patients are seen. Optional sites may include walk-in clinics, acute care centers, and/or community-based primary care practice settings. Preferably, this experience would be as a block rotation, but integration into other longitudinal experiences is acceptable if the required duration and the educational goals and objectives can be met and appropriate supervision ensured.

The experience must be designed to develop resident competence in managing unselected and unscheduled patients with acute illness and injury of varying degrees of severity, from very minor to life-threatening.

Specific objectives of this experience must include but not be limited to development skills in the following:

a. Evaluation and care of patients with acute illnesses or injuries of varying degrees of severity
b. Resuscitation, stabilization, and triage of patients after initial evaluation
c. Interaction with other professionals involved in emergency care in the emergency department, including the trauma team; emergency physicians; specialists in surgery, anesthesia, radiology; and relevant pediatric and surgical subspecialties; dentists; and others as appropriate
d. Participation with the emergency medical system in the provision of prehospital care for acutely ill or injured patients, including access to appropriate transport systems and triage. The program director must ensure that the pediatric residents have first-contact evaluation of pediatric patients and continuous on-site supervision. It is not a sufficient educational experience if the pediatric resident functions only on a consultative basis or deals only with a preselected patient population. Residents in these settings must have on-site supervision by members of the pediatric teaching staff or by other attending staff who have extensive experience in and knowledge of the care of acute pediatric illnesses and injuries.

The resident should have the opportunity to work on a multidisciplinary clinical team to learn the role of the general pediatrician in such a setting. A system for patient outcome feedback to the resident should be established. The resident’s performance must be evaluated on a regular basis by staff directly involved in the acute and emergency care experience, and appropriate feedback must be provided to the resident and to the program director.

Although they may be called on to care for some adult patients to ensure adequate volume and diversity, the pediatric residents’ major responsibility must be for an appropriate range of pediatric patients. Programs that share the emergency and acute illness patient base with other training programs, such as emergency medicine, pediatric emergency medicine, and family practice, must document that a sufficient and appropriately diverse pediatric patient population is available to the pediatric residency program.

The comprehensive experience for all residents should include but not be limited to the following disorders and should emphasize the pathophysiologic correlates of the clinical situations:

- a. Acute major and minor medical problems such as respiratory infection, respiratory failure, cardiopulmonary arrest (including sudden infant death syndrome, or SIDS), dehydration, coma, seizures, diabetic ketoacidosis, asthma, skin disorders, pyelonephritis, sepsis, shock, fever, and childhood exanthems
- b. Acute major and minor surgical problems such as appendicitis, bowel obstruction, burns, foreign body inhalation and ingestion, abscess drainage, and head trauma
- c. Poisonings and ingestion
- d. Physical and sexual abuse
- e. Minor trauma (including splinting, casting, and suturing)
- f. Major trauma (including active participation with the trauma team)
- g. Participation in prehospital management and transport
- h. Acute psychiatric, behavioral, and psychosocial problems
- i. Admission or discharge planning, including communication with the personal physician

3. Continuity Experience
The program must provide adequate continuity experience for all residents to allow them the opportunity to develop an understanding of and appreciation for the longitudinal nature of general pediatric care, including aspects of physical and emotional growth and development, health promotion/disease prevention, management of chronic and acute medical conditions, family and environmental impacts, and practice management. Residents must assume responsibility for the continuing care of a group of patients throughout their training. Inherent in the principle of continuity of care is that patients are seen on a regular and continuing basis, rather than on a single occasion. Isolated block experiences will not satisfy this requirement.

The continuity of care experience must include participation in a setting that is structured and designed to emulate the practice of general pediatrics and that is conducive to efficient processing and management of patients. This setting may be an office-based practice, an institutional-based continuity clinic, or a community-based center. Ideally, residents should participate in the care of their patients through any hospitalization, assess them during acute illnesses, and be available to facilitate other services, such as school-related evaluations and specialty referrals.

Residents must devote at least ½ day per week to their continuity experience throughout the 3 years, and an additional ½ day session per week is suggested. This experience must receive priority over other responsibilities, and may be interrupted only for vacations and outside rotations located at too great a distance to allow residents to return. The periods of interruption may not exceed 2 months in any 1 year or 3 consecutive months at any time. The program must ensure that residents are exposed to a continuity patient population sufficient in number and of adequate variety to meet the educational objectives. It must include well patients as well as those with complex and chronic problems.

Patients initially managed in the normal newborn nursery, emergency department, inpatient service, intensive care unit (pediatric and neonatal), subspecialty clinics, and other sites may be enrolled in the residents’ panels. Guidelines for numbers of continuity panel patients seen per half-day experience are three to six patients per resident in the PL-1 year, four to eight patients in the PL-2 year, and five to ten patients in the PL-3 year. Acceptable minimum numbers for each resident’s patient panel are approximately 50 patients for each PL-1 resident and approximately 100 patients for each PL-2 and PL-3 resident.

The curriculum should emphasize the generalist approach to common office-based pediatric issues including anticipatory guidance from birth through young adulthood, developmental and behavioral issues, and immunization practices and health promotion, as well as the care of children with chronic conditions. The resident must learn to serve as the coordinator of comprehensive primary care for children with complex and multiple health-related problems and to function as part of a health care team. Subspecialty consultants and allied health personnel must be available to residents in the care of their continuity patients.

The number of teaching staff in the continuity clinic must be sufficient to ensure an appropriate educational experience for all residents present. Teaching staff who serve as attendings in the continuity clinic must have expertise in the area of general pediatrics and be able to function as role models in general pediatrics. They must be actively involved in direct patient care to maintain their expertise and credibility. These and other competing responsibilities, however, must not compromise their availability for supervision and consultation with the residents.

Record maintenance must be designed to allow verification of the adequacy of each resident’s experience.

4. Normal/Term Newborn Experience
There must be the equivalent of at least 1 month in the care of normal/term newborns. This may not be part of a neonatal intensive care unit (NICU) rotation but it may be combined with another experience over a longer period of time if an equivalent duration is demonstrated and the educational goals of both experiences can be met. Preferably, this rotation should take place in the first year of training to provide an experience on which more advanced training will be based, and it should be supervised primarily by general pediatric faculty. This experience should include longitudinal follow-up of selected infants discharged from the nursery. The experience should also include at least the following:

- a. Recognition and appropriate intervention for high-risk infants
b. Distinguishing well from ill infants
c. Performance of physical examination on newborn infants, which includes assessment of gestational age and the appropriateness of intrauterine growth
d. Identification of common anomalies, birth defects, and syndromes, including counseling the parents
e. Provision of routine newborn care
f. Recognition and treatment of common physiologic deviations in the newborn
g. Identification and management of infants of mothers with substance abuse and/or sexually transmitted diseases (STDs) or other infections
h. Routine newborn screening and appropriate follow-up of infants with positive test results
i. Preventive measures including immunization schedules and safety issues, such as counseling parents on the importance of infant safety seats and knowledge of normal infant nutrition, including breast feeding, as well as knowledge of normal newborn growth and development
j. Discharge planning

5. Community Experiences

There must be structured educational experiences that prepare residents for the role of advocate for the health of children within the community. These should include both didactic and experiential components that may be integrated into other parts of the curriculum, eg, continuity, adolescent behavior/development, or they may be designed as distinct longitudinal or block rotations.

Residents must be supervised by pediatricians and other health professionals experienced in the relevant content areas. The curriculum should include but not be limited to the following subjects:

a. Community-oriented care with focus on the health needs of all children within a community, particularly underserved populations
b. The multicultural dimensions of health care
c. Environmental toxicants and their effect on child health
d. The role of the pediatrician within school and day care settings
e. The role of the pediatrician in the legislative process
f. The role of the pediatrician in disease and injury prevention
g. The role of the pediatrician in the regional emergency medical system for children

These experiences should utilize settings within the community, such as

a. community-based primary care practice settings;
b. community health resources and organizations, including governmental and voluntary agencies, eg, local and state public health departments, services for children with disabilities, Head Start;
c. schools and day-care settings, including elementary school through college;
d. home-care services for children with special health care needs; and
e. facilities for incarcerated youth.

C. Subspecialty Education

Education in the various subspecialties of pediatrics must be a vital part of the training of general pediatricians. Although it is not possible for each resident to rotate through every subspecialty, it is required that all residents be exposed to the specialized knowledge and methods of the major pediatric subspecialties through longitudinal experiences on the general inpatient and intensive care services and in outpatient settings. Residents should be taught when to seek consultation, when to refer to the subspecialist, and how to manage chronic illness as a team member with the subspecialist.

The curriculum must be designed to teach each resident the knowledge and skills appropriate for a general pediatrician, including the management of psychosocial problems affecting children with complex chronic disorders and their families. The experiences should include appropriate reading assignments and subspecialty conferences and familiarizing the residents with the techniques and skills used by the subspecialist.

All subspecialty rotations must have an adequate number, variety, and complexity of patients to provide each resident with an appropriately broad experience in the subspecialty. Outpatient experiences should be integrated into all subspecialty rotations to provide an opportunity for residents to develop the skills needed to manage patients with complex illnesses in a primary care practice.

The resident must be given appropriate patient care responsibilities with an opportunity to evaluate and formulate management plans for subspecialty patients. In the outpatient subspecialty clinics and with appropriate supervision by a subspecialist, the resident should function as the physician of first contact. Experiences in which the resident is solely an observer will not fulfill this requirement.

Subspecialty faculty must be directly involved in the supervision of residents and be readily available for consultation on a continuing basis. The supervision must be provided by pediatricians who are currently certified by the appropriate subboard of the American Board of Pediatrics or by other specialists who care for pediatric patients and who are certified by a specialty board approved by the American Board of Medical Specialties. In the absence of such certification, documentation of suitable equivalent qualifications must be provided. The acceptability of alternate qualifications will be determined by the RRC.

1. Intensive Care Experience (NICU and PICU)

The intensive care experiences must provide the opportunity for residents to deal with the special needs of critically ill patients and their families. Intensive care experience must be for a minimum of 4 and a maximum of 6 months and must include at least 3 block months of neonatal intensive care (Level II or III) and 1 block month of pediatric intensive care. Night and weekend responsibilities in the NICU, when the residents are on other rotations, will be included in the allowable maximum period of intensive care experience, with 200 hours being considered the equivalent of 1 month.

Programs with 1 month of PICU and 4 block months of neonatal intensive care experience may allow an additional 200 hours of night and weekend responsibilities while the residents are on other rotations. Programs with 3 block months may have 400 hours of additional call. Programs with 5 block months may have no additional NICU call.

To provide additional experience for those who may need it for future practice, 1 additional elective block month in the NICU may be allowed for individual residents after completion of the required NICU experience in the program. As is the case with any block month, it may include call.

The curricula in neonatal and pediatric intensive care must be structured to familiarize the resident with the special multidisciplinary and multiorgan implications of fluid, electrolyte, and metabolic disorders; trauma, nutrition, and cardiorespiratory management; infection control; and recognition and management of congenital anomalies in pediatric patients. It also must be designed to teach the following:

a. Recognition and management of isolated and multiorgan system failure and assessment of its reversibility
b. Understanding of the variations in organ system dysfunction by age of patient.

c. Integration of clinical assessment and laboratory data to formulate management and therapeutic plans for critically ill patients.

d. Invasive and noninvasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions.

e. Participation in decision making in the admitting, discharge, and transfer of patients in the intensive care units.

f. Resuscitation, stabilization, and transportation of patients to the ICUs and within the hospital.

g. Understanding of the appropriate roles of the generalist pediatrician and the intensivist/neonatologist in these settings.

h. Participation in preoperative and postoperative management of surgical patients, including understanding the appropriate roles of the general pediatric practitioner and the intensivist in this setting.

i. Participation, during the neonatal intensive care experience, in perinatal diagnostic and management discussions.

j. Resuscitation and care of newborns in the delivery room.

k. Evaluation and management, during the pediatric intensive care experience, of patients following traumatic injury.

2. Adolescent Medicine

The program must provide all residents with experience in adolescent medicine that will enable them to recognize normal and abnormal growth and development in adolescent patients. This experience must be supervised by faculty having training and/or experience in adolescent medicine.

The experience must include, as a minimum, a 1-month block rotation to ensure a focused experience in the area of adolescent medicine. The program must also provide the resident with an integrated experience that incorporates adolescent issues into ambulatory and inpatient experiences throughout the 3 years, eg, inpatient unit, community setting, continuity clinic, or subspecialty rotations.

It must include instruction and experience in at least the following:

a. Normal pubertal growth and development and the associated physiologic and anatomic changes.

b. Health promotion, disease prevention, and anticipatory guidance of adolescents.

c. Common adolescent health problems, including chronic illness, sports-related issues, motor vehicle safety, and the effects of violence in conflict resolution.

d. Interviewing the adolescent patient with attention to confidentiality, consent, and cultural background.

e. Psychosocial issues, such as peer and family relations, depression, eating disorders, substance abuse, suicide, and school performance.

f. Male and female reproductive health, including sexuality, pregnancy, contraception, and STDs.

3. Developmental/Behavioral Pediatrics

The program must provide all residents with an adequate experience in developmental/behavioral pediatrics to ensure that the resident recognizes normal and abnormal behavior and understands child development from infancy through young adulthood. The program must educate the residents in the intrinsic and extrinsic factors that influence behavior to enable them to differentiate behavior that can and should be managed by the general pediatrician from behavior that warrants referral to other specialists. Clinical and didactic components of behavioral, psychosocial, and developmental pediatrics should be integrated into the general educational program and into each patient encounter, when possible.

The experience must be supervised by faculty with training and/or experience in the developmental/behavioral aspects of pediatrics.

The experience must include, as a minimum, a 1-month block rotation to ensure a focused experience in developmental/behavioral pediatrics. The program also must provide an integrated experience that incorporates developmental/behavioral issues into ambulatory and inpatient experiences throughout the 3 years, eg, inpatient unit, community setting, continuity clinic, and subspecialty rotations. The program must include formal instruction in at least the following components to enable the residents to develop appropriate skills:

a. Normal and abnormal child behavior and development, including cognitive, language, motor, social, and emotional components.

b. Family structure, adoption, and foster care.

c. Interviewing parents and children.

d. Psychosocial and developmental screening techniques.

e. Behavioral counseling and referral.

f. Management strategies for children with developmental disabilities or special needs.

g. Needs of children at risk, eg, those in poverty, from fragmented families, or victims of child abuse/neglect.

h. Impact of chronic diseases, terminal conditions, and death on patients and their families.

4. Additional Required Subspecialty Experience

Excluding the adolescent medicine, developmental/behavioral pediatrics, and intensive care experiences, the time committed by any resident to subspecialty rotations must be a minimum of 6 months. During the 3 years of training no more than 3 block months, or its equivalent, may be spent by a resident in any one of the subspecialties in the lists below. Subspecialty research electives that involve no clinical activities need not be included in the calculation of a resident's subspecialty months.

The program must require that each resident complete a minimum of four different 1-month block rotations taken from the following list of pediatric subspecialties:

- Allergy/Immunology
- Gastroenterology
- Infectious Disease
- Genetics
- Cardiology
- Hematology/Oncology
- Nephrology
- Pulmonology
- Endocrinology/Metabolism
- Rheumatology
- Neurology

At least two of the four subspecialty rotations must be taken at the primary teaching site and/or integrated hospitals. Two of these subspecialties may be combined over a 2-month block if the outpatient and inpatient experiences of the two disciplines can be successfully integrated.

Additional subspecialty experiences needed to comply with the minimum requirements may be scheduled either as block assignments or as part of rotations in the outpatient department or inpatient services. The daytime equivalent of a block month is 140 hours. These may be selected from the list above or from the following list:

- Child Psychiatry
- Otolaryngology
- Dermatology
- Pediatric Radiology
- Ophthalmology
- Pediatric Surgery
- Orthopedics & Sports Medicine

Two subspecialty areas from this second list may be combined over a 1- or 2-month period to provide a more effective educational experience.
D. Additional Curricular Requirements

Departmental conferences, seminars, teaching rounds, and other structured educational experiences must be conducted on a regular basis sufficiently often to fulfill educational goals. Reasonable requirements for resident attendance should be established, and resident and staff attendance should be monitored and documented. In addition to providing instruction in topics relevant to general pediatrics and to the subspecialty disciplines, there must be a structured curriculum in each of the following areas:

1. Medical ethics, including but not limited to the ethical principles of medical practice and the ethical aspects of
   a. the relationship of the physician to patients, eg, initiating and discontinuing the treatment relationship, confidentiality, consent, and issues of life-sustaining treatments
   b. the relationship of the physician to other physicians and to society, eg, the impaired physician, peer review, conflicts of interest, resource allocation, institutional ethics committees, and ethical issues in research

2. Quality assessment, quality improvement, risk management, and cost effectiveness in medicine

3. Health care organization, financing, and practice management, with instruction in
   a. the organization and financing of health care services for children at the local, state, and national levels, including an understanding of the role of the pediatrician in the legislative process
   b. the organization and financing of office practice, including personnel and business management, scheduling, billing and coding procedures, and maintenance of an appropriate patient record system.

4. Medical information sciences, emphasizing the skills necessary to prepare the resident for continued self-learning and including instruction in
   a. basic computer skills, techniques for electronic retrieval of the medical literature, and the use of electronic information networks
   b. the critical evaluation of the medical literature, study design, and the applicability of clinical studies to patient care
   c. clinical decision theory and its application to clinical practice.

E. Development of Procedural Skills

The program must teach residents, in both hospital and ambulatory settings, those procedural skills appropriate for a general pediatrician. These educational experiences should be graded so that residents build and maintain skills throughout the training program.

1. Each program must provide sufficient training in and monitor resident development of at least the following skills:
   a. Basic and advanced life support
   b. Endotracheal intubation
   c. Placement of intraosseous and intravenous lines
   d. Arterial puncture
   e. Venipuncture
   f. Umbilical artery and vein catheter placement
   g. Lumbar puncture
   h. Bladder catheterization
   i. Thoracentesis
   j. Chest tube placement
   k. Gynecologic evaluation of prepubertal and postpubertal females
   l. Wound care and suturing of lacerations
   m. Subcutaneous, intradermal, and intramuscular injections
   n. Developmental screening test.

   Each program must have a formal system for documenting resident experience and for monitoring resident compliance with the documentation process. Documentation of skills, eg, procedure logs, must be maintained by the program in the resident files. Supervision and documentation of skills must be by faculty or others with documented competence in the procedures. Residents should be informed about the procedures they are expected to learn and must receive feedback on their proficiency as part of the evaluation process.

2. In addition, programs should provide exposure to the following procedures or skills:
   a. Circumcision
   b. Conscious sedation
   c. Tympanometry and audiometry interpretation
   d. Vision screening
   e. Hearing screening
   f. Simple removal of foreign bodies, eg, from ears or nose
   g. Inhalation medications
   h. Incision and drainage of superficial abscesses
   i. Suprapubic tap
   j. Reduction and splinting of simple dislocations
   k. Pain management.

   All residents should maintain certification in pediatric advanced life support (PALS) and neonatal advanced cardiac life support or in equivalent lifesaving systems.

F. Elective Experiences

Electives are intended to enrich the educational experience of residents in conformity with their needs, interests, and/or future professional plans. Electives must be well-constructed, purposeful, and effective learning experiences, with written goals and objectives. The choice of electives must be made with the advice and approval of the program director.

G. Resident Policies

1. Supervision of Residents

   The supervision of residents must be accomplished through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

   Residents must be supervised by teaching staff in a way that will allow them to assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. The level of responsibility accorded to each resident must be determined by the teaching staff.

2. Duty Hours and Conditions of Work

   Residency training is a full-time responsibility. The program director should monitor the effects of outside activities, including moonlighting in or outside the primary hospital, to ensure that the quality of patient care and the educational experience, as outlined in the agreement between the institution and the residents, is not compromised. Formal written policies on outside professional activities must be provided to the residents and should be available to the RRC, if requested.

   Clinical duties must not be so pressing or consuming that they preclude ample time for educational activities, other important phases of the training program, or personal needs.

   It is equally important that the residents have a keen sense of personal responsibility for patient care. Residents should be taught that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. The resident should not be relieved of duty until the
proper care and welfare of the patients have been ensured by the presence of a suitable professional replacement. On-call duty should occur with a monthly average of every third to fourth night for inpatient rotations requiring call. Call may be less frequent for outpatient or elective rotations. The call expected is in-house call for services with acutely ill patients, ie, inpatient and intensive care. Call on other rotations or electives may be in-house or by phone. There should also be a resident backup call schedule or alternate plan to provide coverage in the event that the assigned resident is unable to fulfill the assignment.

Call-free rotations should not occur on regular inpatient services where such a schedule would compromise the concept of continuity of care and interfere with the educational experience, eg, teaching rounds. Call-free rotations should not exceed 4 months during the 3 years of training.

The purposes of night call are to provide patient care, assume clinical responsibility, teach and supervise, and accumulate clinical experience including skill maintenance. Night and weekend duties must be sufficient to permit implementation of the concept of continuity of patient care.

The schedule should be designed to provide a monthly average of at least 1 day out of 7 without assigned duties in the program. Emergency department shifts should not exceed 12 hours, with consecutive shifts separated by at least 8 hours. Night float rotations must not occur so frequently in the program as to interfere with the educational experience for the residents.

3. Resident Complement/Peer Interchange

Because peer interchange is a very important component of the learning process, each program is expected to recruit and retain a sufficient number of qualified residents to fulfill the need for peer interaction among those training in pediatrics. The number of residents from other specialties or programs who rotate on the pediatric service must not dilute the experience and peer interaction of the pediatric residents. There must be a sufficient number of residents at each level to provide appropriate peer interaction including frequent and meaningful discussion during all phases of the training program, eg, neonatal, outpatient, inpatient, and emergency services. Residents at more than one level of training must interact in the care of inpatients. To achieve this, a program should offer a minimum total of 12 resident positions, ie, four at each level, exclusive of subspecialty residents. Except for periods of transition, the same number of positions should be offered in each of the 3 years of training. The RRC will consider the presence of residents from combined pediatrics programs, eg, medicine/pediatrics or pediatrics/emergency medicine, when it evaluates the adequacy of the resident complement and of peer interaction. An inability to recruit the required minimum number of residents and/or a high rate of resident attrition from a program over a period of years will be a cause of concern to the RRC.

H. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, which should include the following:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;

2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals;

3. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings;

4. Provision of guidance and technical support for residents involved in research, eg, research design, statistical analysis; and

5. Provision of support for resident participation in scholarly activities.

There should be evidence of clinical investigation and research that is designed to provide an environment of inquiry and scholarship in which the residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. This must include

1. a journal club and research conferences in which members of the teaching faculty participate and

2. opportunity to participate in scholarly activities, which may include clinical investigation and/or basic research.

VI. Evaluation

The program director is responsible for developing and implementing formal mechanisms for evaluation, as described below.

A. Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice

2. mechanisms for providing regular and timely performance feedback to residents

3. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

The program must have formal mechanisms for monitoring and documenting each resident's acquisition of fundamental knowledge and clinical skills and his or her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

Written documentation of regular periodic evaluation of each resident must be maintained and must be available for review by the site visitor. Evaluations must include noncognitive areas such as interpersonal and communication skills, attitudes, and professional behavior, as well as moral and ethical characteristics.

Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings is essential that residents participate in existing national examinations. The annual In-Training Examination of the American
Board of Pediatrics is one example of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by the faculty to identify the cognitive strengths and weaknesses of individual residents and weaknesses in the teaching program and to develop remedial activity, if warranted.

The program director and faculty are responsible for provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record that is maintained by the institution.

The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

B. Evaluation of Faculty
Teaching faculty must be evaluated at least annually. Documenta­tion of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which residents participate in this evaluation in a confidential manner.

C. Evaluation of the Program
The teaching staff must be organized and have regular, documented meetings to review program goals and objectives, the program's effectiveness in achieving them, and the needs of the residents. At least one resident representative should participate in these reviews. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be addressed.

The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.

The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

This evaluation should include an assessment of the balance between the educational and service components of the residency. In addition, the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, and the quality of supervision of the residents should be evaluated. Written evaluation by residents should be utilized in the process.

As part of the evaluation of the effectiveness of the program, the director must monitor the performance by the program's graduates on the certifying examination of the American Board of Pediatrics. Information gained from the results should be used to improve the program.

VII. Board Certification
One measure of the quality of a residency program is the performance of its graduates on the certifying examinations of the American Board of Pediatrics. In its evaluation of residency programs, the RRC will take into consideration the information provided by the American Board of Pediatrics regarding resident performance on the certifying examinations during the most recent 3 to 5 years. A program will be judged deficient if, over a period of years, the rate of those passing the examination on their first attempt is less than 50% and/or if fewer than 75% of those completing the program take the certifying examination.

Residents who plan to seek certification by the American Board of Pediatrics should communicate with the president of the board to obtain the latest information regarding certification.

ACGME: September 26, 2000 Effective: July 1, 2001

Program Requirements for Residency Education in the Subspecialties of Pediatrics

I. Introduction
In addition to complying with the requirements in this document, each program must comply with the program requirements for the respective subspecialty, which may exceed the minimum requirements set forth here.

An accredited pediatric subspecialty program must exist in conjunction with and be an integral part of a core pediatric residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Interaction of the subspecialty residents and faculty with the residents in the core pediatrics residency program is required. [Note: Those in accredited subspecialty programs are called residents or subspecialty residents. The term fellow is not used.] Lines of responsibility for the pediatric residents and the subspecialty residents must be clearly defined. The presence of the subspecialty program should not adversely affect the education of the pediatric residents.

II. Institutional Organization

A. Sponsoring Organization
The pediatric subspecialty program must be sponsored by the same institution that sponsors the related core pediatrics program.

B. Single or Multiple Institutions
An accredited program may occur in one or more institutions. If training occurs in more than one institution, there must be formal agreements that describe joint responsibilities to provide complementary facilities, teaching staff, and teaching sessions. An institution that provides 6 months or more of the inpatient and/or outpatient training requires approval by the Residency Review Committee (RRC).

When a program relies on other institutions to provide some components of the curriculum, the arrangement between the institutions must be designed to meet the educational needs of the subspecialty residents and must be described in a written document that is signed by the appropriate persons from the respective institutions. These agreements must relate specifically to the subspecialty program and must be current, no more than 5 years old, at the time of the site visit.

Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must accompany the application for initial accreditation. At the time of subsequent reviews these documents need not be submitted but must be available for review by the site visitor.
C. Appointment of Subspecialty Residents
Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency or other training judged suitable by the program director. [Note: Candidates who do not meet this criterion must be advised by the program director to consult the American Board of Pediatrics or other appropriate board regarding their eligibility for subspecialty certification.]

To determine the appropriate level of training for a subspecialty resident transferring from another ACGME-accredited pediatric subspecialty program, the program director must receive from the director of that program written verification of the subspecialty resident's educational experiences in the subspecialty and a statement regarding his/her performance.

III. Duration and Scope of Training

A. Length of Training
Unless specified otherwise in the program requirements for a subspecialty, pediatric subspecialty programs must provide 2 years of training. [Note: If a third year is offered, it must be described when the program is reviewed by the RRC. Those residents who plan to seek certification by the subboard should consult the American Board of Pediatrics regarding the criteria for eligibility, including length of training, with the exception of sports medicine, which is 1 year.]

B. Scope of Training
Each subspecialty program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and provides subspecialty residents adequate training in the diagnosis and management of these subspecialty patients. This must include progressive clinical, technical, and consultative experiences that will enable the subspecialty resident to develop expertise as a consultant in the subspecialty.

The subspecialty program also must develop in its subspecialty residents a commitment to lifelong learning and must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions. Progressive acquisition of skill in investigative efforts related to the subspecialty is essential.

The program must provide the subspecialty residents with instruction and opportunities to ensure effective interaction with patients, their patients’ families, professional associates, and others in carrying out their responsibilities as physicians in the specialty. They must be taught how to create and maintain a therapeutic relationship with patients and how to work effectively as members of the teaching staff.

IV. Program Personnel
The program director and the teaching staff are responsible for the general administration of a program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director based at the primary teaching site who is fully committed to the program and devotes sufficient time to ensure achievement of the educational goals and objectives. The RRC must be promptly notified in writing of a change in the leadership of the program.

1. Qualifications
The director must:
   a. document possession of the requisite clinical, educational, investigative, and administrative abilities and experience.
   b. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
   c. be currently certified by the relevant subboard of the American Board of Pediatrics or possess appropriate educational qualifications judged by the RRC to be acceptable.
   d. have an appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities
The program director is responsible for the following:
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of the subspecialty residents at each level of training and for each major rotation or other program assignment, and distribution of this statement to subspecialty residents and members of the teaching staff. It should be readily available for review.
   b. Selection of subspecialty residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   d. Supervision of subspecialty residents through explicit written guidelines describing supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Subspecialty residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and subspecialty resident complaints or grievances.
   f. Monitoring subspecialty resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services related to subspecialty residents. Training situations that consistently produce undesirable stress on subspecialty residents must be evaluated and modified.
   g. Monitoring and documenting the procedural skills of the subspecialty residents.

B. Teaching Staff
There must be sufficient numbers of teaching staff who devote adequate time to the educational program to enable it to meet its goals and objectives. In addition to the subspecialty program director, there must be at least one other member of the teaching staff who is qualified in the subspecialty. In some of the subspecialties, two or more additional subspecialists are required. Specific details are included in the requirements for each pediatric subspecialty.

If the program is conducted at more than one institution, a member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

Appropriate teaching and consultant faculty in the full range of pediatric subspecialties and in other related disciplines also must be available. The other related disciplines should include medical genetics, child neurology, child and adolescent psychiatry, as well as pediatric surgery and surgical subspecialties as appropriate to
the subspecialty. Anesthesiologist, pathologist, and a radiologist who have significant experience with pediatric problems and who interact regularly with the subspecialty residents are essential.

All of the members of the physician teaching staff should be currently certified by the appropriate member board of ABMS. Pediatric subspecialists should be certified in their subspecialty by the American Board of Pediatrics. Where this is not the case, evidence of appropriate educational qualifications must be provided. The RRC will determine the acceptability of such qualifications.

All members of the teaching staff must demonstrate a strong interest in the education of subspecialty residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. They must devote adequate time to each of these endeavors.

C. Other Professional Personnel
Programs must have access to the additional professional, technical, and clerical personnel needed to support the administrative and educational conduct of the program appropriate to the subspecialty. The professional personnel should include nutritionists, social workers, respiratory therapists, pharmacists, subspecialty nurses, physical and occupational therapists, child life therapists, and speech therapists with pediatric focus and experience, as appropriate to the subspecialty.

V. Facilities and Resources
The sponsoring institution is responsible for ensuring that the subspecialty program has adequate facilities and resources to achieve the educational objectives.

A. Inpatient and Outpatient Facilities
Adequate inpatient and outpatient facilities, as specified in the requirements for each subspecialty, must be available. These must be of sufficient size and be appropriately staffed and equipped to meet the educational needs of the subspecialty program.

B. Support Services
Support services must include clinical laboratories, intensive care, nutrition, occupational and physical therapy, pathology, pharmacology, mental health, diagnostic imaging, respiratory therapy, and social services.

C. Patient Population
Patients should range in age from newborn through young adulthood, as appropriate. Adequate numbers of pediatric subspecialty inpatients and outpatients, both new and follow-up, must be available to provide a broad experience for the subspecialty residents. The program must maintain an appropriate balance among the number and variety of patients, the number of preceptors, and the number of subspecialty residents in the program.

D. Library Facilities and Computer Access
Subspecialty residents must have access to an on-site library or collection of appropriate texts and journals in each participating institution or must have access to electronic databases and other data processing applications.

E. Resources for Research and Scholarly Activities
There must be adequate resources for scholarly activity, research, and critical analysis. These must include adequate laboratory space, equipment, financial support, and computer services.

VI. Educational Program
The subspecialty program must provide advanced training to allow the subspecialty residents to acquire expertise as a consultant in the subspecialty. The formal curriculum must be reflected in the goals and objectives.

A subspecialty program must provide an environment in which high standards of professionalism and a commitment to continued improvement are evident. The values of professionalism must be fostered in the subspecialty residents throughout their training. These values include placing the needs of one's patients ahead of one's self-interest, being responsive to the needs of society, continuing a commitment to scholarship and to high standards of related research, and enhancing the ability of all colleagues in the medical profession to discharge their responsibilities optimally.

A. Program Design
The program design and structure must be approved by the RRC as part of the regular review process.

B. Clinical Skills
A subspecialty program must offer supervised training to ensure the acquisition of the necessary clinical skills used in the subspecialty and the development of sound judgment and decision-making skills that affect patient treatment and management. Residents must regularly participate in clinical quality improvement activities.

Subspecialty residents must be provided with adequate and appropriate faculty supervision in accord with their level of experience and expertise.

C. Diagnostic Tests and Procedures
The program must offer supervised experience in interpreting the results of laboratory tests and diagnostic procedures for use in patient care. Instruction and experience must be sufficient for the subspecialty residents to acquire the necessary procedural skills and develop an understanding of their indications, risks, and limitations. Each resident's experience in such procedures must be documented by the program director.

D. Curriculum
There must be a formally structured educational program in the clinical and basic sciences related to the subspecialty that utilizes lectures, seminars, and practical experience. Subspecialty conferences must be regularly scheduled and should involve active participation by the subspecialty resident in the planning and implementation of these meetings.

The curriculum should involve basic and fundamental disciplines related to each subspecialty and should include the following, as appropriate: anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism.

This curriculum should include the pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, as well as instruction in the scientific, ethical, and legal implications of confidentiality and of informed consent.

There should be instruction in the ways in which sociocultural factors affect patients and their families.

Bioethics, biostatistics, epidemiology and population medicine, outcome analysis, and the economics of health care must also be included in the formal curriculum. The latter must involve training and education in current health care management issues, such as cost-effective patient care, practice management, quality improvement, and clinical outcomes.

E. Teaching Experience
Subspecialty residents must be given the opportunity to teach and to assume some departmental administrative responsibilities.

Subspecialty residents should develop an understanding of the appropriate role of the pediatric generalist in subspecialty care and
participate in the residency and continuing education activities. They must participate actively in conferences, lectures, and clinical experiences for general pediatric residents and other trainees. These teaching experiences should include oral presentations and correlation of basic biomedical knowledge with the clinical aspects of the subspecialty. The program should provide instruction in curriculum design and in the development of teaching material for the subspecialty residents.

F. Subspecialty Resident Policies

The program director must establish an environment that is optimal for both subspecialty resident education and patient care, including the responsibility for continuity of care, while ensuring that undue stress and fatigue among subspecialty residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that subspecialty residents are not subjected to excessively difficult or prolonged working hours. Subspecialty residents' work schedules must be designed so that they have at least 1 day out of 7, averaged monthly, free of program responsibilities. They should be on call in the hospital no more often than every third night. Call from home may not be so frequent as to infringe on a reasonable amount of personal time.

During in-house call subspecialty residents must be provided with adequate sleeping, shower and lavatory, lounge, and food facilities. Adequate backup must be available so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the subspecialty resident does not spend an inordinate amount of time in noneducational activities that should be discharged properly by other personnel.

G. Research and Scholarly Activity

Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. As part of the academic environment of each accredited subspecialty program, an active research component, involving both faculty and subspecialty residents, is required. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the program director and the teaching staff. Recent productivity by the program faculty and by the subspecialty residents will be assessed. Participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship must be demonstrated.

1. Faculty Research/Scholarly Activity

The teaching staff must provide evidence of a commitment to and productivity in research in the pediatric subspecialty area. This research must be ongoing in clinical and/or basic aspects of the pediatric subspecialty field. The RRC will consider the following as indicative of the commitment of the teaching staff to research:

a. Projects funded by agencies requiring peer review
b. Publications in peer-reviewed journals
c. Presentations at national, regional, or international scientific meetings
d. Research protocols approved by the local Institutional Review Board and implemented.

2. Research Program for Subspecialty Residents

Subspecialty residents must be instructed in the scientific and ethical bases of clinical research, including study design, modeling and methodology, statistical concepts, and data collection and analysis. The institution must provide the support necessary for a subspecialty resident to participate in such scholarly activities.

Research experience must begin in the first year and continue for the entire period of training to allow adequate time for the development of research skills, completion of research projects and presentation of results to the medical community. Each subspecialty resident must actively participate in the design, conduct, evaluation, and preparation for publication of a clinical or laboratory research project in his/her subspecialty area.

Subspecialty residents also should have experience and be given guidance in the critical evaluation of pertinent medical literature, the process of grant application, preparation of scientific articles, and medical writing. In addition, they should be required to conduct research seminars and prepare reports of their research activities. These efforts should be reviewed and evaluated by supervising faculty.

VII. Evaluation

There must be formal mechanisms for the assessment of subspecialty resident performance, faculty performance, and program objectives. The same evaluation mechanisms used in the related pediatrics residency program must be adapted for and implemented in all of the pediatric subspecialty programs that function with it. These must be in compliance with the specific guidelines provided below.

A. Evaluation of Subspecialty Residents

The program must have formal mechanisms by which the knowledge, skills, and professional growth of the subspecialty residents are evaluated at least semiannually. This assessment must specify how the acquisition of requisite skills for subspecialty competence is accomplished.

A written record of these evaluations must be maintained, and must be formally reviewed with the subspecialty resident at least semiannually, and must be accessible to authorized personnel. Subspecialty residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The program director, in consultation with the teaching staff, must provide a written final evaluation for each subspecialty resident who completes the program. This evaluation must include a review of the subspecialty resident's performance during the final period of training. Verification that the subspecialty resident has demonstrated sufficient professional ability and acquisition of appropriate clinical and procedural skills to practice competently and independently in the pediatric subspecialty should be provided.

This final evaluation should be part of the subspecialty resident's permanent record that is to be maintained by the institution.

B. Evaluation of Faculty

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation must include assessment of their teaching ability and commitment to teaching, their clinical knowledge, and their active participation in scholarly activity. There must be a formal mechanism by which residents in both the core and subspecialty programs participate confidentially in these evaluations. Faculty should receive formal feedback from these evaluations.

C. Evaluation of the Program

The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. They should periodically evaluate the use of the resources available to the program. Written evaluations by subspecialty residents should be used in this process. Specifically, the contribution of the participating institutions, the financial and administrative support of the program, the volume and variety of patients available for educational purposes, the performance of the teaching staff, and the quality of supervision of subspecialty residents should be considered in the evaluation. In-
formation gained from these evaluations should be used to implement improvements in the program.

Annual review and evaluation of the program in relation to the educational goals, the quality of the curriculum, the needs of the subspecialty residents, and the clinical and research responsibilities of the faculty must be documented. At least one subspecialty resident representative should participate in the periodic and annual reviews.

VIII. Evaluation by the RRC
Each subspecialty program will be evaluated by the RRC at regular intervals, usually in conjunction with a review of the related core pediatrics program. During the interval between regular reviews, approval of the RRC should be obtained before implementation of major changes in the program.

The program director is responsible for submitting complete and accurate information on the program to the RRC. Upon review of this information, the RRC will judge the degree of compliance with the published standards.

One measure of the quality of a training program is the performance of its graduates on the certifying examination of the sub-board. In its evaluation of these programs, the RRC will take into consideration the information provided by the American Board of Pediatrics. A program will be judged deficient if, for the most recent 5- to 10-year period, fewer than 75% of those completing the program take the certifying examination. A subspecialty program director will be expected to supply this information at the time of each RRC review.

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Program Requirements for Residency Education in Adolescent Medicine (Pediatrics)

Introduction
In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in adolescent medicine also must comply with the following requirements.

I. Scope and Duration of Training
Programs in adolescent medicine must provide training in and include an appropriate balance among clinical, didactic, and research activities. They must provide education in the broad and diverse knowledge base of this multidisciplinary field that focuses on the unique physical, psychological, and social characteristics of adolescents, their health-care problems and needs.

Adolescence links childhood with the adult years, covering the period from the start of puberty to early adulthood. Programs in adolescent medicine must, therefore, integrate the relevant areas of pediatrics and the pediatric subspecialties with family practice, general internal medicine, psychiatry, obstetrics/gynecology, sports medicine, dermatology, and surgery and with related fields such as clinical pharmacology/toxicology, law, psychology, social work, education, nutrition, juvenile justice, sociology, and public health.

II. Faculty
Appropriate physician and nonphysician faculty in numbers sufficient for the size of the program must be available to provide ongoing teaching and supervision of the subspecialty residents. In addition to the program director, there must be at least one other physician who possesses appropriate qualifications in adolescent medicine, as described in the Program Requirements for Residency Education in the Subspecialties of Pediatrics.

In addition to the full range of pediatric subspecialists, consultant faculty in the following areas must be available to the program:
A. Child/adolescent psychiatry
B. Child neurology
C. Obstetrics/gynecology
D. General surgery
E. Orthopedic surgery
F. Sports medicine
G. Dermatology

In addition, personnel from the following categories should be available:
A. Psychology
B. Social work
C. Public and private school systems
D. Education
E. Public health
F. Chemical dependency
G. Nutrition
H. Clinical pharmacology

III. Facilities/Training Sites
The facilities and settings used by the program must be adequate for the program to accomplish the educational goals, and must include access to the following:
A. An inpatient medical service
B. An outpatient service
C. Clinical consultation
D. Additional clinical settings should include a school-based clinic, a summer camp, a crisis center, juvenile justice facilities, a college health program and a community health center, psychiatric, drug and alcohol facilities, and a family plan program.

IV. Curriculum
A. Core Knowledge Areas
The program must provide adequate instruction and clinical experience for all of the adolescent medicine residents to enable them to gain sufficient knowledge of and skill in the following:
1. Physical, physiologic, and psychosocial changes associated with pubertal maturation and its disorders
2. Organ-specific conditions frequently encountered during the teenage years
3. The effects of adolescence on preexisting conditions
4. Mental illnesses of adolescence (including psychopharmacology and psychophysiological disorders)
5. Family dynamics, conflicts, and problems
6. Adolescent parenthood
7. Disorders of cognition, learning, attention, and education
8. Social and emotional development of the adolescent, including cultural/ethnic diversity
9. Chronic handicapping conditions
10. Disorders of the endocrine system and metabolism
11. Sexuality, including sexual identity, development, and sexual health problems
12. Sexually transmitted diseases (prevention and treatment)
13. Reproductive health issues of males and females (eg, menstrual disorders, gynecomastia, contraception, pregnancy, fertility)
14. Nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations.
ACGME: Graduate planning for program development in a variety of settings. 

15. Health promotion, disease prevention, screening, and immunizations
16. Infectious diseases, including epidemiology, microbiology, and treatment
17. Pharmacology and toxicity
18. Substance abuse, including alcohol and tobacco
19. Eating disorders, eg, obesity, anorexia nervosa, and bulimia
20. Social/environmental morbidities including physical and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence
21. Juvenile justice
22. Sports medicine
23. Legal and ethical issues including advocacy
24. Interviewing/short-term counseling skills for teens and their parents
25. Public health issues including demographics, social epidemiology, population-based interventions, and adolescent health promotion
26. Financing adolescent health care in public, private, and academic managed care environments

B. Clinical and Continuity Experience
The program must provide on-site clinical supervision of the subspecialty residents in a manner that allows them to assume graded responsibility for both the provision of clinical services and the supervision of other learners during the years of training.

The subspecialty resident must be given the opportunity to assume continuing responsibility for both acute and chronic health problems of adolescents in both inpatient and outpatient settings and to provide direct and consultative care to adolescents of various ages and socioeconomic and racial backgrounds in a variety of hospital and community settings. It is essential that the adolescent medicine resident have an outpatient continuity experience to include at least ½ day per week in an adolescent medicine setting.

C. Didactic Sessions
Conferences must emphasize the core knowledge and skill areas enumerated above. In addition, clinical conferences must include discussion of the basic clinical sciences. Health education, current health-care legislation, biomedical ethics, and preventive measures should also be addressed. Faculty must be available to provide instruction in interdisciplinary patient management and case conferences.

D. Administrative Instruction
Adolescent medicine residents must be exposed to formal sessions on the organization and leadership of, and membership in, a comprehensive health-care team. This must include utilization of the services of all relevant health-care professionals, including those in social services, nursing, education, mental health, and community resources.

The subspecialty resident must be provided with instruction and experience in the administrative aspects of an adolescent health care program, eg, knowledge of staffing needs, program management, continuous quality improvement, the organization and financing of health-care services, preparation of grant proposals, and planning for program development in a variety of settings.

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Program Requirements for Residency Education in Developmental-Behavioral Pediatrics (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in developmental-behavioral pediatrics also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Duration and Scope of Training
Developmental-behavioral pediatrics is the specialty within pediatrics that focuses on (1) understanding the complex developmental processes of infants, children, adolescents, young adults, and their families in the context of their families and communities; (2) understanding the biological, psychological, and social influences on development in the emotional, social, motor, language, and cognitive domains; (3) mechanisms for primary and secondary prevention of disorders in behavior and development; and (4) identification and treatment of disorders of behavior and development throughout childhood and adolescence.

An accredited program in developmental-behavioral pediatrics must be 3 years in duration. A progressive educational experience is required, which must include responsibility for patient care, the development of clinical proficiency, involvement in community or community-based activities, and the development of skills in teaching, program development, research, and child advocacy. Subspecialty residents must participate in clinical training activities, including direct and indirect patient care activities, consultations, observations, teaching conferences, clinical supervision, and related activities.

The goal of education in this subspecialty is to understand and foster optimal cognitive, social, and emotional functioning of the patients and their families. This can be achieved only through close collaboration with several medical and nonmedical disciplines that address a similarly broad goal through their own unique and complementary perspectives.

II. Faculty
The program director and the teaching staff are responsible for the general administration of the program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director
(See general requirements that pertain to all pediatric subspecialties for general description, qualifications, and responsibilities of the Program Director)

B. Developmental-Behavioral Specialists
In addition to the program director, there must be at least one other physician faculty member who is board certified or appropriately qualified in the subspecialty of developmental-behavioral pediatrics. Additional subspecialty faculty may be required, depending on the number of subspecialty residents appointed to the program. These subspecialists in developmental-behavioral pediatrics must devote sufficient time to the program to meet its administrative and educational needs and to ensure continuity of teaching.
C. Core-related Disciplines
Additional physician and nonphysician faculty from appropriate disciplines must be available in numbers sufficient to provide ongoing teaching and supervision of the subspecialty residents in the full breadth of this subspecialty. In addition to the full range of pediatric subspecialists, consultant faculty from child and adolescent psychiatry, child neurology, pediatric physical medicine and rehabilitation and/or neurodevelopmental disabilities, and psychology (developmental, clinical, educational, or pediatric) must be available to the program. Formal linkages should be established to ensure their participation in instruction and clinical supervision.

D. Other Related Disciplines
Programs must have access to the additional professional and technical personnel needed to support the clinical and educational conduct of the program.
1. Clinicians from these related disciplines must be available to the program: occupational therapy, physical therapy, social work, and speech and language pathology.
2. Personnel from the following disciplines should be available to the program: audiology, nutrition, pharmacology, education, nursing, and public health.

III. Facilities and Resources
The facilities must be adequate for the program to accomplish its educational goals. In addition to the facilities and resources that are required for all pediatric subspecialty programs, there must be
A. outpatient facilities for developmental-behavioral clinical services. These must include clinical services for children from infancy through adolescence with or at risk for developmental delays and disabilities, behavioral difficulties, learning problems, and chronic physical health conditions. These facilities should provide a patient base with the conditions described under Core Knowledge;
B. collaboration with general pediatrics services to provide opportunities for consultation and teaching; and
C. established linkages with selected community-based facilities that serve children and families, such as child care programs; early intervention programs; schools; and community agencies that serve children who have visual impairments, hearing impairments, or serious developmental, physical, and/or emotional disabilities.

IV. Educational Program
The program must provide instruction, research opportunities, and clinical experience in developmental-behavioral pediatrics to enable all subspecialty residents to diagnose and treat patients with developmental-behavioral disorders. The program must include a formal educational program with activities pertaining to the knowledge and skills required in the clinical care of patients, as well as instruction and experience in teaching, in program development and administration, and in child advocacy, all of which must occur with appropriate supervision.

A. Core Knowledge
The education of a developmental-behavioral specialist must include an understanding of theories of the process of normal development from infancy through young adulthood, in addition to a structured curriculum that includes the following:
1. Biological mechanisms of behavior and development, eg, development and functional organization of the central nervous system, neurophysiology, genetics, and biological risk factors
2. Family and social/cultural factors that contribute to children's development and family functioning
3. Variations in temperament and adaptive styles
4. Adaptations to general health problems and their treatments, eg, acute illnesses, chronic illnesses, physical disabilities, hospitalization
5. Developmental and behavioral aspects of a wide variety of childhood conditions, eg, perinatal conditions, chromosomal/genetic disorders, metabolic, neurologic, sensory, endocrine, and cardiac disorders
6. Cognitive disabilities
7. Language and learning disorders
8. Motor disabilities, eg, cerebral palsy, myelodysplasia, dystrophies
9. Autistic spectrum disorders, eg, autism, Asperger's syndrome
10. Attention disorders
11. Externalizing conditions, eg, aggressive behavior, conduct disorder, oppositional defiant disorder
12. Internalizing behaviors, eg, anxiety, mood, and obsessive disorders, suicidal behavior
13. Substance use/abuse, eg, tobacco, alcohol, illicit drugs
14. Child abuse and neglect, eg, physical, sexual, factitious
15. Somatoform conditions
16. Sleep problems
17. Feeding/eating difficulties, eg, obesity, failure to thrive, anorexia, bulimia
18. Elimination problems, eg, encopresis, enuresis
19. Variations and difficulties in sexual development, eg, sexual orientation, gender identity, deviance
20. Atypical behaviors, eg, tic disorders, self-injurious behavior, repetitive behaviors
21. Complementary and alternative therapies

B. Clinical
The clinical training must be under the supervision of developmental-behavioral pediatrics. Clinical training must include participation in interdisciplinary activities involving physicians of various disciplines, various nonmedical professionals, and families.

The three major areas of patient care activity that must be emphasized are patient assessment, patient management, and consultation, as outlined below:
1. Assessment skills
   Acquiring appropriate skills for competency in patient assessment is of prime importance and must include the following for children from infancy through adolescence:
   a. Developmental screening and surveillance techniques
   b. Behavioral screening and surveillance techniques
   c. Interviewing and assessment of family history and functioning
   d. Neurodevelopmental assessment
   e. Assessment of behavioral adjustment and temperament
   f. Psychiatric interviewing and diagnosis
2. Understanding of the major diagnostic classification schemas:
   DC 0-3, DSM-IV, DSM-PC [Note: Various systems of classification have been developed to describe systematically the range of disorders of behavior and development that are encountered regularly by professionals who care for children and adolescents. The Diagnostic Statistical Manual, fourth edition (DSM-IV) was developed by the American Psychiatric Association. The American Academy of Pediatrics, in collaboration with several collaborating professional organizations, created the DSM for Primary Care: Child and Adolescent Version (DSM-PC) to emphasize the contextual nature and the process of development of many of the disorders seen in the course of pediatric care. The DC 0-3 system was developed to focus attention on the critical development of infants in the first 3 years of life.]
In developing competence in patient assessment, the subspecialty residents must learn the importance of understanding and integrating evaluations by other disciplines. The subspecialty residents must gain understanding of the scope and range of evaluations performed by all disciplines listed in Sections II.C and II.D.1 above.

2. Patient management

The program must provide training for the subspecialty residents to develop competence in providing anticipatory guidance, consultation and referral, individual and family counseling, behavioral treatment methods, developmental interventions, and psychopharmacotherapy. They must also become familiar with the therapeutic modalities used by the other disciplines listed in Sections II.C and II.D.1, to be able to recommend them and/or apply them in their clinical activities. They must also be familiar with the early intervention and educational systems. Finally, they should be familiar with complementary and alternative therapies for developmental and behavioral disorders.

The program must enable subspecialty residents to provide longitudinal care to children and families of diverse ethnic, racial, and socioeconomic status groups. Subspecialty residents should follow a sufficient number of children to appreciate the range of psychosocial impacts and stresses on children and families and the effectiveness of therapeutic programs.

In addition to required skills in management of all conditions referred to above (IV.A), the development of skills in one or more of the following is desirable: pain management, biofeedback and hypnosis, and psycho-educational group involving parents and children.

3. Consultation and referral

The curriculum must include instruction and experience in providing consultation to primary care providers, pediatric subspecialists, schools, and other community organizations. Included as well must be the development of skills for multidisciplinary collaboration with both physician and other professional colleagues, including the process of making referrals to appropriate specialists (physicians and nonphysicians).

C. Policy and Leadership Skills

The subspecialty residents must acquire adequate knowledge of, and have experience with, health care systems, community resources, support services, and the structure and administration of educational programs for children with and without special educational needs. Program faculty must provide instruction in legislative processes (local, state, and national), health care policy, child advocacy organizations, and the legal and judicial systems for children and families.

V. Research

(See general requirements that pertain to all pediatric subspecialties)

VI. Evaluation

(See general requirements that pertain to all pediatric subspecialties for evaluation of residents, including evaluation of core competencies, faculty, and the program)

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Program Requirements for Residency Education in Neonatal-Perinatal Medicine (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training

The purpose of an accredited program in neonatal-perinatal medicine is to provide residents with the background to understand the physiology and altered structure and function of the fetus and the neonate to diagnose and manage problems of the neonate.

To ensure an appropriate educational environment, an accredited program in neonatal-perinatal medicine must be affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in obstetrics and gynecology, within the same geographic location, that has board certified maternal-fetal medicine specialists.

The program must emphasize the fundamentals of clinical diagnosis and management of problems seen in the continuum of development from the prenatal through the intrapartum and neonatal periods, including longitudinal follow-up.

II. Faculty

A. Neonatologists

In order to ensure appropriate education and to provide adequate supervision, four hospital-based neonatologists devoting full-time to the program.

B. Other Physician Teaching and Consultant Faculty

In addition to having the full range of pediatric subspecialists available for teaching and consultation, each program must have

1. a pediatric cardiologist
2. a pediatric surgeon
3. a cardiovascular surgeon skilled in pediatric cardiovascular surgery as a consultant and teacher
4. a pediatrician skilled in infectious diseases
5. a pediatrician skilled in neurodevelopment
6. a neurosurgeon skilled in pediatric neurosurgery as a consultant and teacher
7. an obstetrician skilled in maternal-fetal medicine
8. an ophthalmologist skilled in pediatric ophthalmologic disease and treatment
9. a pediatric orthopaedic surgeon
10. a pediatric otolaryngologist
11. a pediatric urologist

Consultant faculty from other related disciplines also must be available.

C. Other Professional Personnel

The following program staff are essential: respiratory therapists skilled in neonatal care, an ultrasonographer well versed in perinatal ultrasonic techniques, and an echocardiographic technician skilled in neonatal echocardiography.

The nursing staff must be sufficient to meet appropriate standards of care. This implies leadership by nurses skilled in neonatal and obstetrical intensive care. Medical social workers qualified in maternal-child health also must be available.
Program Requirements for Residency Education in Neonatal-Perinatal Medicine (Pediatrics)

III. Facilities/Resources
A specially designed neonatal intensive care unit must be located in the primary teaching site. Facilities and equipment in that unit must meet the generally accepted standards of modern intensive care units and laboratories, and must be available on a 24-hour-a-day basis.

These must include but are not limited to the following:
1. Microchemical laboratory
2. Blood gas laboratory
3. Perinatal diagnostic laboratory
4. Radiology and ultrasound imaging facilities
5. Diagnostic bacteriology and virology laboratory
6. Hematology laboratory
7. Blood bank
8. Electrocardiographic and electroencephalographic laboratories
9. Computed tomography and/or magnetic resonance imaging facilities
10. Echocardiography capability
11. Screening laboratory for inborn errors of metabolism

In addition, access to the following should be available within a reasonable period of time at the primary teaching site or nearby:
1. Clinical toxicology laboratory
2. Nuclear medicine facilities
3. Cytogenetics laboratory

IV. Educational Program
Programs must provide experience and instruction that is adequate to enable the neonatal-perinatal residents to develop special competence in the management of critically ill neonates. In addition to the general principles of critical care this should include but not be limited to techniques of neonatal resuscitation, venous and arterial access, endotracheal intubation, preparation for transport, ventilatory support, continuous monitoring, temperature control, and nutritional support.

The program also must provide instruction in the psychosocial implications of disorders of the fetus, neonate, and young infant, as well as in the family dynamics surrounding the birth and care of a sick neonate. The subspecialty residents also should be involved in a regional program that involves outreach education, patient consultation, and transport of ill neonates.

Each resident must be taught to identify the high-risk pregnancy and must become familiar with the methods used to evaluate fetal well-being and maturation. Each resident must become familiar with factors that may compromise the fetus during the intrapartum period and recognize the signs of fetal distress. In addition, each resident must participate in the longitudinal follow-up of high-risk neonates.

A. Patient Population
The program must provide the patient care experiences necessary for the subspecialty residents to acquire skill in delivery room stabilization and resuscitation of critically ill neonates. To accomplish this, there must be a sufficient number and variety of high-risk obstetrical patients to ensure that the residents become knowledgeable in identifying high-risk pregnancies and evaluating fetal well-being and maturation.

Also, an adequate number of critically ill neonates with a variety of disorders must be available.

Each resident must participate in the care of a sufficient number of neonates who require ventilatory assistance to become skilled in their management. Similarly, each resident should participate in the care of an adequate number of neonatal patients who require major surgery, including cardiac surgery, to become skilled in the diagnosis and management of these neonates.

B. Outpatient Experience
A sufficient number of discharged infants must be available in a continuity clinic to assure appropriate outpatient experience for each subspecialty resident. These experiences should enable residents to become skilled in the longitudinal follow-up, evaluation, and management of such patients and to become aware of the socioeconomic impact and the psychosocial stress that such infants may place on a family.

C. Neonatal Data Base
A neonatal database of all patient admissions, diagnoses, and outcomes must be available for resident education. Experience in tabulating and evaluating institutional and regional fetal and neonatal morbidity and mortality data should be provided. There also should be instruction and experience in techniques of collation and critical interpretation of data pertaining to immediate outcome and sequelae of various diseases, for which the presence of a statistician is desirable. This experience should be closely related to the evaluations of various modalities of therapy used in these disorders.

D. Curriculum
The program must include instruction in related basic sciences. Seminars, conferences, and courses must be offered in the basic disciplines related to pregnancy, the fetus, and the neonate. This should include maternal physiological, biochemical, and pharmacological influences on the fetus; fetal physiology; fetal development; placental function (placental circulation, gas exchange, growth); physiological and biochemical adaptation to birth; cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate; psychology of pregnancy and maternal-infant interaction; breast feeding and lactation; growth and nutrition; and genetics.

Residents should participate in regularly scheduled multidisciplinary conferences, such as sessions that review perinatal mortality, morbidity, and patient care, as well as in case conferences and current literature and research conferences.

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Program Requirements for Residency Education in Pediatric Cardiology (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. The specialty requirements may exceed the common requirements.

I. Duration and Scope of Training
An accredited program in pediatric cardiology must be 3 years in duration. The purpose of a training program is to provide the pediatric cardiology residents with the foundation for understanding normal and abnormal cardiovascular conditions, with a focus on the pathophysiologic basis of cardiovascular disease, and to prepare them to provide optimal care and consultation for pediatric patients with cardiovascular disease.

An accredited program must include properly balanced, well-organized, and progressive responsibility for the care and study of patients on inpatient services, in intensive care units, and in ambulatory centers.
II. Faculty

A. Pediatric Cardiologists
There must be at least four pediatric cardiologists who provide sufficient time to the program to ensure its educational and research quality and to provide adequate supervision of cardiology residents. They must be certified in pediatric cardiology by the American Board of Pediatrics or have equivalent qualifications.

B. Other Physician Teaching and Consultant Faculty
Appropriate pediatric intensive care personnel must be available for the special and constant care needed by patients in the PICU. Residents also must be provided access to scientists who are actively engaged in cardiovascular research.

Staff from other disciplines, including cardiovascular radiology, cardiothoracic surgery, adult cardiology, anesthesiology, pathology, and genetics, should be readily available.

Special staff expertise should be available in electrophysiology, exercise physiology, invasive and interventional cardiac catheterization procedures, preventive cardiology, and echo cardiology, including transesophageal, Doppler, and fetal ultrasonography.

Residents should be taught to work with and utilize the special skills of pediatric cardiovascular nurses, intensive care nurses, catheterization laboratory technicians, operating room personnel, social workers, and psychologists.

III. Facilities and Resources
It is preferable that all facilities be within the primary institution. Where a special facility is shared by several local institutions in the interest of cost and efficiency, the program director may arrange for a resident to rotate to that facility.

A. Inpatient Service/Outpatient Services
Facilities should include space in an ambulatory setting for optimal evaluation and care of outpatients and an inpatient area with a full array of pediatric and related services staffed by pediatric faculty and residents.

An active inpatient pediatric cardiology service is essential to the educational program. It should provide all the diagnostic and treatment services characteristic of a comprehensive children's facility.

There must be an intensive care unit in each center in which patients with heart disease are cared for under the supervision of the training program staff and are available to the residents. In these units there must be preoperative and postoperative patients with heart disease, as well as appropriate personnel and equipment to allow provision of the special and constant care needed by these patients.

B. Cardiac Data Base
Clinical data, including inpatients, outpatients, and patients undergoing catheterization and/or surgery, should be cross-indexed to allow rapid evaluation and analysis of the assembled information, including age, diagnosis, and outcome morbidity and mortality.

C. Support Facilities
The following facilities must be available:

1. Diagnostic imaging facilities and nuclear cardiology
2. Diagnostic and interventional cardiac catheterization laboratory facilities
3. A graphics laboratory with facilities for recording the standard electrocardiogram and 2-D and Doppler echocardiograms
4. Laboratories to perform routine analyses of blood and urine to determine blood gas values, to perform blood chemistry and blood clotting studies, and to cross-match blood
5. An operating room designed for pediatric patients who require cardiopulmonary extracorporeal circulation and equipped with appropriate monitoring devices, defibrillators, and cardiac pacing devices
6. A blood bank closely affiliated with the center that is equipped to meet the demands of cardiac surgery
7. Access to a clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiologic studies and catheter ablation.

IV. Educational Program

A. Clinical Experience
1. Patient Population
The experience must encompass age groups from the fetus and newborn through young adulthood, and must include exposure to adults with heart disease, particularly congenital and rheumatic disease. The resident must be exposed to pathologic conditions ranging from mild to those requiring extensive or continued intensive care. There must be both pre- and post-surgical and medical experience with a broad spectrum of congenital and acquired heart disease and in chronic, acute, and emergency situations.

Patients admitted to the inpatient service should be under the direct or indirect supervision of the subspecialty program staff and must be available to the residents.

An accredited program must have an annual patient population, including patients less than 1 year of age, that is sufficient in number to enable each resident to become skilled in the following techniques.

Training in history taking and physical examination must be the cornerstone of the training program. This must include family history that is a critical aspect of the evaluation of pediatric patients with suspected cardiovascular disease. Programs must include training in at least the following fundamental skills:

a. Noninvasive techniques
The program must provide education in clinical diagnosis with special emphasis on roentgenology, electrocardiography, echocardiography, exercise testing, ambulatory electrocardiography, and magnetic resonance imaging. Each resident must perform and interpret a minimum of 300 pediatric echocardiography studies.

The program also must provide sufficient experience for residents to acquire skill in the interpretation of electrocardiograms, ambulatory ECG monitoring studies, and exercise stress testing with ECG monitoring.

b. Invasive techniques
Experience and instruction must be provided in the techniques and understanding of the indications for and limitations of diagnostic cardiac catheterization, selective angiography, catheterization, electrophysiologic testing, therapeutic catheterizations, and pacemaker implantation. During the 3 years of training each subspecialty resident must participate in a minimum of 100 catheterizations and 10 pediatric intracardiac electrophysiologic studies.

c. Resuscitation techniques
Experience and instruction in the techniques, indications, and interpretation of pericardiocentesis, thoracentesis, cardiopulmonary resuscitation, mechanical ventilation cardioversion, and temporary pacing are required.

d. Technical and other skills
The residents must be taught the use of relevant electronic equipment, recording devices, and other equipment necessary to perform cardiac catheterization, echocardiography, ambulatory ECG monitoring, and electrophysiologic studies. In addition, the program must instruct the residents in the fundamentals of radiation safety.
2. Preoperative and Postoperative Care
Participation in the care of preoperative and postoperative care of patients having both closed and open cardiac surgery, in close cooperation with the cardiothoracic surgical staff, is required. Residents must have sufficient exposure to or instruction in current surgical techniques, mechanical ventilation, methods of cardiopulmonary bypass, and hypothermia to develop adequate understanding of these surgical techniques. The resident should be instructed in the management of postoperative patients and postoperative complications, both immediate and delayed. Opportunity for long-term follow-up observations of both preoperative and postoperative patients must be provided.

Residents should participate in consultations or conferences in which the medical and surgical staffs evaluate the results of surgery and the patient’s cardiac status before discharge from the hospital.

3. Pediatric Cardiology Clinic
There must be a regularly scheduled pediatric cardiology clinic that is supervised by one or more members of the cardiology staff. Time and space in this clinic must be available for residents to provide continuity and follow-up care for all patients under their care.

4. Other Clinical Experiences
The program must provide instruction and clinical experience with rheumatic heart disease, collagen vascular diseases, infectious endocarditis, Kawasaki disease, and other infectious and metabolic conditions. Instruction should also include clinical experience in assessing the genetic basis of heart disease. Residents should be instructed in the etiologic and risk factors in hypertensive and atherosclerotic heart disease, including hyperlipidemic states, and should gain experience in the prevention, diagnosis, and management of patients with these cardiovascular problems.

B. Curriculum
The program should offer courses, seminars, workshops, or laboratory experience to provide appropriate background in basic and fundamental disciplines related to the heart and cardiovascular system. The resident must receive instruction in cardiovascular pathologic, including examination of specimens demonstrating the various types of congenital cardiovascular anomalies. Conferences involving current pathological material must be held regularly and must be closely correlated with clinical experience.

There must be instruction in embryology and anatomy of the normal heart and vascular system and potential deviations from normal. Normal and abnormal cardiovascular and cardiopulmonary physiology and metabolism should be taught, as well as fundamentals of cardiovascular pharmacology, including mechanisms of drug action, therapeutic indications, and side effects. Conferences must be held on clinical diagnosis and therapy on a regular basis, including quality assurance evaluation, cardiovascular research, and clinical morphologic correlations. Multidisciplinary conferences should include physiology, pharmacology, neonatology, cardiovascular radiology, cardiothoracic surgery, and adult cardiology.

ACGME: September 1999  Effective: July 2000
III. Facilities/Resources
At the primary teaching site there must be a specially designed pediatric critical care unit in which the program is based. Facilities and equipment in and related to that unit must meet the generally accepted standards of modern intensive care units (ICUs) and must be available on a 24-hour-a-day basis. These must include but are not limited to the following:
1. Microchemistry laboratory
2. Blood gas laboratory
3. Hematology laboratory
4. Diagnostic bacteriology and virology laboratories
5. Blood bank
6. Facilities for special radiographic imaging, including computerized axial tomography, radionuclide scanning, angiography, magnetic resonance imaging, and ultrasonography
7. Cardiac catheterization facility
8. Pulmonary function testing laboratory
9. Capabilities for portable use, including radiology and echocardiography
10. Screening laboratory for inborn errors of metabolism

In addition, access to the following should be available within a reasonable period of time at the primary teaching site or nearby:
1. Clinical toxicology laboratory
2. Nuclear medicine facilities

IV. Educational Program
A. Clinical Experience
The subspecialty residents must have the opportunity to acquire the knowledge and skills required to diagnose and manage patients with acute life-threatening problems. This must include but not be limited to the development of special competence in such areas as cardiopulmonary resuscitation; stabilization for transport; trauma; triage; ventilatory, circulatory, and neurologic support; management of renal and hepatic failure, poisoning, and complicated hematological, infectious, and immune problems; continuous monitoring; and nutritional support.

Though clinical training in pediatric critical care medicine must include direct patient care responsibilities, a graduated experience also must enable the subspecialty resident to assume supervisory and teaching roles.

B. Patient Population
An adequate number and variety of pediatric ICU patients must be available to enable the subspecialty resident to develop competence in the management of such patients, including those requiring preoperative and postoperative care. In the case of a patient on the surgical service, the pediatric critical care resident should collaborate with the surgeon managing the care of the patient.

To meet the educational objectives of an accredited program, the average daily census in the ICU should be at least six patients per pediatric critical care resident assigned to the service.

The pediatric patients available to the residents should include patients with solid organ transplantsations, at least 50 cases per year of patients who have sustained severe trauma, at least 100 cases per year of patients who have undergone cardiovascular surgery, and at least 150 cases per year of patients who have major neurologic or neurosurgical problems.

The number of patients requiring mechanical ventilation must be sufficient to provide each resident with adequate opportunity to become skilled in their management.

C. Procedural Experience
The patients must be sufficiently ill and the cases sufficiently complex that adequate opportunities exist for residents to become proficient in critical care procedures. These include but are not limited to peripheral arterial and venous catheterization, central venous catheterization, endotracheal intubation, thoracostomy tube placement, and sedation of conscious patients. Furthermore, there should be sufficient exposure to the use of pulmonary artery catheters and intracranial monitoring to ensure understanding of their uses and limitations. The program director must monitor and document the development of clinical competence in the performance of necessary procedural skills.

D. Curriculum
The curriculum should include instruction in collation and critical interpretation of patient care data. Interpretation of laboratory studies essential to the care of the critically ill pediatric patient also must be included. The program must teach pharmacologic principles and provide opportunity for the subspecialty residents to apply them to the critically ill patient. Instruction in biomedicine instrumentation must be offered to familiarize the resident with current and developing technology.

Subspecialty residents must participate in regularly scheduled multidisciplinary conferences such as morbidity and mortality review and case conferences.

E. Other Critical Care Unit Experiences
Some of the residents' clinical experience may take place in other critical care settings, for example, with anesthesiologists, in a medical ICU, in a burn unit, in a neonatal ICU, and/or in a surgical ICU. Electives in these units may be included in the clinical experience, but they should not replace time in the pediatric ICU. The time spent in these other critical care settings should be no more than 4 months.

ACGME: September 1999  Effective: July 2000

Program Requirements for Residency Education in Pediatric Emergency Medicine (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics or Emergency Medicine, programs in pediatric emergency medicine must comply with the following requirements.

I. Introduction
The goal of a residency program in pediatric emergency medicine is to produce physicians who are clinically proficient in the practice of pediatric emergency medicine, especially in the management of the acutely ill or injured child, in the setting of an emergency department that is approved as a 911 receiving facility or its equivalent and has an emergency medical services system.

A program in pediatric emergency medicine must be administered by, and be an integral part of, an ACGME-accredited program in either emergency medicine or pediatrics and must be associated with an ACGME-accredited residency program in the corresponding discipline.

There must be written agreements between the director of the program in pediatric emergency medicine and the directors of the participating residencies in pediatrics and emergency medicine specifying the experiences that will compose this subspecialty program. These agreements should address appropriate curriculum content, supervision of the resident, amount and distribution of
Program Requirements for Residency Education in Pediatric Emergency Medicine (Pediatrics)

clinical and nonclinical time, conferences, clinical performance criteria, and mechanisms for resolving performance problems.

Prerequisite training should include satisfactory completion of an ACGME-accredited residency program in either emergency medicine or pediatrics.

II. Duration and Scope of Training

A training period of 2 years is required for all subspecialty residents. [Note: For those planning to seek certification from the American Board of Pediatrics, 3 years of training is required.] [Note: If a third year is offered, it must be described when the program is reviewed by the Residency Review Committee. Those planning to seek certification should consult with the appropriate certifying board regarding the criteria for eligibility, including duration of training.]

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families while providing residents the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators. The program must emphasize the fundamentals of assessment, diagnosis, and management. Residents also should be exposed to the academic debate, intensive research review, and the interaction between and among the specialties of pediatrics and emergency medicine.

III. Curriculum

The residents in pediatric emergency medicine must participate in the care of pediatric patients of all ages, from infancy through young adulthood, with a broad spectrum of illnesses and injuries of all severities. At least 12 months of the clinical experience must be obtained seeing children in an emergency department where children, ages 21 years of age or less, are treated for the full spectrum of illnesses and injuries. To provide adequate exposure for selected problems, additional experience with anesthesiologists, intensivists, neurologists, psychiatrists, pre-hospital care providers, orthopedists, surgeons, toxicologists, traumatologists, who have training and experience in the care of children and adolescents, and other specialists must be available.

Specialty-specific content must include at least 4 months of training in the reciprocal specialty from which the resident enters the training program. Additional elective months of reciprocal training should be scheduled when deemed appropriate by the program director on the basis of the background of the resident and his/her progress in acquiring the essential skills of a pediatric emergency specialist.

For the emergency medicine graduate, the reciprocal time must include time spent in pediatric subspecialty and ambulatory clinics, inpatient management, neonatal management, and pediatric critical care in an ACGME-accredited residency program in pediatrics.

For the pediatric graduate, this must include 4 months in an adult emergency department that is part of an ACGME-accredited residency program in emergency medicine. One month of that experience may occur off site as approved by the ACGME-accredited program in emergency medicine, in EMS, adult trauma, or toxicology.

Additional experiences may be necessary for residents from both core specialties. For example, adolescents have unique aspects of disease and injury. Experience with blunt and penetrating trauma, and with significant gynecologic and obstetrical emergencies, as well as psychiatric emergencies of the adolescent, must be a part of a resident’s training if previous experience in these areas was not adequate. These experiences should be in settings best suited for the resident’s training.

The core content must include training in EMS, administration, ethics, legal issues, and procedures. It must also include but not be limited to structured opportunities to develop special competence in such areas as cardiopulmonary resuscitation; trauma; disaster and environmental medicine; transport; triage; sedation; monitoring (biomedical instrumentation); emergencies arising from toxicologic, obstetric, gynecologic, allergic/immunologic, cardiovascular; congenital, dermatologic, dental, endocrine/metabolic, gastrointestinal, hematologic/oncologic, infectious, musculoskeletal, neurologic, ophthalmic, psychosocial, and pulmonary causes; renal/gonitourinary and surgical disorders; and physical and sexual abuse.

In addition to achieving an understanding of the pathophysiology, epidemiology, and management of these problems, the resident must learn how to evaluate the patient with an undifferentiated chief complaint such as abdominal pain. The resident must be taught to arrive at a diagnosis, whether it falls in areas traditionally designated medical or surgical, eg, appendicitis, ectopic pregnancy, intussusception, sickle cell anemia; to perform the evaluation rapidly in accordance with any pathophysiologic disturbances in the patient; and to proceed with an appropriate life-saving therapy, such as endotracheal intubation or thoracostomy or administration of antibiotics, before arriving at a definitive diagnosis.

The resident must learn the skills necessary to prioritize and manage the emergency care of multiple patients. Finally, the resident must have supervised experience in a range of technical/procedural skills, as they apply to pediatric patients of all ages.

The resident must be given increasing responsibilities for patient care as she or he progresses through the program. In the final year of training, the resident must be given the opportunities to demonstrate the skills appropriate to a supervisor, teacher, and a decision maker in pediatric emergencies.

There must be an emphasis on developing a compassionate understanding of the stress associated with sudden illness, injury, and death so that the resident may be responsive to the emotional needs of the patients, their families, and the staff of the emergency department. Discussion and appreciation of the many ethical issues involved in pediatric emergency medicine should be part of the educational program.

Residents should be exposed to formal sessions on organizing teaching programs, medical writing, and oral presentation. Residents should have the opportunity to develop teaching skills by conducting lectures, seminars, and clinical conferences and by preparing written reports and teaching materials. These efforts must be reviewed and evaluated by the supervising faculty in light of competency based objectives developed by the program. The resident must receive instruction and experience in the administrative and management skills necessary to oversee a division or department.

IV. Conferences

There should be opportunities to participate in regularly scheduled, multidisciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include instruction in or other educational exposure to related basic sciences, including physiology, growth and development, pathophysiology, and epidemiology, and prevention of pediatric illnesses and injuries.

The program also should provide education on physician wellness and stress management.

V. Teaching Staff

There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries to provide adequate supervision of residents and to ensure
the educational and research quality of the program. Two of the faculty must be certified in pediatric emergency medicine or have equivalent qualifications. For a subspecialty program that functions as an integral part of a residency program, there must be adequate exposure to faculty who are certified by the American Board of Emergency Medicine. Conversely, for a subspecialty program based in an emergency medicine residency program, there must be adequate exposure to faculty certified by the American Board of Pediatrics.

The availability of consultant and collaborative faculty in related medical and surgical disciplines, as referred to in Section III, must be ensured. The pediatric emergency medicine faculty must have an active role in curriculum development and in the supervision and evaluation of the subspecialty residents.

VI. Patient Population
A sufficient number of patients must be available to provide adequate opportunity for subspecialty residents to acquire competence in the management of the full spectrum of acutely ill and injured children, adolescents, and young adults. The subspecialty residents must provide the initial evaluation of and treatment to all types of patients.

To meet the educational objectives of the program and to provide both the pediatric and subspecialty residents with an adequate experience to acquire competence in clinical management, there should be a minimum of 15,000 pediatric patient visits per year in the primary emergency department that is used for the program. Patient acuity and the total number of trainees will be considered in assessing the adequacy of the patient population. These must include a sufficient number of patients with major and minor trauma, airway insufficiency, ingestions, obstetric and gynecologic disorders, psychosocial disturbances, and emergent problems from all pediatric medical and surgical subspecialties.

Subspecialty residents should not serve as the only caregivers for children seen in the emergency department. They should provide supervision and consultation to other residents who are assigned to the emergency department and will be caring for patients. These subspecialty residents must, however, have the opportunity to manage multiple patients at the same time, to learn the skills necessary to prioritize the evaluation and treatment of these patients. In addition, the program must provide the pediatric emergency medicine residents the opportunity to assume leadership responsibility for the pediatric emergency department.

VII. Facilities
There must be an acute care facility that receives patients via ambulance from the prehospital setting, is equipped to handle trauma, and that has a full range of services associated with residencies in pediatrics and emergency medicine. This facility should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The emergency department must be adequately staffed, have appropriate bedside monitoring capability, and be capable of resuscitating medical and trauma patients. Facilities and equipment must meet the generally accepted standards of a modern emergency department and be available within the institution on a 24-hour-a-day basis.

The institution should have comprehensive radiologic and laboratory support systems and readily available operative suites and intensive care unit beds.
IV. Educational Program

A. Clinical and Continuity Experience
An adequate number of patients with endocrine disorders, including diabetes, who range in age from newborn through young adulthood, must be available to the training program.

The program must provide a sufficiently diversified and complex endocrine outpatient experience and adequate experience with inpatient management. In particular, the pediatric endocrinology residents must have continuing responsibility for care of patients with diabetes mellitus and other chronic endocrine disorders.

Residents must learn through patient care about normal and abnormal hormonal regulation. The interaction of endocrine pathology and psychosocial problems must be addressed.

The clinical experience must include but not be limited to the following:
1. Short stature, including constitutional delay
2. Disorders of anterior pituitary hormone physiology, including growth hormone deficiency
3. Disorders of posterior pituitary hormone physiology, including diabetes insipidus
4. Disorders of hypothalamic hormone regulation
5. Disorders of thyroid hormone physiology
6. Diagnosis and management of endocrine neoplasia
7. Disorders of the adrenal gland physiology
8. Disorders of androgen and estrogen metabolism, including adolescent reproductive endocrinology
9. Disorders of sexual differentiation and development
10. Disorders of calcium, phosphorus, and vitamin D metabolism
11. Disorders of parathyroid gland physiology
12. Disorders of fluid and electrolyte balance
13. Disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia
14. Disorders of nutrition, including eating disorders

B. Laboratory Experience
The residents must be instructed in the proper use of laboratory techniques for measurement of hormones in body fluids. They must be taught to recognize the limitations and pitfalls of interpretation of laboratory results. All residents should be instructed in proper interpretation of endocrine stimulation and suppression tests, including the normal variations that occur in laboratory results at different ages and times of day. Residents should be provided with a background that will enable them to utilize current diagnostic procedures of endocrinology that involve radiology, including ultrasoundography, CT scanning and MRI, and nuclear medicine.

C. Curriculum
The training program must include instruction in related clinical and basic sciences. These include endocrine physiology, pathology, and biochemistry; embryology of endocrine and related systems with emphasis on sexual differentiation; genetics, including laboratory methods, cytogenetics, and enzymology; and aspects of immunology pertinent to understanding endocrine disease and the use of immunoassays.

In addition, regular conferences reviewing patient management must be scheduled and attendance required of the subspecialty residents.

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Program Requirements for Residency Education in Pediatric Endocrinology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Introduction
The principal goal of a training program should be the development of competent subspecialists. The program must provide the resident in gastroenterology with the background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, including those that are life-threatening, and to conduct research in this specialized field. The resident must be guided in developing clinical judgment and skills as well as in acquiring medical knowledge, humanistic qualities, and professional attitudes and behaviors that are appropriate for the pediatric gastroenterologist.

II. Duration and Scope of Training
An accredited program in pediatric gastroenterology must provide 3 years of progressive educational experience that includes the development of procedural skills, responsibility for patient care, and participation in research.

III. Faculty
There must be at least three pediatric gastroenterologists on the teaching staff; in addition, consultant and collaborative faculty in the following related pediatric disciplines must be readily available to the program: neonatology, hematology, immunology, genetics, and infectious disease.

IV. Facilities and Resources
The following must be available to the program:
A. Space in an ambulatory setting for optimal evaluation and care of outpatients.
B. An inpatient area staffed by pediatric residents and faculty with a full array of pediatric and related services, including pediatric surgery and child and adolescent psychiatry and/or psychology.
C. Full support services, including nuclear medicine, physical/occupational therapy, social services, pathology, nutrition, and feeding therapy.
D. Pediatric intensive care unit.
E. Neonatal intensive care unit.
F. Access to a gastrointestinal function laboratory capable of measuring intestinal absorptive function, esophageal function, pancreatic function, and nutritional parameters in pediatric patients, plus a laboratory that can either perform or access specialized serological, parasitological, immunological, metabolic, and toxicological studies applicable to gastrointestinal and hepatobiliary disorders.
G. Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments as well as equipment for measuring gastrointestinal motility. The staff must be skilled in the care of pediatric patients. There must be appropriate equipment for patients ranging in age from the neonate to the young adult.
V. Educational Program

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families.

A. Breadth of Experience

To develop the residents' competence in clinical diagnosis, medical management of patients, and the correlation of pathophysiology with clinical disorders, the program must emphasize developmental gastrointestinal physiology in infants, children, adolescents, and young adults.

There must be training in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal and hepatobiliary diseases and nutritional disorders.

Residents must have experience in a variety of diagnostic tests and therapeutic procedures, e.g., the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and pancreatic function. The program must stress the role of the subspecialist as a consultant and promote skills necessary to communicate effectively with the referring physician. In recognition of the importance of outpatient medicine to the practice of pediatric gastroenterology and nutrition, all trainees must spend at least 1/2 day per week for the entire period of training in an ambulatory care clinic in which both new and established patients are seen.

B. Clinical Experience

1. Patient population

The patient population available to the program must have sufficiently varied and complex diseases and be of a volume sufficient to ensure that the residents have the opportunity to become clinically competent in the management of common as well as uncommon gastrointestinal, hepatobiliary, and pancreatic diseases and nutritional disorders in patients ranging from infancy through young adulthood.

Residents must have ongoing responsibility for the continuing care of patients with chronic gastrointestinal problems and must have sufficient opportunities to provide consultation on a wide variety of patients to become familiar with the gastrointestinal manifestations of a broad spectrum of pediatric illnesses.

This clinical experience must involve the management of patients with gastrointestinal and nutritional diseases and disorders, including but not limited to those listed below in V.B.2 as well as familiarity with the principles of evaluation and follow-up care of patients requiring liver transplantation and those with small bowel disease.

2. Diseases/Disorders

a. Growth failure and malnutrition including an understanding of nutritional assessment and parenteral and enteral nutrition support
b. Malabsorption (celiac disease, cystic fibrosis, pancreatic insufficiency, etc)
c. Gastrointestinal allergy
d. Peptic ulcer disease
e. Jaundice
f. Hepatobiliary disease
g. Digestive tract anomalies
h. Chronic inflammatory bowel disease
i. Functional bowel disorders
j. Other gastrointestinal disorders, such as gastrointestinal infections; gastrointestinal problems in the immune-compromised host, including graft versus-host (GVH) disease; motility disorders; infectious and metabolic liver diseases; and pancreatitis
k. Gastrointestinal complications of eating disorders, such as, obesity, bulimia, and anorexia

3. Procedures

Residents must receive training in the following:

a. Diagnostic colonoscopy (with and without biopsy) and therapeutic colonoscopy with snare polypectomy
b. Diagnostic upper gastrointestinal endoscopy (including biopsy) and therapeutic upper gastrointestinal endoscopy
c. Esophageal pH monitoring
d. Diagnostic and therapeutic flexible sigmoidoscopy
e. Paracentesis
f. Percutaneous liver biopsy
g. Rectal biopsy
h. Removal of foreign bodies from the gastrointestinal tract
i. Small bowel biopsy

In addition, residents should have training in the following:

a. Anorectal manometry
b. Breath hydrogen analysis
c. Dilatation of esophagus
d. Therapeutic upper panendoscopy (sclerosis of esophageal varices)
e. Esophageal manometry
f. Pancreatic stimulation test
g. Placement of percutaneous gastrostomy
h. Endoscopic placement of feeding tubes

Residents must also be familiar with the basic principles, indications, and risks of advanced endoscopic procedures, such as endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasonography, endoscopic laser therapy, esophageal endoscopic stent placement, and endoscopic esophageal fundoplication.

The residents' understanding of the indications, risks, and benefits of diagnostic and therapeutic procedures, as well as development of skills in their performance must be documented and included in the regular resident evaluations.

C. Didactic and Laboratory Experience

The program must have a well-developed formally structured curriculum, including courses, workshops, seminars, and laboratory experience, that provides an appropriate background for residents in the basic and fundamental disciplines related to the digestive system, such as embryology, physiology, pharmacology, nutrition, pathology, biochemistry, molecular biology, immunopathology, and genetics. Training in the evaluation of the psychosocial aspects of chronic gastrointestinal disease as they affect the child and competence in counseling chronically ill patients and their families should be components of the training program. Health education, biomedical ethics, and preventive measures for digestive disease also should be emphasized.

Interdisciplinary conferences with pediatric radiology, pediatric pathology, and pediatric surgery should be held at least quarterly.

Program Requirements for Residency Education in Pediatric Hematology/Oncology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.
Program Requirements for Residency Education in Pediatric Hematopathology (Pediatrics)

I. Scope of Training
An accredited program in pediatric hematology/oncology must provide the educational environment for the subspecialty resident to develop an understanding of the pathophysiology of pediatric hematologic and oncologic disorders and competence in the clinical diagnosis and management of these disorders. There must be training in the selection, performance, and evaluation of procedures necessary for appropriate assessment of these disorders.

The program must emphasize the fundamentals of clinical diagnosis, with special emphasis on history taking and physical examination, and must provide sufficient clinical experience with both inpatients and outpatients who have hematologic and oncologic disorders to allow residents to develop skill in diagnosing and managing both common and unusual problems.

II. Faculty

A. Pediatric Hematology/Oncology Specialists
At least four pediatric hematologists/oncologists must be based at the primary teaching site and must devote sufficient time to the program to ensure adequate teaching and to provide critical evaluation of the progress and competence of the subspecialty residents.

B. Other Physician Teaching and Consultant Faculty
In addition to the full range of pediatric subspecialists, appropriate consultants must be available in related disciplines, including radiation oncology, gynecology, neuro-oncology, pain control, and physical medicine and rehabilitation.

III. Facilities/Resources

A. Outpatient and Inpatient
Space in an ambulatory setting must be provided for optimal evaluation and care of patients, including facilities for outpatient chemotherapy and transfusions. An inpatient area with a full array of pediatric and related services staffed by pediatric residents and faculty also must be present.

B. Laboratories
The program also must have access to specialized laboratories capable of assaying red-blood-cell enzymes, identifying unusual hemoglobins, performing human lymphocyte antigen typing, immunophenotyping leukemic blast cells, performing flow cytometry, performing cytogenetic analysis, and identifying complex congenital and/or acquired hemostatic abnormalities.

The principal training institution also should have available the diagnostic services of radiology, including full-body magnetic resonance imaging, nuclear medicine, computerized tomography, sonography, angiography, clinical chemistry, microbiology, immunology, and cytogenetics.

IV. Educational Program

A. Patient Population
Adequate numbers of patients with hematologic and oncologic disorders, ranging in age from newborn through young adult, must be available to the training program. Each subspecialty resident must have continuing responsibility for the care of patients with malignant disease and chronic hematologic problems.

An accredited program should have at least 60 patients with newly diagnosed oncologic disease each year. A program having fewer such patients must specifically demonstrate that it is able to provide the breadth of experience required for the number of subspecialty residents in the program.

To become familiar with the hematologic manifestations of a broad spectrum of pediatric illnesses, each subspecialty resident must provide consultation for a sufficient variety of patients. A program without a sizable population of patients with nononcologic hematologic disorders, such as one based in a cancer center, must demonstrate how residents will gain exposure to sickle cell disease, hemophilia, and other acute and chronic hematologic problems.

B. Clinical Experience
The clinical experience must involve patients who have a broad variety of hematologic-oncologic problems that should include but not be limited to the following categories:

1. Hematologic disorders of the newborn
2. Hemoglobinopathies, including the thalassemia syndromes
3. Inherited and acquired disorders of the red-blood-cell membrane and of red-blood-cell metabolism
4. Autoimmune disorders including hemolytic anemia
5. Nutritional anemia
6. Inherited and acquired disorders of white blood cells
7. Hemophilia, von Willebrand’s disease, and other inherited and acquired coagulopathies
8. Platelet disorders, including idiopathic thrombocytopenic purpura (ITP) and acquired and inherited platelet function defects
9. Congenital and acquired thrombotic disorders
10. Congenital and acquired immunodeficiencies
11. Leukemias, both acute and chronic
12. Lymphomas
13. Solid tumors of organs, soft tissue, bone, and central nervous system
14. Bone marrow failure
15. Transfusion medicine and use of blood products
16. Management of the patient undergoing long-term transfusion therapy
17. Bone marrow reconstruction including use of allogeneic peripheral blood stem cells and umbilical cord blood
18. Graft-versus-host disease

The subspecialty residents must become familiar with all aspects of chemotherapy as well as the pertinent aspects of surgical therapy and radiotherapy in managing patients with malignant diseases. They also must be taught the diagnosis, management of complications, and treatment of infections in the compromised host and indications and procedures for transfusion of blood components, including apheresis, plateletpheresis, and stem cell harvest and infusion. The program also should instruct the subspecialty residents in the methods of physiologic support of the cancer patient, including parenteral nutrition, control of nausea, and management of pain.

The pediatric oncology component of the program must include education in the staging and classification of tumors, the application of multimodal therapy, the epidemiology and etiology of childhood cancer, how to make appropriate observations, and how to keep accurate patient data. The experience should include learning to function as a member of a multidisciplinary team serving patients with cancer and chronic hematologic disorders.

The subspecialty resident should participate in the activities of the tumor board and in the provision of comprehensive care to the child with cancer and should have experience in support of the patient, family, and staff in dealing with terminal illness. Residents should be guided in the development of skills in communication and counseling, including the recognition and management of psychosocial problems in pediatric patients.
C. Laboratory Experience and Diagnostic Procedures
Appropriate educational experiences in the laboratories, including blood bank and tissue pathology, should be included. There must be instruction in the proper use of laboratory techniques for diagnosis, with recognition of the limitations of the various methods and the pitfalls in interpretation of laboratory results. This should include the normal variations in laboratory data that occur at different ages and the influence of medications, toxins, and systemic disease on hematologic values.

Subspecialty residents must be provided with a background that will enable them to utilize the current diagnostic procedures of hematology and oncology. These include (a) the performance and interpretation of bone marrow aspiration and biopsy, (b) lumbar puncture with evaluation of cerebrospinal fluid, (c) microscopic interpretation of peripheral blood films, and (d) interpretation of all hematologic laboratory diagnostic tests.

D. Curriculum
The training program should provide instruction in the related basic sciences, including the structure and function of hemoglobin and iron metabolism, the phagocytic system, splenic function, cell kinetics, immunology, coagulation, genetics, the principles of radiation therapy, the characteristics of malignant cells, tissue typing, blood groups, pharmacology of chemotherapeutic agents, molecular biology, microbiology and anti-infective agents in the compromised host, and nutrition.

Within the research conferences and clinical experiences, the residents must be exposed to the concept of multi-institutional collaborative research as exemplified by the pediatric oncology cooperative groups.

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Program Requirements for Residency Education in Pediatric Infectious Diseases (Pediatrics)

I. Introduction
In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in pediatric infectious diseases also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

II. Scope of Training
A period of 3 years of progressive educational experience is required to provide subspecialty residents with the background and experience that will enable them to provide optimal care and consultation to pediatric patients with infectious diseases. To achieve this, the clinical and technical training must include properly balanced, well-organized, and progressive teaching, research, and consultative experiences. The educational program also must encompass basic concepts in immunology, epidemiology, clinical pharmacology, and infection control as they relate to patient care and training in the prevention of infectious diseases.

III. Faculty
A. Pediatric Infectious Diseases
Supervision of subspecialty residents must be provided by members of the teaching staff who are skilled in medical education and research, as well as in care of patients, and can devote adequate time to these endeavors. The supervising faculty must include teaching staff who are active and competent in pediatric infectious diseases and who are available to ensure proper education and patient care as appropriate. There must be at least two pediatric infectious diseases teaching staff to ensure adequate time for administrative, clinical, and research activities involved in the education of subspecialty residents. Clinical supervision must be on a 24-hour-a-day, 7-day-a-week basis.

B. Other Physician Teaching and Consultant Faculty
Consultant faculty in related disciplines must also be available at the institution where the training occurs, including:
1. allergy-immunology
2. dermatology
3. microbiology
Consultants in clinical and laboratory aspects of mycology, virology, parasitology, and clinical pharmacology also should be available.

IV. Facilities/Resources
Facilities and resources available to the program for the required clinical experiences must include at least the following:
A. Outpatient and Inpatient Facilities
The following facilities must be available at the primary teaching site:
1. An ambulatory facility for appropriate evaluation and care of patients from the newborn period to early adulthood.
2. An inpatient facility with full pediatric (including adolescent) and related services that are staffed by pediatric residents and faculty and that includes:
   a. facilities for isolation of patients with infectious diseases;
   b. pediatric and neonatal intensive care units; and
   c. support services including radiology, hematology, nuclear medicine, and pathology.

B. Laboratories
There must be access to clinical microbiology laboratories that include techniques for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in tissues and body fluids.

C. Other
There must be an infection control program with a physician leader who has knowledge of epidemiology of pediatric infectious diseases, written protocols for prevention of infection and its spread, an active surveillance system, and an interventional plan for outbreak control.

V. Educational Program
A. Patient Population
An adequate number and variety of patients with infectious diseases, ranging in age from newborn through young adulthood, must be available to the educational program and to each subspecialty resident. This patient population must include inpatients, outpatients, and patients with chronic diseases.

The program must ensure that each subspecialty resident provides consultation for an appropriate variety of patients in order to become familiar with the manifestations of a broad spectrum of infectious diseases. Such experiences must encompass longitudinal care, which provides the opportunity for observation of the course of illness and the benefits and risks of therapy.

The clinical population must include but not be limited to patients with the following conditions:
Program Requirements for Residency Education in Pediatric Infectious Diseases

1. Primary immunodeficiency
2. Prematurity, low-birth-weight infants
3. HIV disease
4. Immunosuppression secondary to malignancies and to chemotherapeutic or immunosuppressive agents
5. Postoperative patients

B. Clinical Experience
Clinical experience in the application and interpretation of diagnostic tests and indications, risks, and interpretation of the results of therapeutic procedures must be provided for all subspecialty residents in the program. This must involve experience with outpatients and inpatients having infectious diseases such as:

1. Upper respiratory tract infections
2. Lower respiratory tract infections
3. Central nervous system infections
4. Urinary tract infections
5. Cardiovascular infections
6. Bone and joint infections
7. Skin/soft tissue/muscle infections
8. Gastrointestinal tract/intra-abdominal infections
9. Hepatic/biliary infections
10. Ocular infections
11. Reproductive tract infections
12. Sexually transmitted diseases
13. Foreign-body and catheter-related infections
14. HIV infection
15. Nosocomial infections
16. Surgical and traumatic wound infections
17. Congenital infections

C. Curriculum
The program must have a well-developed, formally structured curriculum that is designed to:

1. provide subspecialty residents with the information and experience necessary to diagnose and manage pediatric patients with a wide variety of acute and chronic infectious diseases, including disorders of host defense;
2. prepare the subspecialty resident to understand and manage the principles of disease control, prevention of nosocomial infections, emerging pathogens, immunization programs, and/or vaccine-preventable diseases;
3. teach basic epidemiologic and biostatistical methods and their application to clinical research and patient care;
4. teach the subspecialty resident the functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories;
5. prepare the subspecialty residents to conduct research in the broad area of pediatric infectious diseases; and
6. ensure acquisition of appropriate teaching skills that can be used in the area of pediatric infectious diseases.

The educational program must include training in:

1. the appropriate use of antimicrobial agents in a variety of clinical settings, their mechanisms of action, pharmacokinetics, and potential adverse reactions;
2. microbiological and immunologic factors that determine the outcome of the interaction between host and microbe;
3. microbiology laboratory techniques, including culture techniques, rapid diagnostic methods, and molecular methods for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in clinical specimens;
4. the effects of underlying disease states and immunosuppressive therapies on host response to infectious agents;
5. mechanisms of protection against infection, eg, active or passive immunization and immunomodulating agents;
6. clinical pharmacology of antimicrobial agents including drug interactions, adverse reactions, dose adjustments for abnormal physiology, and principles of pharmacokinetics and pharmacodynamics;
7. methods of determining activity of antimicrobial agents and techniques to determine their concentrations in blood and other body fluids;
8. indications for diagnostic procedures and the interpretation of results. For example, bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities and soft tissues;
9. the sensitivity, specificity, efficacy, benefits, and risks of contemporary technologies, such as those for rapid microbiologic diagnosis and for diagnostic imaging;
10. the principles and practice of hospital epidemiology and infection control;
11. the understanding of adverse events attributed to specific immunizations and immunomodulators;
12. public health issues pertinent to pediatric infectious diseases.

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Program Requirements for Residency Education in Pediatric Nephrology

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following specialty requirements. The specialty requirements may exceed the common requirements.

I. Scope of Training
The purpose of the training program must be to provide the subspecialty resident with the capability and experience to diagnose and manage renal diseases and to understand the physiology of fluid and electrolyte and acid-base regulation.

The training program must be designed to develop the physician's competence in clinical diagnosis, pathophysiology, and medical treatment of disorders of the kidneys; urologic abnormalities; hypertension; and disorders of body fluid physiology in newborns, infants, children, adolescents, and young adults. This experience should include the therapy of acute renal failure and end stage renal disease, including hemodialysis, continuous hemofiltration, peritoneal dialysis, and renal transplantation. Training and experience in selection, performance, and evaluation of procedures, including the renal biopsy, that are necessary for morphologic and physiologic assessment of renal disease must be included.

There should also be training in the evaluation of psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the family and in counseling both acutely and chronically ill patients and their families.

The resident also should be provided with instruction and experience in the operational aspects of a pediatric nephrology service, including the dialysis facility. Knowledge of the staffing needs, unit management, preparation of grant proposals, quality improvement programs, appropriate communications with the referring physicians, and planning for program development should be acquired during training.
II. Faculty
A program must have at least two qualified pediatric nephrologists and ensure access to the full range of pediatric subspecialties. In addition, appropriate consultant faculty and staff must be available in related disciplines, including, but not limited to, pediatric urology, pediatric surgery, pathology, radiology, immunology, psychiatry, and organ transplantation.

III. Facilities/Resources
Inpatient, ambulatory care, and laboratory facilities that are necessary to accomplish the overall educational program must be available and functioning. Specifically, there must be facilities for renal replacement therapy and renal biopsy. The following must also be available: a radiology service that can provide modern renal-related procedures, a diagnostic radionuclide laboratory, biochemistry and serologic laboratories; a nutrition support service; and relevant social and psychological services. Surgery, urology, psychiatry, pathology, and radiologic services must be available.

IV. Educational Program
A. Patient Population
The primary teaching site must have at least 5 pediatric kidney transplants per year or have a formal written agreement with another institution that ensures nephrology residents will have adequate experience with renal transplantation.

The training program should be of sufficient size to ensure adequate exposure of residents to patients with acute renal failure and a chronic dialysis patient population, including patients that utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis.

The training program must afford the residents the opportunity to care for patients with renal and other disorders in the intensive care unit setting.

Adequate numbers of patients with a wide variety and complexity of renal disorders must be available to the training program. It is important that the residents have continuing responsibility for the care of outpatients throughout their training.

B. Clinical Experience
The residents must have formal instruction, clinical experience, or opportunities to acquire expertise in the prevention, evaluation, and management of the following:
1. Perinatal and neonatal conditions, including genetic disorders and congenital anomalies of the genitourinary tract
2. Hypertension
3. Acute renal failure
4. Chronic renal failure
5. New end-stage renal disease
6. Urinary tract infections
7. Renal transplantation
8. Neoplasms of the kidney
9. Fluid and electrolyte and acid base disorders
10. Acute and chronic glomerular diseases
11. Renal tubular disorders
12. Nephrolithiasis
13. Voiding dysfunction and urologic disorders
14. Renal dysplasia and cystic disease of the kidney
15. Inherited renal disorders

Special Experiences
In addition, residents must have experience in the following:
1. Evaluation and selection of transplant candidates
2. Preoperative evaluation and preparation of transplant recipients
3. Recognition and medical management of surgical and nonsurgical complications of transplantation
4. Dialysis therapy. Each resident should have exposure to dialysis and extracorporeal therapies, which includes
   a. Evaluation and selection of patients for continuous renal replacement therapies.
   b. Long-term follow-up with patients undergoing chronic dialysis.
   c. Understanding of the principles and practices of both hemodialysis and peritoneal access.
   d. Understanding of the special nutritional requirements of hemodialysis of patients.

C. Technical Experiences
Residents must be given sufficient experience with indications, contraindications, complications, and interpretation of results in the following areas to enable them to develop appropriate expertise:
1. Urinalysis
2. Percutaneous biopsy of both native and transplanted kidneys
3. Peritoneal dialysis
4. Acute and chronic dialysis and hemofiltration
5. Renal ultrasound

D. Curriculum
The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide appropriate background for residents in diagnostic techniques and in the basic and fundamental disciplines related to the kidney. These should include immunopathology, cell biology, molecular biology, magnetic resonance imaging, computed tomography, ultrasound, and nuclear medicine.

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Program Requirements for Residency Education in Pediatric Pulmonology (Pediatrics)
In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training
The purpose of an accredited program is to provide the resident with the background to diagnose and manage pediatric patients with acute and chronic respiratory disorders, including those that are life-threatening, and to prepare the resident to conduct research in this field. The program should emphasize normal pulmonary physiology in pediatric patients and correlation of pathophysiology with clinical disorders. It must require research and provide opportunity for the development of teaching skills on the part of the residents. This educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of patients and their families.

The training program must be designed to develop the subspecialty resident's competence in the clinical diagnosis, pathophysiology, and medical treatment of respiratory disorders in pediatric patients. There must be training in the selection, performance, and evaluation of procedures necessary for morphologic and physiologic assessment of pulmonary diseases.
Program Requirements for Residency Education in Pediatric Pulmonology (Pediatrics)

II. Faculty/Personnel

A. Pediatric Pulmonology Specialists
There must be at least two qualified pediatric pulmonologists who provide sufficient time to the program to ensure its educational and research quality and to provide adequate supervision of pulmonology residents. These staff must be certified in pediatric pulmonology by the American Board of Pediatrics or have equivalent qualifications.

B. Other Physician Teaching and Consultant Faculty
In addition to having the full range of pediatric subspecialists, the program must have consultant faculty in related disciplines at the institution where the training takes place. These must include faculty with special expertise in the following areas:
- Pediatric surgery and cardiothoracic surgery
- Allergy/immunology
- Pediatric otolaryngology
- Pediatric radiology
- Pediatric anesthesiology
- Pediatric pathology

In addition, consultants should be available in the following areas:
- Genetics
- Pediatric neurology
- Developmental and behavioral pediatrics
- Pediatric psychiatry

C. Other Professional Personnel
The following other professional staff are essential contributors to a program in that they enhance the subspecialty resident's understanding of the multidisciplinary nature of pediatric pulmonology: pediatric respiratory therapy staff, pulmonology nursing staff, social workers and support staff, pediatric nutritionist and registered dietitian, pediatric pharmacist, physical and occupational therapist, child life therapist, and speech therapist.

III. Facilities/Resources
An accredited program must have adequate facilities to support the educational activities.

A. Inpatient and Outpatient
There must be an inpatient area with full pediatric and related services, including a pediatric intensive care unit and neonatal intensive care unit, staffed by pediatric residents and faculty. The inpatient unit also must be capable of meeting the specific needs of young adults with cystic fibrosis, including a transition to adult pulmonologists where appropriate.

Adequate space in an ambulatory setting must be available for optimal evaluation and care of patients.

B. Laboratory and Support Services
Full support services, including radiology, laboratory, nuclear medicine, and pathology, must be available at the primary teaching site. At this site there also must be a pediatric pulmonary function laboratory capable of measuring lung volumes, including body plethysmography, flows, gas exchange, bronchoprovocation studies, and polysomnography.

A suite in which flexible bronchoscopy examinations in pediatric age patients can be performed must be present at the primary site or available through affiliation with another institution.

C. Research Resources
Adequate resources for research and/or clinical studies, including statistical consultation, laboratory space, and computer services, must be available.

IV. Educational Program

A. Patient Population
An adequate number and variety of patients with pulmonary disorders who range in age from newborn through young adulthood must be available. The patient population must be sufficiently varied and frequently encountered so as to ensure that the pediatric pulmonology resident has the opportunity to become clinically competent in its management.

B. Clinical and Continuity Experience
There should be sufficient opportunity for the subspecialty residents to provide consultation on a variety of patients to enable them to become familiar with the pulmonary manifestations of a broad spectrum of pediatric illnesses. It is particularly important that they have continuing responsibility for the care of patients with chronic pulmonary problems.

The clinical experience must include but not be limited to the following categories:
1. Asthma and allergic disorders affecting the pulmonary system
2. Bronchopulmonary dysplasia
3. Cystic fibrosis
4. Lower respiratory tract infections
5. Newborn respiratory diseases
6. Pulmonary intensive care
7. Sleep disordered breathing, such as apnea
8. Airway appliances and chronic ventilatory assistance
9. Aspiration syndromes
10. Anomalies of the respiratory system, including upper airway obstruction
11. Chronic suppurative lung disease
12. Respiratory infections in the immunocompromised host
13. Other diseases such as pulmonary hypertension, interstitial lung disease, hemoglobin, carbon monoxide poisoning, and acute lung injuries

C. Diagnostic Tests and Procedures
Clinical experience in the interpretation of a variety of diagnostic tests and the performance of therapeutic procedures must be part of the training, including tests of pulmonary function and evaluation of respiration during sleep. The subspecialty resident must have the opportunity to become proficient in bronchoscopy, thoracocentesis, and techniques of chest physiotherapy and pulmonary rehabilitation. Training must include consultative experience in pulmonary intensive care and must provide the opportunity for the subspecialty residents to develop an understanding of how a patient's critical respiratory problems affect other critical organ systems.

D. Curriculum
The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide an appropriate experience for residents in the basic and fundamental disciplines related to the lung, including allergy and immunology, and immunopathology. Training must be provided in the evaluation of the psychosocial aspects of chronic pulmonary disease as they affect the pediatric patient and his or her family.

The program also must provide opportunities for and instruct the subspecialty residents in the development of competence in counseling chronically ill patients and their families. Health education and preventive measures related to pulmonary disease also should be emphasized.

E. Teaching and Administrative Experience
The subspecialty resident must be provided with instruction and experience in operational aspects of a pediatric pulmonology facility,
Including staffing needs, unit management, and planning for program development.

**Program Requirements for Residency Education in Pediatric Rheumatology (Pediatrics)**

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in pediatric rheumatology must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

**I. Introduction**

The purpose of a program in pediatric rheumatology is to provide subspecialty residents in pediatric rheumatology with the background to diagnose and manage patients with acute and chronic rheumatic and musculoskeletal diseases, including those that are life-threatening, and to help them develop investigative skills related to this specialized field.

**II. Duration and Scope of Training**

An accredited program in pediatric rheumatology must provide 3 years of training to allow sufficient time for the subspecialty residents to develop expertise in the long-term continuity of care that is required for the patients and to understand the natural history of the diseases. Continuity of care for a panel of patients throughout the 3 years is required.

**III. Faculty**

**A. Pediatric Rheumatologists**

There must be at least two pediatric rheumatologists in the program to ensure adequate time for the administrative, clinical, and research activities involved in educating the subspecialty residents.

**B. Other Physician Teaching and Consultant Faculty**

Consultant and collaborative faculty in related disciplines, particularly pediatric orthopedists, must be available at the institution where training takes place. There must be pediatric subspecialists available in cardiology, gastroenterology, hematology/oncology, immunology, infectious disease, and nephrology, as well as specialists who have expertise with pediatric patients in at least the following areas: dermatology, ophthalmology, pathology, and physical medicine and rehabilitation. Collaboration with basic science departments and with internal medicine rheumatology programs is encouraged.

**C. Other Personnel**

Staff from allied health disciplines, including registered physical and occupational therapists, must be available. The presence of a nurse specialist, a pediatric social worker, and a nutritionist is highly recommended.

**IV. Facilities and Resources**

There must be full support services, including nuclear medicine and access to pediatric rehabilitation services, electromyography laboratory and clinical immunology laboratory.

**V. Educational Program**

**A. Breadth of Experience**

The program must provide subspecialty residents with a thorough knowledge of normal growth and development with emphasis on the musculoskeletal system, as well as the correlation of pathophysiology with clinical diseases. The program should ensure the availability of all facilities and personnel necessary for the complete care of infant, child, adolescent, and young adult patients with rheumatic diseases. A patient population of sufficient size must be available to ensure training of both the general pediatric residents and the rheumatology residents.

The program must ensure that each subspecialty resident has the opportunity to provide continuing responsibility for both acute and chronic rheumatic diseases in order to observe the natural history of the disease process and effectiveness of therapeutic programs. Continuing responsibility for the care of patients with chronic rheumatic diseases is of particular importance.

**B. Clinical Experience**

The clinical component of the program must provide broadly based experience with a variety of rheumatic and musculoskeletal diseases and must be designed to develop the subspecialty resident's understanding of the pathophysiology of various rheumatic diseases and to promote competence in the clinical diagnosis and medical management of these disorders. There must be training in the selection, performance, and evaluation of procedures necessary for pathologic, physiologic, immunologic, microbiologic, and psychosocial assessment of rheumatic and musculoskeletal diseases.

1. **Diagnostic tests and procedures**

   The program must provide sufficient experience for the residents to acquire skill in:
   a. Therapeutic injection of diarthrodial joints;
   b. Nailfold capillary microscopy;

2. The program must provide sufficient training for the residents to become proficient in the following:
   a. Diagnostic aspiration of joints and interpretation of analysis of joint synovial fluid
   b. Prescription of physical therapy, occupational therapy, splints, and other therapeutic modalities
   c. Bone and joint imaging
   d. Evaluation for surgical intervention, including participation in both preoperative and postoperative patient management
   e. Interpretation and utilization of laboratory tests as they relate to rheumatic disorders
   f. Understanding the indications for electromyographic (EMG) and nerve conduction studies
   g. Performing biopsies of tissues relevant to rheumatic diseases
   h. Slit lamp examination of the eye

3. **Patient population**

   The patient population must be sufficiently varied and the volume sufficiently large to assure the subspecialty resident of the opportunity to become clinically competent in the management of common as well as uncommon rheumatic disorders. The patient population must be characterized by ample diversity of rheumatic diseases including but not limited to the following categories:
   a. Infectious/post-infectious such as acute rheumatic fever and Lyme disease
   b. Juvenile rheumatoid arthritis
   c. Kawasaki disease
   d. Systemic lupus erythematosus
Program Requirements for Residency Education in Pediatric Sports Medicine (Pediatrics)

I. Introduction
In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics.

II. Scope and Duration of Training
An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff
In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers should also be included.

IV. Facilities and Resources
The program must include the following:

A. Patient Population
A patient population, unlimited by age or gender and adequate in number and variety to meet the needs of the training program, must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic
There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. Nonsurgical residents must be supervised by a
physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacology must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events
The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility
There must be an acute-care hospital, with a full range of services, associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program
The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and the primary care or emergency medicine ambulatory facility.

Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete
The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care
The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience
The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care
The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events
The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local emergency medical systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills

A. Clinical
The program must provide educational experiences for the residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:
1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, eg, diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching
The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, eg, nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

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Program Requirements for Residency Education in Physical Medicine and Rehabilitation

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of Physical Medicine and Rehabilitation

Physical medicine and rehabilitation (PM&R), also referred to as physiatry, is a medical specialty concerned with diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairments and disability. This specialty involves diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and impairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine and emphasis on the prevention of complications of disability from secondary conditions.

Physiatrists are trained in the diagnosis and management of impairments of the neurologic, musculoskeletal (including sports and occupational aspects) and other organ systems and the long-term management of patients with disabling conditions. Physiatrists provide leadership to multidisciplinary teams concerned with maximal restoration or development of physical, psychological, social, occupational and vocational functions in persons whose abilities have been limited by disease, trauma, congenital disorders or pain to enable people to achieve their maximum functional abilities.

B. Duration and Scope of Education

1. A training program of three years duration is responsible for the thirty-six months of physical medicine and rehabilitation training and responsible for assuring that residents appointed at the PG-2 level have received satisfactory training in fundamental clinical skills.

b. A training program of four years duration is responsible for the quality of the integrated educational experience for the entire training program, including twelve (12) months of training in fundamental clinical skills in areas other than physical medicine and rehabilitation.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. Physical medicine and rehabilitation must be organized as an identifiable specialty within the sponsoring institution.

2. Programs that cosponsor combined training in PM&R and another specialty must so inform the RRC. Residents in such training must be informed of the necessary requirements of the specialty boards in question.

B. Participating Institutions

1. Assignments at participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. The participation or change in participation by any institution which provides three months or more of training must be reported within 30 days to the RRC and approved by the RRC.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:

a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance for Sections IV.D. and VI.A of the Program Requirements;

b. outline the educational goals and objectives to be attained by the resident during the assignment;

c. specify the period of resident assignment;

d. establish the policies that will govern resident education during the assignment.

4. Institutions sponsoring or participating in residency training in physical medicine and rehabilitation should be appropriately accredited by the Joint Commission on Accreditation of Healthcare Organizations for rehabilitation or the Commission on Accreditation of Rehabilitation Facilities. If the institution is not so accredited, reasons why accreditation was not sought or was denied must be explained, and the inclusion of the institution in resident education must be justified.
5. The sponsoring institution must notify the RRC promptly of any major changes in leadership, governance, affiliation or fiscal arrangements that affect the educational program. The RRC may schedule a site visit when notified of such changes.

C. Facilities and Resources

1. It is necessary to have beds assigned to the physical medicine and rehabilitation service, grouped in one or more geographic area(s). A minimum census of eight (8) physical medicine and rehabilitation inpatients should be available for each full-time equivalent resident assigned to an acute or subacute inpatient rehabilitation service.

2. There must be adequate equipment and space available to carry out a comprehensive training program in physical medicine and rehabilitation. There must be specific equipment for physical medicine interventions, and residents must have actual experience with this equipment. Equipment must be suitable for all age groups with special attention to modified equipment for the pediatric and geriatric patient. These include radiant, conductive and convective heat sources, other thermotherapy and hydrotherapy devices, exercise equipment, ambulatory aids, wheelchairs, and special devices for the impaired driver, electrodiagnostic and EMG equipment, urodynamic laboratory instruments, and simple splinting apparatuses. The occupational therapy area must be adequately equipped to give the residents experience in activities of daily living, and the evaluation of and training in devices to improve skills in activities of daily living. Psychometric and vocational and social evaluation facilities and test instruments must be adequate to expose the resident to the broad spectrum of their prescription and their use and interpretation in the common practice of rehabilitation medicine. Adequate office space should be available for the faculty and residents, to participate in both clinical examination of patients and in self-study.

3. The sponsoring Institution must provide an adequate, available professional library with suitable basic textbooks and journals pertinent to general medicine and surgery as well as to the specialty of physical medicine and rehabilitation. Loan capabilities with other main or lending libraries should be available. Also, there must be access to an on-site library or collection of appropriate texts and journals in each institution participating in the residency program. Library services should include the electronic retrieval of information from medical databases. On-site libraries and/or collections of texts and journals must be readily available to residents during evening hours and weekends.

4. Basic teaching aids such as computers, slide projectors, and videotape facilities are essential. Reasonable access to these items on nights and weekends for residents and staff must be available. Adequate space must be available for seminars, lectures, and other teaching experiences. There must be facilities for team conferences and specialty care clinics, such as orthotics, prosthetics, children's handicaps and the like.

5. Facilities must be accessible to persons with disabilities.

III. Resident Appointment

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The program must select residents in accordance with institutional and departmental policies and procedures.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. In order to ensure the stimulating educational atmosphere that a peer group provides, residents should be enrolled in a training program at all times. All training programs should have at least two (2) residents per year in each year of training, with an approximately equal distribution of these residents. In addition, each training program should provide educational experiences which bring together all of the residents of the training program at frequent and regular intervals.

2. Failure to recruit any new residents for two consecutive years will result in Residency Review Committee review and possible adverse action. Also, the program must demonstrate the ability over time to retain qualified residents by consistently graduating at the end of residency at least 80% of the residents enrolled at the beginning of residency.

3. The program director will establish the maximum number of resident positions that can be supported by the educational resources for the program, subject to the approval of the RRC. The program director must report any change in the number of resident positions offered.

C. Resident Transfer

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. The program also must accept responsibility for completion of the resident's training and fulfillment of educational goals and objectives leading to eligibility for board certification. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

1. Physical medicine and rehabilitation residents must have interaction with residents and faculty from other specialties and/or medical students in order to provide opportunities for peer interaction and teaching.

2. The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

2. The program director must

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in
his or her field, including at least four (4) years of recent, post-residency experience as a clinician, administrator, and educator in PM&R.

b. be certified by the American Board of Physical Medicine and Rehabilitation or possess qualifications as a physiatrist judged to be acceptable by the RRC.

c. be appointed in good standing and based at the primary teaching site.

d. must have the professional ability, enthusiasm and sense of responsibility to achieve and maintain high quality of the training program.

e. must have the authority and time needed to participate with other institutional program directors in maintaining the quality of all training programs.

B. Responsibilities of the Program Director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair. The program director must notify in writing the Executive Director of the RRC within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including but not limited to:
   a. a copy of the newly appointed program director's curriculum vitae, including details of his/her experience and qualifications in graduate medical education,
   b. significant changes in the complement of medical faculty,
   c. changes in the resident complement, as defined in section III. B., above,
   d. changes in administrative structure, such as a change in the hierarchical status of the program/department within the institution,
   e. changes in the length of training (whether 3 or 4 years),
   f. changes in participation by any institution which provides three months or more of training, and
   g. significant changes in any institution (see section II. B. 5. above). Upon such notification, the RRC may schedule a site visit of the program.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications

1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged by the RRC to be acceptable.

2. Nonphysician medical faculty must be appropriately certified or possess appropriate educational qualifications.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must participate regularly and systematically in the training program, both clinical and didactic, must be readily available for consultations to the resident, and be available during clinical crises. Part-time faculty should have specific, regular teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

1. Professional staff in the disciplines of nursing, occupational therapy, orthotics and prosthetics, physical therapy, psychology, rehabilitation nursing, social service, speech-language pathology, recreational services, and vocational counseling, who are appropriately credentialed should be integrated into both the didactic and clinical experience of the resident whenever relevant.

2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the
knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   - The training program must provide the opportunity for the graduate to develop the attitudes and psychomotor skills required to:
     a. modify history taking technique to include data critical to the recognition of functional abilities, and physical and psychosocial impairments which may cause functional disabilities,
     b. perform the general and specific physiatric examinations, including electromyography, nerve conduction studies, and other procedures common to the practice of physical medicine and rehabilitation,
     c. make sound clinical judgments, and
     d. design and monitor rehabilitation treatment programs to minimize and prevent impairment and maximize functional abilities.

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
   - This must include knowledge about the diagnosis, pathogenesis, treatment, prevention, and rehabilitation of those neuromusculoskeletal, neurobehavioral, cardiovascular, pulmonary, and other system disorders common to this specialty in patients of both sexes and all ages.
   - The program must include education in the principles of bioethics as applied to medical care, and the residents must participate in decision-making involving ethical issues that arise in the diagnosis and management of their patients.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
   - The training program must stress the importance of self-evaluation, continuing medical education, and continued professional development after graduation.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
   - The training program must provide the opportunity for the resident to develop the necessary written and verbal communication skills essential to the efficient practice of physiatry.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
   - Physician accountability
     1) The educational program must have mentors, role-model clinicians, and an environment that demonstrates the values of professionalism, such as placing the needs of the patient first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, maintaining a commitment to continued improvement, and being responsive to society’s healthcare needs.
     2) Residents should participate in community service, professional organizations, or institutional committee activities.
   - Humanistic qualities
     Physicians must have the welfare of their patients as their primary professional concern. The residents and faculty members, therefore must demonstrate humanistic qualities that foster the formation of appropriate patient/physician relationships. These qualities include integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and an appropriate professional attitude and behavior toward colleagues. The written curriculum must emphasize the importance of humanistic qualities throughout the residency.
   - Professional ethics
     The training program must foster a commitment to professional ethics in residents that is demonstrated by a spirit of collegiality and a high standard of moral behavior within the clinical setting in the care of patients, in the education of residents, in conducting research, and in interacting with funding organizations.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
   - Physicians must receive instruction in the social and economic impact of medical decisions on patients and society and the need to be the primary advocate for patients’ needs.
   - All residents must receive formal instruction regarding the principles, objectives and process of performance improvement and program evaluation, risk management and cost effectiveness in medicine.
   - The training program must guide the opportunity for the graduate to be able to coordinate effectively and efficiently an interdisciplinary team of allied rehabilitation professionals for the maximum benefit of the patient by:
     1. an understanding of each allied health professional’s role,
     2. the ability to write adequately detailed prescriptions based on functional goals for physiatric management, and
     3. the development of management and leadership skills.

C. Didactic Components

1. Formal education must have a high priority. Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out and attended on a regularly scheduled basis. It must expose residents to topics appropriate to their level of training. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an essential part of the residency. Clinical case conferences, such as those for radiology, neuromuscular disease and EMG, clinical PM&R and pain management, and journal clubs are desirable adjuncts to an organized didactic curriculum. Active participation by the faculty in the didactic program is required.

2. The curriculum must include adequate and systematic training in basic sciences relevant to physical medicine and rehabilitation such as anatomy, physiology, pathology and pathophysiology...
Program Requirements for Residency Education in Physical Medicine and Rehabilitation

of the neuromusculoskeletal, cardiovascular and pulmonary systems, kinesiology and biomechanics, functional anatomy, electrodiagnostic medicine, fundamental research design and methodologies, and instrumentation related to the field. This instrumentation should pertain to physiologic responses to the various physical modalities and therapeutic exercises, and the procedures commonly employed by physiatry. This training should be correlated with clinical training but should, when appropriate, include basic science faculty. An accessible anatomy laboratory for dissection is highly desirable.

3. The training program must provide adequate and supervised experience in medical administration and teaching methodology.

4. Bedside teaching rounds on hospitalized physical medicine and rehabilitation patients must be made by residents with faculty at least five times per week.

D. Clinical Components

1. The clinical portion of the curriculum must include a sufficient variety, depth, and number of clinical experiences. However, clinical activities must not compromise the educational requirements of the training program.

2. The training program must include at least 12 months with direct responsibility for complete management of hospitalized patients on the physical medicine and rehabilitation service. Residents must spend at least 12 months of their training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.

3. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching and administration. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program director must establish written guidelines for appropriate supervision of more junior residents by more senior residents and of all residents by attending physicians with attention to the acuity, complexity and severity of patient illness. Supervision must include faculty review of a clearly written patient history and physical examination and a meaningful continuous record of the patient's illness, background, management strategies, as well as lucid presentations of the case summary.

4. Provision must be made for the resident to review personally pertinent laboratory, roentgenographic and other imaging materials for the patient. Opportunity to observe directly and participate in the various therapies in the treatment areas must occur regularly throughout the residency program, including the proper use and function of equipment and tests.

5. The residents must have the opportunity to observe and gain fundamental understanding of orthotics and prosthetics, including fitting and manufacturing, through documented arrangements made with appropriate orthotic-prosthetic facilities.

6. The residents must have the opportunity to observe and gain fundamental understanding of the types of patients served, referral patterns and services available in the continuum of rehabilitation care in community rehabilitation facilities. These include subacute units and skilled nursing facilities, sheltered workshops and other vocational facilities, schools for persons with multiple handicaps, including deafness and blindness, independent living facilities for individuals with severe physical impairments, day hospitals, and home health care services, and community re-entry services. Some introduction to these options for care may be made by on-site visits to some of these facilities as well as didactic lectures. Residents should be encouraged to interact with health care consumer groups and organizations.

7. The clinical curriculum must be written and implemented for the comprehensive development of measurable competencies for each resident in the following areas:

   a. history and physical examination pertinent to physical medicine and rehabilitation,
   b. assessment of neurological, musculoskeletal and cardiovascular pulmonary systems,
   c. determining disability evaluations and impairment ratings,
   d. data gathering and interpreting of psychosocial and vocational factors,
   e. performance of electromyography, nerve conduction and somatosensory evoked potential studies, and other electrodiagnostic studies. In general, involvement in approximately 200 electrodiagnostic consultations per resident, under appropriate supervision, represents an adequate number.
   f. therapeutic and diagnostic injection techniques,
   g. prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds and other assistive devices,
   h. Written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises and testing performed by physical therapists, occupational therapists, speech/language pathologists. It is necessary to provide for an understanding and coordination of psychologic and vocational interventions and tests.
   i. familiarity with the safety, maintenance, as well as the actual use, of medical equipment common to the various therapy areas and laboratories.
   j. a formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities,
   k. the rehabilitation of children,
   l. collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the resident's team leadership role, and the treatment program management role of the physiatrist,
   m. geriatric rehabilitation,
   n. prevention of injury, illness and disability
   o. counseling of patients and family members, including end of life care,
   p. the importance of personal, social and cultural factors in the disease process and clinical management,
   q. the principles of pharmacology as they relate to the indications for and complications of drugs utilized in PM&R, and
   r. experience in the continuing care of patients with long-term disabilities through appropriate follow-up care.

8. The resident must have opportunities for progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of patients of all ages of at least the following:

   a. acute musculoskeletal pain syndromes, including sports and occupational injuries,
   b. chronic pain management,
   c. congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases,
   d. rehabilitative care of traumatic brain injury,
   e. hereditary, developmental and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis,
   f. rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment,
   g. rehabilitative care of amputations for both congenital and acquired conditions,
   h. sexual dysfunction common to the physically impaired.
I. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. Didactic activities may include observation of diagnostic and therapeutic procedures.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

   a. The scholarship of discovery, as evidenced by peer-reviewed publication of original research in peer-reviewed journals.
   
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, eg, research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. Resident Participation

   a. The curiosity and creativity of all residents must be stimulated. They must be involved in the critical appraisal of current literature.
   
   b. Residents should have the opportunity to participate in structured, supervised research training. It is desirable that each resident produce a peer-reviewed publication during the residency program. A program director may elect to offer a special research or academic track for selected residents. This may take the form of an elective or research rotation, usually not to exceed six months, within the 36 months of physical medicine and rehabilitation residency training.

F. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VI. Evaluation

A. Resident Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least
      1) written semiannual evaluation that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. There must be a formal system for evaluation of the clinical competence of residents, together with annual in-service examinations, post-rotation evaluations, or external examinations, such as those provided by the American Academy of Physical Medicine and Rehabilitation. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
   d. In the evaluation process, the resident's rights must be protected by due process procedures. The resident must be provided with the written institutional policy concerning his/her rights and the institution's obligations and rights.
2. a. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education, should be discussed with the resident, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
   b. Adequate permanent records of the evaluation and educational counseling process within the training program for each resident must be maintained. Such records must be available in the resident file and must be accessible to the resident and other authorized personnel.

B. Faculty Evaluation
   The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process. Where indicated, substantive efforts should be made to correct faculty weaknesses.

C. Program Evaluation
   The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
   1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
   2. Outcome assessment
      a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
      b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
   3. Performance of program graduates on the certification examination of the American Board of Physical Medicine and Rehabilitation should be used as one measure of evaluating program effectiveness. A program will be judged deficient by the RRC if during the most recent 5-year period less than 70% of its graduates taking the examination pass either part of the Board examination on the first try. At least 75% of graduates should take the examination.

VII. Experimentation and Innovation
   A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
   B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
Program Requirements for Residency Education in Pain Management (Physical Medicine and Rehabilitation)

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation should communicate with the Executive Director of the Board to ascertain the current requirements for acceptance as a candidate for certification.

Effective: July 2001 Common Program Requirements: July 2003

Policies and Procedures for Residency Education in the Subspecialties of Physical Medicine and Rehabilitation

A. The initial application for a subspecialty program will not require an on-site survey, but will require submission of all application materials and information signed by the director of the subspecialty program and the director of the accredited sponsoring program in a relevant core specialty such as anesthesiology, emergency medicine, family practice, internal medicine, neurological surgery, neurology, orthopaedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, surgery, or urology. The Residency Review Committee for Physical Medicine and Rehabilitation (RRC) will take initial action based on a "paper review" of the program, namely, a review without survey.

B. Subsequent review of subspecialty programs will be in conjunction with the survey and review of the core program. A separate set of forms will have to be completed by the subspecialty program director. In special cases determined by the RRC, the subspecialty program will be surveyed and reviewed separately. The RRC will also entertain interim requests and, on occasion, ask for interim progress reports.

C. The RRC will designate programs as being accredited or not accredited. No further delineation of accreditation categories will be utilized. The accreditation of a program will be directly tied to the subspecialty program. If the core program remains in good standing but the RRC judges the subspecialty program to be in noncompliance with the applicable program requirements, a warning will be issued. If these areas of noncompliance are not corrected, accreditation may be withdrawn from the subspecialty program. The Procedures for Proposed Adverse Action and for Appeal of Adverse Actions may be utilized by programs from which the accreditation has been withdrawn in an action separate from withdrawal of accreditation of the core program.

D. If the core program remains in good standing but the RRC judges the subspecialty program to be in noncompliance with the applicable program requirements, a warning will be issued. If these areas of noncompliance are not corrected, accreditation may be withdrawn from the subspecialty program. The Procedures for Proposed Adverse Action and for Appeal of Adverse Actions may be utilized by programs from which the accreditation has been withdrawn in an action separate from withdrawal of accreditation of the core program.

E. Inquiries about accreditation of subspecialty programs should be directed to the Executive Secretary of the Residency Review Committee for Physical Medicine and Rehabilitation.

Program Requirements for Residency Education in Pain Management (Physical Medicine and Rehabilitation)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
Pain management is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training
Subspecialty training in pain management shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain management. The remainder may be in clinical activities or research relevant to pain management. Assignments must not be made to activities not directly related to pain management.

II. Institutional Organization

A. Relationship to Core Program
Accreditation of a subspecialty program in pain management will be granted only when the program is in direct association with a core residency program in physical medicine and rehabilitation accredited by the Accreditation Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain management program is conducted. Rotations outside the institution in which the pain management program is based should not exceed 4 months.

B. Appointment of Residents
Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources
Because pain management is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain management that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director
The program director must be a physiatrist who has been certified in pain management by the American Board of Physical Medicine and Rehabilitation or who has appropriate educational qualifications in pain management as determined by the RRC. The program director should have appropriate experience in pain management as a clinician, administrator and educator.
The subspecialty program director has responsibility for the teaching program in pain management subject to the approval of the director of the core residency program.

B. Medical Director
The medical director of the pain management service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain management, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty
Qualified physicians with expertise in pain management must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain management must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than physical medicine and rehabilitation. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain management.

At least three faculty with expertise in pain management should be involved in teaching pain management residents, and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment
A pain management center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain management must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain management procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services
The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end of life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population
For each resident in the subspecialty of pain management each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident’s experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain management.

D. Library
There must be a departmental library with adequate material relevant to pain management. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment
An accredited program in pain management must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components
There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain management. Subspecialty training in pain management must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies
11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal ganglionectomy
13. Peripheral neurectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects and complications of pharmacologic agents used in pain management

In addition to the above skills, the pain management resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis, and follow-up.

C. Didactic Components
The pain management curriculum must include the following topics in lectures and reading:

1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain management
4. Pharmacology of centrally acting drugs used in pain management
VIII. Board Certification

The record of its graduates in obtaining certification in pain management by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000  Effective: June 2000

Program Requirements for Residency Education in Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)

I. Introduction

A. Definition

Pediatric rehabilitation medicine (PRM) is the subspecialty that utilizes an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, cognitive, psychosocial, and vocational limitations or conditions. Rehabilitation management of children with physical impairments requires the identification of functional capabilities and the selection of the best rehabilitation intervention strategies, with an understanding both of the life course of the disability and of the continuum of care.
B. Program Design
The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to the program goals.

1. The Residency Review Committee (RRC) for Physical Medicine and Rehabilitation must approve the program design as part of the regular review process.
2. Participation by any institution providing 3 months or more of training must be approved by the RRC.

C. Duration of Training
1. Training in PRM shall be 24 months in duration if it begins after satisfactory completion of an Accreditation Council for Graduate Medical Education (ACGME)-approved residency training program in physical medicine and rehabilitation (PM&R). The program must assure that the resident acquires knowledge and skills in general pediatrics, normal childhood development, normal neonatal development, and adolescent medicine including psychosocial issues.
2. Training in PRM shall be 12 months in duration if it begins after satisfactory completion of ACGME-approved combined or consecutive residency training in both PM&R and pediatrics.

D. Program Goals and Objectives
1. Goals
An approved subspecialty program must be designed to provide an educational experience to ensure that its graduates possess the advanced knowledge and competencies necessary to practice this subspecialty.

2. Objectives
   a. Documented qualifications as a clinician, administrator, and teacher in the management of rehabilitation medicine and related subspecialties.
   b. Board certification in PRM.
   c. Licensure to practice medicine in the state where the institution is located. (Certain federal programs are exempted.)
   d. Appointment in good standing to the medical staff of an institution participating in the program.

II. Administration and Organization

A. Sponsoring Institution
1. The institution sponsoring the PRM program must be a center for care of persons with pediatric rehabilitative diagnoses or affiliated with such a center. Affiliation with an accredited medical school is desirable. The Joint Commission on Accreditation of Healthcare Organizations-Rehabilitation Section or the Commission on Accreditation of Rehabilitation Facilities should accredit the institution.
2. Accreditation of a subspecialty program in PRM will be granted only when the program is affiliated with an ACGME-accredited residency program in PM&R.
3. There must be close cooperation between the core residency program and the subspecialty program. The lines of responsibility between residents in the core program and the subspecialty program must be clearly delineated.
4. The sponsoring institution should exercise the necessary administrative management of the training program.
5. There should be an institutional policy, reviewed at the time of regular institutional or internal review, governing the educational resources committed to the PRM program to ensure cooperation of all involved disciplines.
6. The institution must provide for financial resources that include, but are not limited to, salaries, fringe benefits, and opportunities for residents’ continuing education.

B. Participating Institutions
Participating institutions should be in the same geographic location and conveniently and safely accessible to residents.

C. Appointment of Residents
1. The program shall establish written policies and procedures regarding selection and appointment of residents. There shall be at least one resident in the program at all times.
2. The program shall have and implement written policies and procedures, based on the clinical and educational resources available, for determining the number of resident positions.
3. The program shall have and implement written policies and procedures, based on the clinical and educational resources available, regarding changes in resident complement or filling vacant positions.
4. The applicant must be licensed for unrestricted practice in a state or province of the United States or Canada.

III. Faculty Qualifications and Responsibilities
The program director and the teaching staff are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program.

1. Qualifications of the Program Director
   a. Documented qualifications as a clinician, administrator, and teacher in the field of PRM.
   b. Board certification in PRM or appropriate educational qualifications as determined by the RRC.
   c. Licensure to practice medicine in the state where the sponsoring institution is located. (Certain federal programs are exempted.)
   d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the Program Director
   a. Sufficient time devoted to provide continuous leadership to
      the program as well supervision of the residents.
   b. Active participation in research and scholarly activities in
      PRM.
   c. Preparation of a written statement outlining the educational
      goals of the program with respect to knowledge, skills, and
      other attributes of residents at each level of training and for
      each major rotation or program assignment. This statement
      must be distributed to residents and members of the teaching
      staff. It should be readily available for review.
   d. Selection of residents for appointment to and assignment in
      the program in accordance with institutional and departmen­
      tal policies and procedures.
   e. Selection, assignment, and supervision of teaching staff and
      other program personnel at each institution participating in
      the program.
   f. The supervision of residents through explicit written descrip­
      tions of supervisory lines of responsibility for care of patients.
      Such guidelines must be communicated to all members of the
      program staff. Residents must be provided with prompt, reli­
      able systems for communications and interaction with supervi­
      sory physicians.
   g. Implementation of fair procedures as established by the spon­
      soring institution regarding academic discipline and resident
      complaints or grievances.
   h. Monitoring of resident stress, including mental or emotional
      conditions inhibiting performance or learning and drug- or
      alcohol-related dysfunction. Program directors and teaching
      staff should be sensitive to the need for the timely provision
      of confidential counseling and psychological support services to
      residents. Training situations that consistently produce unde­
      sirable stress on residents must be evaluated and modified.
   i. Preparation of an accurate statistical report and narrative de­
      scription of the program as required by the RRC. Adequate
      data collection and analysis is necessary for overall program
      evaluation and total quality management. Data regarding resi­
      dent and faculty performance should be gathered, analyzed,
      and maintained.
   j. Notification to the RRC of any major programmatic changes.
      The RRC must be notified immediately of any change in the
      program directorship.

B. Number and Qualifications of Faculty
   1. There must be a sufficient number of teaching staff with docu­
      mented qualifications to instruct and supervise adequately all
      the residents in the program. Members of the teaching staff must
      be able to devote sufficient time to meet their supervisory and
      teaching responsibilities. In addition to the program director
      there must be at least one other faculty member with expertise
      in PRM who is dedicated to the program.
   2. All members of the teaching staff must demonstrate a strong in­
      terest in the education of residents, sound clinical and teaching
      abilities in the field of PRM, support of the goals and objectives
      of the program, a commitment to their own continuing medical
      education, and participation in scholarly activities in the field of
      PRM.
   3. The faculty should be board certified in PRM or possess appro­
      priate educational qualifications as determined by the RRC.
   4. A member of the teaching staff of each participating institution
      must be designated to assume the day-to-day activities of the pro­
      gram at the institution, with overall coordination by the pro­
      gram director.
   5. The teaching staff must be organized and have regular docu­
      mented meetings to review program goals and objectives as well
      as program effectiveness in achieving them. At least one resident
      representative must participate in these reviews.
   6. The teaching staff should periodically evaluate the utilization of
      the resources available to the program, the contribution of each
      participating institution, the financial and administrative sup­
      port of the program, the volume and variety of the patients avai­
      lable to the program for educational purposes, the performance of
      other members of the teaching staff, and the quality of supervi­
      sion of the residents.

C. Other Program Personnel
   Programs must be provided the additional professional, technical,
   and clerical personnel needed to support the administration and
   educational conduct of the program.

IV. Facilities and Resources

A. Institutional Facilities
   Education in PRM should include experience in both inpatient and
   outpatient facilities. The sponsoring and participating institutions
   must operate or have access to a service delivery system dedicated
   to the care of persons with pediatric rehabilitative disorders. Nece­
   ssary resources include
   1. Inpatient pediatric rehabilitation beds,
   2. A designated outpatient clinic or examination area for persons
      with pediatric rehabilitative disorders,
   3. Transitional services for home care, community entry, schooling,
      etc.

B. Specific Facilities and Resources
   1. The sponsoring institution must have available the equipment,
      electrodiagnostic devices, radiology services, laboratory services,
      and clinical facilities necessary to provide appropriate care to
      persons with pediatric rehabilitative disorders. Facilities for
      teaching services must be available as well as a medical records
      system that allows for efficient case retrieval.
   2. The sponsoring institution must have available specialty consult­
      ing services essential to the care of persons with pediatric reha­
      bilitative disorders. These services include anesthesia, emer­
      gency medicine, family medicine, genetics, neurological surgery,
      neurology, orthopedic surgery, pathology, pediatrics (including
      the relevant subspecialties), plastic surgery, psychiatry,
      radiology, surgery, urology, and other relevant health care
      professionals.
   3. Availability of home care and specialized schooling.

C. Library
   1. Residents must have ready access to a major medical library ei­
      ther at the institution where the residents are located or through
      arrangement with convenient nearby institutions.
   2. Residents must have access to computer and audiovisual capa­
      bilities and electronic retrieval of information from medical
      databases.
   3. There must be access to an on-site library or to a collection of ap­
      propriate texts and journals in each institution participating in
      the residency program. These must be readily available during
      nights and weekends.

D. Patient Population
   The patient population must be of sufficient size and diversity of pe­
   diatric age groups to provide the resident with the opportunity to
   care for an adequate number of persons in all pediatric rehabilita­
   tive diagnostic categories in both inpatient and outpatient settings.
V. Educational Program

A. Clinical Components

1. The clinical component of the curriculum must include a sufficient variety, depth, and volume of clinical experiences. The educational program should take into consideration the resident's documented past educational and patient care experiences. The training program must provide for the resident to spend a significant amount of time with responsibility for the direct care of hospitalized as well as non-hospitalized patients. Residents must devote at least 1/3 of their clinical experience to the care of hospitalized patients and at least 1/3 to non-hospitalized patients.

2. The educational program must be designed so that residents may attain knowledge and competency in the following areas of PRM:
   a. Normal growth and development, including physical growth, developmental skills attainment (language and communication skills, physical skills, cognitive skills, emotional skills and maturity, academic achievement/learning skills), transitional issues, metabolic status, biomechanics, the effects of musculoskeletal development on function, sexuality, vocational interest development, wellness and health promotion, and aging issues for adults with congenital or childhood onset disabilities.
   b. Applications, efficacy, and selection of PRM assessment tools, including enabling/disabling process, general health measures, developmental attainment measures, general functional measures, and specific outcomes measures.
   c. Identification and management of common pediatric rehabilitative medical conditions and complications, including nutrition, bowel management, bladder management, gastroesophageal reflux, skin protection, pulmonary hygiene and protection, sensory impairments, sleep disorders, spasticity, DVT prophylaxis, congenital and acquired lymphedema, feeding disorders, swallowing dysfunction, seizure management, and behavioral problems.
   d. Principles and techniques for general pediatric rehabilitative therapeutic management, including early intervention, age-appropriate functional training, programs of therapy, play (avocation), therapeutic exercise, electrical stimulation and other modalities, communication strategies, oral motor interventions, discharge planning, educational and vocational planning, transitional planning, adjustment to disability support, and prevention strategies.
   e. Evaluation and prescription for assistive devices technology, including orthotics, prosthetics, wheelchairs and positioning, ADL aids, interfaces and environmental controls, augmentative/alternative communication, environmental accessibility, electrical stimulation, and dynamic splinting.
   f. Principles and techniques of PRM procedures, including spasticity management and electrodiagnosis.
   g. Interpretation of diagnostic studies commonly ordered in PRM.
   h. Rehabilitation management of musculoskeletal disorders and trauma, including sports injuries.
      i. Rehabilitation management of cerebral palsy.
      j. Rehabilitation management of spinal dysraphism and other congenital anomalies.
   k. Rehabilitation management of pediatric spinal cord injury.
   l. Rehabilitation management of pediatric traumatic brain injury.
   m. Rehabilitation management of limb deficiency/amputation.
   n. Rehabilitation management of neuromuscular disorders.
   o. Rehabilitation management of rheumatologic and connective tissue disorders, including but not limited to specific conditions, such as juvenile rheumatoid arthritis, spondyloarthropathies, dermatomyositis, and lyme disease.
   p. Pediatric rehabilitation management of burns.
   q. Rehabilitation management of peripheral nerve injuries.
   r. Administration, including principles of organizational behaviors and leadership, quality assurance, cost efficiency, knowledge of health care systems, community resources, and support services regulations pertaining to service provision (external reviews, inpatient services, outpatient services, home care, school based programs and capabilities), skills for effective advocacy, medical legal aspects (child protective services, guardianship, liability), professionalism, and ethics.
   s. Psychological, social, and behavioral aspects of rehabilitation management, including family-centered care.
   t. Requesting of appropriate medical/surgical consultations from other specialties.

3. The program should be designed so that the resident has an opportunity to follow individual patients longitudinally as well as the ability to encounter a wide variety of patient problems.

4. The program should be designed so that the resident has an opportunity to develop a management style compatible with an interdisciplinary team process.

B. Didactic Components

1. Basic science content should include a didactic curriculum taught by faculty and a self-directed learning program to address the theoretical and clinical principles that form the fundamentals for managing patients with pediatric medicine disorders. Pathophysiology, discussion and knowledge of clinical manifestations, and management problems should constitute the major topics for study.

2. Presentation of specialty content should include faculty in anesthesiology, emergency medicine, family medicine, genetics, neurology, neurosurgery, orthopedic surgery, pediatrics (including the relevant subspecialties), plastic surgery, psychiatry, radiology, surgery, and urology taking an active role in providing instruction in the areas of their practices relevant to PRM.

3. Conferences
   a. Required conferences should include case-oriented multidisciplinary conferences, journal clubs, and quality management seminars relevant to clinical care in PRM.
   b. Conferences must be of sufficient quality and frequency to provide in-depth coverage of the major topics in PRM over 1 year.
   c. There must be documentation of staff and resident attendance at conferences.
   d. Educational activities must be carried out under the direct supervision of faculty members.

C. Resident Policies

1. Supervision
   a. The level of supervision of the residents should be determined by the program director based on formal and informal evaluations.
   b. The program director should assign a member of the faculty as supervisor to each resident. Written objectives for each clinical rotation must be provided to each resident.
   c. The supervisor is responsible for the educational experience according to the written plan developed at the beginning of the training. The supervisor must meet regularly with the program director and resident for appropriate monitoring and feedback.

2. Duty hours
   While the actual number of hours worked by a subspecialty resident may vary, the resident should have sufficient off-duty time
to avoid undue fatigue and stress. The resident should be allowed to spend, on average, at least 1 full day out of 7 away from the hospital, and should be assigned on-call duty in the hospital no more frequently than an average of every third night. The program director is responsible for monitoring, in accord with written policies, on-duty assignments as well as activities outside the program.

3. Graded responsibility
Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program should be flexible but sufficiently structured to allow for such graded responsibility.

4. Peer interaction
The resident must have the opportunity to meet and share experience with residents in the core program and in other specialties. It is desirable for the resident to interact with peers in primary care and relevant subspecialties. Residents should have the opportunity to teach other residents, medical students, and other health care professionals.

5. Presence of other learners
Rotation to the PRM program by residents from other specialties or subspecialties as well as medical students is desirable.

D. Other Program Components
1. Research and scholarly activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuous professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of the teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity that includes:

a. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

b. Participation in journal clubs and research conferences.

c. Active participation in regional or national conferences and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

d. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at national regional scientific meetings.

e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

f. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activity. The goal for the resident should be at least one scientific presentation, abstract, or publication.

2. Management
Within the interdisciplinary PRM care team, the resident should be taught and should understand and apply principles of organizational and group behavior, leadership and management styles, evaluation and modification of performance, labor management issues, cost accounting containment, and quality assurance techniques. The resident should gain an understanding and some proficiency in the areas of budget planning and presentation, preparation of management briefings, information systems, and external reviews such as those by the Commission for the Accreditation of Rehabilitation Facilities.

3. Teaching by the resident
The resident should have the opportunity to:

a. Teach other hospital personnel and health care providers, patients, and patient support systems about the rehabilitation and longitudinal needs in PRM.

b. Teach medical students, residents, and other health care professionals.

c. Understand and utilize learning theory, including assessment of learning needs, development of objectives and curriculum plans, effective use of audiovisual aids and other teaching materials, and evaluation of teaching outcomes.

d. Provide instruction to patients and families.

e. Participate in educational activities within the interdisciplinary PRM care team.

VI. Evaluation
Evaluation is an essential component of the program. The program director and faculty must have a plan that addresses the evaluation of residents, faculty, and the program. Well-designed evaluation combined with feedback improves the program and focuses the learning process.

A. Residents
1. Policy and principles

a. Evaluation should be based on the program objectives and on the objectives of the resident's individualized program. These include resident knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

b. Evaluation must be carried out semi-annually and should be followed by extensive feedback to the resident. Remedial objectives may be established.

c. Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

d. A permanent record of evaluation should be maintained for each resident and it should be accessible to the resident and other authorized personnel.

2. The following areas should be evaluated:

a. Acquisition of competencies outlined in VA.2

b. Problem solving skills

c. Interpersonal relationship skills

d. Ability to access, retrieve, and critically evaluate the literature

e. Information management

f. Quality and cost-effectiveness measures of patient care

g. Research and other scholarly accomplishments

3. A written final evaluation must be provided for each resident who completes the program. The evaluation must include a review of resident performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice completely independently. This final evaluation should be part of the permanent record maintained by the institution.

B. The educational effectiveness of the program must be evaluated annually and in a systematic manner. In particular, the quality of the curriculum and the extent to which the resident has met the educational goals must be assessed. Written, confidential evaluations by residents should be utilized in this process. Resident satisfaction at the completion of training should also be assessed.

C. The faculty must be evaluated at least annually. This should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities.
Program Requirements for Residency Education in Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)

I. Introduction

A. Definition
1. Spinal Cord Injury Medicine (SCIM) addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury (SCI) and nontraumatic myelopathies, including the prevention, diagnosis, and treatment of related medical, physical, psychological, and vocational disabilities and complications during the lifetime of the patient.
2. The management of persons with spinal cord dysfunction (SCD) requires a team and interspecialty approach with contributions from several medical and surgical specialties as well as other health care professionals. The specialist in SCIM should serve as the team leader after the patient is medically and surgically stabilized. When the spinal cord dysfunction is due to an active process or a chronic degenerative disorder, the management of the patient's primary disease is the responsibility of a physician in the appropriate discipline.

B. Duration and Scope of Education
1. Training in SCIM shall be 12 months in duration beginning after satisfactory completion of an approved residency program in a specialty relevant to SCIM, such as anesthesiology, emergency medicine, family practice, internal medicine, neurological surgery, neurology, orthopaedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, surgery, or urology.
2. The program must provide for individuals to acquire, within the inter disciplinary spinal cord injury team, knowledge of emergency care and knowledge and skills in the following areas:
   a. post-initial care,
   b. initial and ongoing medical rehabilitation,
   c. discharge planning,
   d. lifelong care, and
   e. scholarly activity in support of these skills.
3. Any program that extends training beyond the 12-month minimum requirement must present a clear educational rationale consonant with the program requirements and objectives for subspecialty training. The program director must obtain approval of the Residency Review Committee (RRC) prior to implementation and at each subsequent review of the program. Prior to entry in the program, each resident must be notified in writing of the required length of training.

C. Program Goals and Objectives
The director and teaching staff of a program must prepare and comply with written educational goals for the program.
1. Goals: An approved subspecialty program must be designed to provide an educational experience to ensure that its graduates possess the advanced knowledge and competencies necessary to practice this subspecialty.
2. Objectives: The program must provide the resident opportunities to develop a unique set of attitudes, knowledge, and psychomotor skills because SCD affects multiple organ systems of the body and its treatment involves many specialty areas of expertise.
   a. The resident must be given the opportunity to gain knowledge of:
      1) the impact of SCD on the various organ systems,
      2) the natural history, pharmacologic management, and evolution of organ system functioning after SCD and the interaction among the various organ systems,
      3) the impact of aging and longstanding injury on organ system decline,
      4) the prevention and treatment of secondary complications of SCD, and
      5) the maximal functions possible based on the characteristics and level of SCD and how to achieve them.
   b. The resident must be given the opportunity to become proficient in:
      1) coordination in the post-initial care setting of the impact and timing of treatment of each organ system's dysfunction so that an optimum treatment effect can be obtained,
      2) planning of the most efficient and effective treatment approaches for acquisition of skills and knowledge by the patient so that he/she may acquire the highest level of functioning, and
      3) promotion of patient education about all aspects of SCD in order to promote patient independence and patient recognition of illness.

The program must prepare the person trained as a SCIM specialist to implement, over the course of the individual patient's lifetime, a health maintenance and disease prevention program with early recognition and effective treatment of complications related to SCD, and must promote awareness of the impact of aging on SCD.

D. Program Design
All educational components of a residency program should be related to program goals.
1. The program design and/or structure must be approved by the appropriate review committee as part of the regular review process.
2. Participation by any institution providing more than 3 months of training must be approved by the RRC.

II. Institutional Organization

A. Sponsoring Institution
1. The institution sponsoring the SCIM program must be a center for care of persons with SCD or affiliated with such a center. Affiliation with an accredited medical school is desirable. The institution should be accredited by the Joint Commission on Accreditation of Health Care Organizations-Rehabilitation Section (JCAHO-Rehab) or the Commission on Accreditation of Rehabilitation Facilities (CARF).
2. Accreditation of a subspecialty program in SCIM will be granted only when the program is administratively attached to an ACGME-accredited residency program in a relevant specialty.

3. There must be close cooperation between the core residency training program and the subspecialty program. The lines of responsibility between resident staffs in the core program and the subspecialty program must be clearly delineated.

4. The sponsoring institution should exercise the necessary administrative management of the training program.

5. There should be an institutional policy, reviewed at the time of regular institutional or internal review, governing the educational resources committed to the SCIM program, assuring cooperation of all involved disciplines.

6. The institution must provide for the financial resources including, but not limited to, salaries, fringe benefits, and opportunities for continuing medical education of residents.

B. Participating Institutions

It is highly desirable for participating institutions to be in the same geographic location and conveniently and safely accessible to residents.

C. Appointment of Residents

1. The program shall establish written policies and procedures regarding selection and appointment of residents. The resident complement should be appropriate to the available clinical and educational resources, including faculty. It is highly desirable to have at least one resident in the program at all times.

2. The program shall have and implement written policies and procedures, based on the educational resources available, for determining the number of resident positions.

3. The program shall have and implement written policies and procedures, based on the educational resources available, regarding selection and appointment of residents. The resident complement should be appropriate to the available clinical and educational resources, including faculty. It is highly desirable to have at least one resident in the program at all times.

4. The applicant must be licensed for unrestricted practice in a state or province of the United States or Canada.

III. Faculty Qualifications and Responsibilities

The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director include:
   a. Documented qualifications as a clinician, administrator, and educator in the field of SCIM.
   b. Board certification in a specialty or subspecialty related to the care of persons with SCD and subspecialty certification in SCIM or suitable equivalent qualifications.
   c. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director include:
   a. Sufficient time devoted to provide continuous leadership to the program as well as supervision of the residents.
   b. Active participation in research and scholarly activities in SCIM.
   c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
   d. Selection of residents for appointment to and assignment in the program in accordance with institutional and departmental policies and procedures.
   e. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program. The program director should assign faculty and perform annual evaluations of their performance.
   f. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   g. Regular evaluation of the resident's knowledge, skills, and competence, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:
      1) At least semi-annually evaluate the knowledge, skills, competence, and professional growth of the resident, using appropriate criteria and procedures.
      2) Communicate each evaluation to the resident in a timely manner.
      3) Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
      4) Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
   h. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
   i. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   j. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
   k. Preparation of an accurate statistical and narrative description of the program as requested by the RRC. Adequate data collection and analysis is necessary for overall program evaluation and total quality management. The program director should gather, analyze, and maintain data regarding resident and faculty performance.
   l. Gathering and analyzing initial, discharge and follow-up data regarding the functional outcomes of persons served.
   m. Notification to the RRC of major programmatic changes. The RRC must be notified immediately of any change in program directorship.

B. Number and Qualifications of Faculty

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must
be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, there must be at least one other faculty member with expertise in SCIM who is dedicated to the program.

2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities in the field of SCIM, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. The faculty should actively participate in teaching, research and scholarly activity in the field of SCIM.

3. The faculty should be Board-certified in a specialty or subspecialty related to the care of persons with SCD or possess suitable equivalent qualifications.

4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Institutional Facilities

Education in SCIM should include experience in both inpatient and outpatient facilities. The sponsoring and participating institutions must operate or have access to a service delivery system dedicated to the care of persons with SCD. Necessary resources include:

1. an emergency department that treats patients with SCI,
2. an accredited acute care hospital,
3. a dedicated inpatient rehabilitation unit,
4. a designated outpatient clinic for persons with SCD, and
5. availability of home care and independent living programs.

B. Specific Facilities and Resources

1. The sponsoring institution must have available the equipment, diagnostic imaging devices, electrodiagnostic devices, laboratory services, a urodynamic laboratory, and clinical facilities necessary to provide appropriate care to persons with spinal cord dysfunction. Medical library facilities and services for teaching experiences must be available, along with a medical records system that allows for efficient case retrieval.

2. The sponsoring institutions must have available specialty consultant services in anesthesia, emergency medicine, family practice, internal medicine (including the relevant subspecialties), neurological surgery, neurology, orthopedic surgery, pathology, pediatrics, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, and urology.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Residents must have regular access, including nights and weekends, to computer and audiovisual capabilities and electronic retrieval of information from medical information databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

D. Patient Population

The patient population must be of sufficient size and diversity of age so as to provide the resident with the opportunity to care for an adequate number of persons with new SCD, to care for persons re-admitted to the hospital with intercurrent illness, and to care for appropriate numbers of outpatients. There should be a minimum census of eight patients per resident.

V. Educational Program

A. Clinical Components

1. The clinical portion of the curriculum must include a sufficient variety, depth, and volume of clinical experiences. The educational program should take into consideration the resident's documented past educational and patient care experiences. The training program must provide for the resident to spend a significant amount of time in responsibility for the direct care of hospitalized as well as non-hospitalized patients. Residents must devote at least one third of their clinical experience to the care of hospitalized patients and at least one third to non-hospitalized patients.

2. The educational program must be designed for the resident to attain the following knowledge and competencies within the subspecialty and interdisciplinary care team:

a. Initial Care

1. Understand the organization and interdisciplinary practices of the Emergency Medical Services system relating to the prehospital and initial Emergency Department care of spinal cord injured patients as well as their concomitant and associated injuries. This is not meant to interfere with the independent decision making of the attending physician during the initial care.

2. Understand the techniques of appropriate spinal immobilization in order to protect patients from additional neurological damage.

3. Be able to perform a comprehensive neurologic assessment and determine the appropriate injury level of the patient.

4. Understand the supportive role of SCIM to neurological surgery, orthopedic surgery, emergency medicine, and other appropriate physicians in initial care sites, including intensive and critical care units.

5. Understand and assist in the management of the abnormalities and complications in other body systems resulting from SCI, especially the following: pulmonary, genitourinary, endocrine, metabolic, vascular, cardiac, gastrointestinal, musculoskeletal and integumentary.

b. Post-Initial Care

1. Understand how the stability of the spine is evaluated and know the various options for treatment of fractures/dislocations at all vertebral levels.

2. Understand the optimal coordination of services of the various physicians and other health professionals in the pre-
3. Develop the skills to initiate and direct appropriate rehabilitation programming in the early hospital phase of treatment.

4. Understand the relationship between the extent and level of SCI on the patient's ultimate residual functional capacity and be able to inform and counsel the patient, the family, and other health specialists on a timely basis about the impact of the disability.

5. Through lectures and appropriate clinical assignments under the integrated services of pediatricians and specialists in SCIM, understand special needs and problems that children and adolescents with SCI may have in areas such as behavior, bladder and bowel and skin care, growth and development, immunizations, mobility, nutrition, pediatrics, self-care, recreation, and schooling. Also understand the special needs of parents and others in relating to and assisting young patients with these problems.

c. Initial and Ongoing Medical Rehabilitation

1. Coordinate the transition from post-initial care to rehabilitation and assume primary management responsibility.

2. Establish short and long term rehabilitation goals and coordinate the implementation of the rehabilitation program to meet such goals.

3. Monitor the evolution of neural dysfunction in order to recognize conditions that may require additional evaluation, consultation, or modification of treatment.

4. After post-initial care, in conjunction with the interspecialty SCI team, participate in the management of SCI following either operative or nonoperative stabilization, including activity restrictions and appropriate orthotic support.

5. Understand the collaborative role of integral members of the SCI care team.

6. Recognize, diagnose, and coordinate treatment for respiratory complications such as tracheostomies, airway obstruction, atelectasis, pneumonia, and tracheal stenosis, as well as for mechanical methods of respiration including both fixed and portable equipment. The resident should be able to manage patients with high quadriplegics and respirator-dependent patients, including weaning them from the respirator, and evaluating indications and contraindications of phrenic nerve pacing, motorized wheelchairs, portable respirators, environmental control systems, home modifications, etc.

7. Recognize, diagnose, and treat orthostatic hypotension and other cardiovascular abnormalities during initial mobilization of the patient.

8. Evaluate and manage skin problems utilizing various techniques of prevention such as the proper use of specialized beds, other surfaces, cushions, and wheelchairs, to manage pressure ulcers effectively; and, in consultation with surgical colleagues, determine the indications for various surgical procedures including resection of bone and the development of flaps and other techniques for soft tissue coverage. The resident should also develop an understanding of the pre- and post-operative management of these patients.

9. With appropriate consultation, identify the risk of infection and coordinate treatment and infection control including the judicious use of antimicrobials.

10. Coordinate and implement management of the neurogenic bowel.

11. Understand management of the neurogenic bladder and sexual dysfunction and that the role of urologists is pivotal in the diagnosis and management of bladder dysfunction, urinary tract infection, urinary calculi, sexual dysfunction, obstructive uropathy with or without stones, infertility and problems of ejaculation; such specialists should be utilized early in the care of these patients.

12. Diagnose and treat, with appropriate consultation, complications such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and pre-existing diseases.

13. Recognize pharmacologic alterations associated with SCI, including changes in pharmacokinetics, pharmacodynamics, drug interactions, over-medication, and compliance.

14. Diagnose and manage the psychological dysfunction associated with SCI.

15. Perform a functional assessment based on neurological, musculoskeletal and cardiopulmonary examinations and psychosocial and prevocational evaluations.

16. Determine functional goals for self-care, mobility, and vocational and avocational activities based on the level and completeness of the lesion.

17. If appropriate, prescribe motor retraining and conditioning activities, orthoses, and the adaptive equipment needed to meet the rehabilitation goals.

18. Anticipate the approximate length of stay, cost of hospitalization, equipment needs, etc, with the involvement of the patient, the patient's support persons and appropriate agencies.

19. Identify the indications for and the use of clinical neurophysiologic testing to assess the extent of neuropraxia, denervation, reinnervation, phrenic nerve function, and spinal cord function.

20. Identify the indications and use of functional electrical stimulation (FES) as applied to the management of spinal cord impairment.

21. Understand the kinesiology of upper extremity function and the use of muscle substitution patterns in retraining; the value, indications and contraindications of tendon and muscle transfers and other operative procedures that would enhance function.

22. Within the interdisciplinary and interspecialty SCI teams, understand the concepts of muscle and tendon transfer, and of other operative procedures that enhance extremity function, and manage the post-operative retraining, when indicated.

23. Prescribe appropriate motor vehicle modifications to promote independence in mobility and transportation.

24. Understand group process and team dynamics, and coordinate the activities of the interdisciplinary team through daily rounds, staff conferences, and patient and family educational and training sessions in order to maximize the goals established by the patient and team.

25. Understand the training and capabilities of rehabilitation nurses, social workers, psychologists, physical therapists, occupational therapists, prosthetists, orthotists, speech/language pathologists and recreational and vocational counselors; recognize the professional role and contributions of the various allied health professions individually and collectively; encourage their full participation in patient care management while maintaining medical responsibility; and appreciate that a team effort, with as much continuity as practical, will produce a more satisfying out-
Program Requirements for Residency Education in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

26. Conduct a problem-oriented conference and set goals with the participation of the allied health staff.

d. Discharge Planning
   1. Determine when the rehabilitation goals have been achieved, finalize the discharge plan, and arrange for the appropriate level of care to match the patient's needs.
   2. Participate in family meetings/discharge planning conferences, with focus upon community integration and adjustment to disability.
   3. Organize and conduct programs of patient and family education.
   4. In concert with appropriate disciplines and other team members, manage the psychological effects of the impairment in order to prevent their interference with the reintegration and re-entry to the community.
   5. Use the full range of community resources to facilitate the transition to the community.
   6. Understand the needs for personal care attendants, architectural modifications, and community follow-up care.

e. Follow-Up Phase—Sustaining Care
   1. Recognize, diagnose and treat intercurrent disease in conjunction with the proper consultants. There should be special emphasis on the prevention and management of these diseases in patients at various levels of SCI.
   2. Diagnose and coordinate the treatment of the complications associated with chronic SCI including pressure sores, spasticity, pain, urinary calculi, urinary tract infection, fractures, post-traumatic syringomyelia, and progressive respiratory decline.
   3. Set up a program of regular follow-up, evaluation, and preventive health care to keep the person at his/her maximum health and rehabilitation status, and coordinate this care with the patient's personal community physician.
   4. Direct or establish the patient in a program of vocational rehabilitation, if appropriate.
   5. Appreciate that the ultimate goal is to return and maintain the person with SCI as a satisfied and productive member of society.
   6. Understand the prevention and management of complications associated with long-standing disability, the effects of aging with a disability, and the provision of long-term follow-up services.
   7. Coordinate and manage an SCI home care program.
   8. Develop and maintain as needed a professional relationship with primary care physicians and be available to assist in the provision of care for specific health care issues, including follow-up examinations and management of complex issues of SCI care.
   9. In all phases of care, understand and define the ethical and legal issues especially pertinent to SCI, including diminished competence and the right to refuse treatment.

3. The program should be designed so that the resident has an opportunity to follow individual patients longitudinally as well as the ability to encounter a wide variety of patient problems.

4. The program should be designed so that the resident has an opportunity to develop a management style compatible with the interdisciplinary team process.

B. Didactic Components

1. Basic science content. There should be a didactic curriculum taught by faculty and a self-directed learning program to address the theoretical and clinical principles that form the fundamentals for care of patients with SCD. Pathophysiology, discussion and knowledge of clinical manifestations, and management principles about the care of such patients should constitute the major topics for study.

2. Specialty content. Specialists in anesthesiology, emergency medicine, internal medicine (including the relevant subspecialties), neurology, neurosurgery, orthopedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, and urology should take an active role in the didactic curriculum, providing instruction in the areas of their practices relevant to SCD.

3. Conferences
   a. Required conferences should include case-oriented multidisciplinary conferences, journal club, and quality management seminars relevant to clinical care on the spinal cord program.
   b. Conferences must be of sufficient quality and frequency to provide in-depth coverage of the major topics in SCIM over 1 year.
   c. There must be documentation of staff and resident attendance.
   d. Educational activities must be carried out under the direct supervision of faculty members.

C. Resident Policies

1. Supervision
   a. The level of supervision of the residents should be determined by the program director based on formal and informal evaluations.
   b. The program director should assign a member of the faculty as supervisor to each resident. Written objectives for each clinical rotation must be provided to the resident.
   c. The supervisor is responsible for the educational experience according to the written plan developed at the beginning of the training. The supervisor must meet regularly with the program director and resident for appropriate monitoring and feedback.

2. Duty hours. While the actual number of hours worked by a subspecialty resident may vary, the resident should have sufficient off-duty time to avoid undue fatigue and stress. The resident should be allowed to spend, on average, at least 1 full day out of 7 away from the hospital, and should be assigned on-call duty in the hospital no more frequently than an average of every third night. The program director is responsible for monitoring, according to written policies, on-duty assignments as well as activities outside the program.

3. Graded responsibility. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program should be flexible but sufficiently structured to allow for such graded responsibility.

4. Peer interaction. The resident must have opportunity to meet and share experience with residents in the core program and in other specialties. It is desirable for the resident to interact with peers in primary care and relevant subspecialties. Residents should have the opportunity to teach other residents, medical students, and other health care professionals.

5. Presence of other learners/fellows. Rotation to the SCIM program by residents from other specialties or subspecialties as well as medical students is desirable.

D. Other Program Components

1. Research and Scholarly Activity. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of
Program Requirements for Residency Education in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

vi. Evaluation

Evaluation is an essential component of the program. The program director and faculty must have a plan that addresses the evaluation of residents, faculty, and the program. Well-designed evaluation, combined with feedback, improves the program and focuses the learning process.

A. Residents

1. Policy and Principles
   a. Evaluation should be based on the program objectives and on the objectives of the resident's individualized program.
   b. Evaluation must be carried out semi-annually and should be followed by extensive feedback to the resident. Remedial objectives may be established.

2. The following areas should be evaluated:
   a. acquisition of described competencies,
   b. problem-solving skills,
   c. interpersonal relationship skills,
   d. ability to access, retrieve, and critically evaluate the literature,
   e. information management,
   f. quality and cost-effectiveness measures of patient care, and
   g. research and other scholarly accomplishments.

B. Faculty and Program

1. Faculty evaluation by residents should be on a semi-annual basis.

2. Areas to be evaluated are:
   a. clinical skills and competencies,
   b. teaching skills,
   c. scholarly activity,
   d. leadership skills, and
   e. interpersonal skills.

3. The educational effectiveness of the program must be evaluated annually and in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by the residents must be assessed. Written, confidential evaluations by residents should be utilized in this process. Resident satisfaction at the completion of training should also be assessed.

4. One measure of the quality of a program is the performance of its residents on the examinations of the American Board of Physical Medicine and Rehabilitation for special qualifications in SCIM.

VII. Board Certification

Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation in Spinal Cord Injury Medicine should communicate with the Executive Director of the ABPMR to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2002 Effective: July 2002
Program Requirements for Residency Education in Plastic Surgery

Common Program Requirements appear in bold. Sections of text not in bold are specialty-specific requirements.

I. Introduction
Education in the specialty of plastic surgery deals with the resection, repair, replacement, and reconstruction of defects of form and function of the integument and its underlying anatomic systems, including the craniofacial structures, the oropharynx, the trunk, the extremities, the breast, and the perineum. It includes aesthetic (cosmetic) surgery of structures with undesirable form. Special knowledge and skill in the design and transfer of flaps, in the transplantation of tissues, and in the replantation of structures are vital to these ends, as is skill in excisional surgery, in management of complex wounds, and in the use of alloplastic materials. Residency education in plastic surgery is designed to educate and train physicians broadly in the art and science of plastic and reconstructive surgery and to develop a competent and responsible plastic surgeon with high moral and ethical character capable of functioning as an independent surgeon. A variety of educational plans will produce the desired result.

II. Institutional Support
A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The sponsoring institution must provide sufficient faculty, financial resources, and academic and library support to enable the program to comply with the requirements for accreditation.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is 1 month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV and V of these Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies and procedures that will govern resident education during the assignment.

III. Resident Appointment
A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
1. The program director must have documentation on file of the satisfactory completion of prerequisite education before the candidate begins plastic surgery residency education.
2. In selecting from among qualified applicants, it is strongly suggested that the program participate in an organized matching program, such as the Plastic Surgery Match, the Hand Surgery Match, the Craniofacial Surgery Match, or the NRMP.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education, such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.
1. Programs may not enroll more residents at any level than the number of residents approved by the RRC for that year of education.
2. Any increase in resident complement, including a temporary increase, must be approved in advance by the RRC. This also includes a temporary increase in resident complement when a resident’s education must be extended for remedial reasons.
3. Vacant positions in either program format must be filled at the same level as the vacancy. If the program director wishes to fill a vacancy with a resident at another level, this request for a temporary increase in resident complement also requires advance approval from the RRC.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section VB., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education. Although residents may transfer from one program to another, they may not change from one format education to another, i.e., integrated to independent or vice versa, without advance approval of the RRC.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents. The addition of fellows or other students requires a clear statement of the areas of education, clinical responsibilities, duration of the education, and the impact of these fellows/other students on the education of the plastic surgery residents.
IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.

1. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in Plastic Surgery by the American Board of Plastic Surgery or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B of this document.
   b. Any change in the approved resident complement.
   c. Change in the format of the educational program.

   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
7. Annually compiling a comprehensive record of the number and type of operative procedures performed by each resident completing the program. This record must include all of the procedures in which the plastic surgery resident was either surgeon or assistant during the plastic surgery program. The operative log must be provided as requested in the format and form specified by the RRC and it must be signed by both the resident and the program director as a statement of its accuracy. These records must be maintained by the program director.
8. Advising resident applicants of the prerequisite requirements of the American Board of Plastic Surgery.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in Plastic Surgery by the American Board of Plastic Surgery or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section IV.C.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing residents with direct experience in progressive responsibility for patient management.
B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical knowledge** about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings of, for example, case reports or clinical series.
   d. Active participation in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

D. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allottedment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. **Supervision of Residents**
   a. All patient care must be supervised by qualified faculty.
      - The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. **Duty Hours**
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided between all duty periods. This should consist of a 10-hour time period provided between all daily duty periods, and after in-house call.

3. **On-Call Activities**
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient clinics.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D. I.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

E. The Educational Program

The RRC accredits independent plastic surgery programs of 2 or 3 years or integrated programs of 5 or 6 years. All prerequisite residency education must be taken within programs accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the American Dental Association.

1. Program Formats
   a. Independent format: residents complete 2 or 3 years of concentrated plastic surgery education, with 12 months of chief responsibility, after successful completion of one of the following prerequisite curricula:
      1) A minimum of 3 years of clinical education with progressive responsibility in a general surgery program. A transitional year or rotating internships may not be used to fulfill this requirement.
      2) A complete neurological surgery, orthopaedic surgery, otorhinolaryngology, or urology residency.
      3) Satisfactory completion of an educational program in oral and maxillofacial surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite education prior to a plastic surgery residency. This pathway is available only to those individuals holding the DMD/MD or DDS/MD degree. This education also must include a minimum of 24 months of progressive responsibility on surgical rotations under the direction of the general surgery program director after receipt of the MD degree. Rotations in general surgery during medical school, prior to receiving the MD degree, will not be considered as fulfilling any part of the 24-month minimum requirement.
   b. Integrated format: residents complete 5 or 6 years of ACGME-accredited plastic surgery education following receipt of an MD or DO degree from an institution accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA). Graduates of schools of medicine from countries other than the United States or Canada must present evidence of final certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
      1) The integrated curriculum must contain 5 or 6 years of clinical surgical education under the authority and direction of the plastic surgery program director.
      2) Of these 5 or 6 years, 24 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery. Residents must complete the last 24 months of their education in the same plastic surgery program.
      3) Additional clinical experiences appropriate to plastic surgery education should be provided in anesthesiology, burn management, critical care medicine, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, oncologic surgery, orthopedic surgery, otorhinolaryngology, pediatric surgery, trauma management, and vascular surgery.
   c. Prior to entry into the program, each resident must be notified in writing of the required program length.

2. Didactic Component

The scope of plastic surgery is so broad that a well-organized, comprehensive, and an effective educational curriculum is necessary to ensure that all residents obtain experience in all the various areas of the specialty.
   a. The faculty should organize the conferences which allow discussion of topics selected to broaden knowledge in the wide field of plastic surgery and to evaluate current information.
   b. Conferences must include the pertinent basic science subjects, such as anatomy, physiology, pathology, embryology, radiation biology, genetics, microbiology, pharmacology, and also practice management, ethics, and medicolegal topics.
   c. Periodic review of the morbidity and mortality experiences of the service must be documented.
   d. The residents must participate and present educational material at conferences. Adequate time for preparation should be permitted, both to maximize the educational experience for the residents and to emphasize the importance of the experience.
   e. The attendance of faculty and residents at conferences should be documented.

3. Clinical Component

Knowledge of surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pharmacology, wound healing, surgical pathology and microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation are fundamental to the specialty. The judgment and technical capability for achieving satisfactory surgical results are mandatory qualities for the plastic surgeon.
   a. Specific clinical experience should be provided in the following areas:
      1) Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery.
      2) Neoplasms of the head and neck, including the oropharynx, and endoscopy.
      3) Craniomaxillofacial trauma, including fractures.
      4) Aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities.

Program Requirements for Residency Education in Plastic Surgery
5) Plastic surgery of the breast.
6) Surgery of the hand/upper extremities.
7) Plastic surgery of the lower extremities.
8) Plastic surgery of congenital and acquired defects of the trunk and genitalia.
9) Burn management, acute and reconstructive.
10) Microsurgical techniques applicable to plastic surgery.
11) Reconstruction by tissue transfer, including flaps and grafts.
12) Surgery of benign and malignant lesions of the skin and soft tissues.

b. The sponsoring and participating institutions of the program must have an adequate number and variety of adult and pediatric surgical patients for resident education. Experience in all 12 categories of surgical experience is important and must not be limited by excessive clinical responsibility in any one or several categories or by excessive nonclinical activities.
c. Generally equivalent and adequate distribution of categories and cases among the residents must be demonstrated.
d. Resident experience in patient management should demonstrate graduated and progressive responsibility.
e. Experience in a well-organized and well-supervised outpatient clinic operating in relation to an inpatient service used in the program is required. This experience must include:
   1) the opportunity to see patients, establish provisional diagnoses, and initiate preliminary plans prior to the patient's treatment;
   2) an opportunity for follow-up care so that the results of surgical care may be evaluated by the responsible residents; and
   3) supervision under appropriate faculty supervision.
f. Experience in office practice procedures and management is strongly suggested. If residents participate in preoperative and postoperative care in a private office, the program director must ensure that the resident functions with an appropriate degree of responsibility with adequate supervision.
g. Recognizing the comprehensive nature of the specialty of plastic surgery, there should be clinical resources for the education of plastic surgery residents in anesthesiology, burn management, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, orthopedic surgery, otolaryngology, pediatric surgery, surgical critical care, surgical oncology, trauma management, and vascular surgery.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least
      1) written semiannual evaluation that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
d. a written basis for annual advancement of a resident.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment

a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VI. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

Common Program Requirements: 7/1/03
ACGME: 2/15/94 Effective: 1/1/95 (major revision) Technical revision 7/1/99
ACGME: 9/1/99 Effective editorial revision: 1/1/00
ACGME: 2/1/01 Effective: 7/1/02 Competency revisions
Program Requirements for Residency Education in Craniofacial Surgery (Plastic Surgery)

I. Introduction

A. Definition of the Specialty
1. Craniofacial surgery is a subspecialty of plastic surgery that includes the in-depth study and reconstructive treatment of disorders of the soft and hard tissues of the face and cranial areas, such as congenital anomalies and posttraumatic and other acquired conditions. Although craniofacial surgery includes combined intracranial and extracranial surgery, the broad scope of the subspecialty is applicable to other procedures in the craniofacial region. Surgeons trained in craniofacial surgery should be able to manage any hard- or soft-tissue reconstruction problem of the craniofacial region.
2. The team approach to many problems may be appropriate, resulting in the integration of other specialties into the craniofacial team. In addition to plastic surgery, these specialties should include neurological surgery, ophthalmology, otolaryngology, oral surgery, and orthodontics.
3. The primary goals of a craniofacial surgery educational program are to provide a broad education in the art and science of the specialty and sufficient experience for surgeons to acquire competency as specialists in the field.

B. Duration and Scope of Education
1. The length of the educational program in craniofacial surgery is 1 year. Before entry into the program, each prospective craniofacial surgery resident must be notified in writing of the length of the program.
2. Admission to a craniofacial surgery educational program is open to those who have satisfactorily completed an accredited plastic surgery residency program or to other appropriately qualified surgeons.
3. The craniofacial surgery educational program should be associated with an accredited program in plastic surgery; exceptions must be justified. The educational relationship should demonstrate the use of shared resources to include, for example, faculty, educational conferences, patient management, and other institutional resources.

C. Program Goals and Objectives
1. Although educational programs in craniofacial surgery may differ in format and objectives, each program must demonstrate that residents are provided with the opportunity to obtain the knowledge, skills, clinical judgment, and attitudes essential to the practice of craniofacial surgery.
2. The craniofacial surgery resident must be provided with progressive senior surgical responsibility in the four essential phases of total patient care: preoperative evaluation, therapeutic decision making, operative experience, and postoperative management.
3. The craniofacial surgery resident must be provided with sufficient knowledge of the sciences of embryology, anatomy, physiology, and pathology as these relate to the diagnosis and treatment of diseases of the craniofacial areas. Education in the diagnosis and management of disease and deformity involving the jaws, teeth, and occlusion also must be included in the program.

II. Institutional Organization

A. Sponsoring Institution
1. There must be one institution responsible for the conduct of the educational program as required by the Institutional Requirements.
2. The sponsoring institution must provide sufficient resources to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.
3. A sufficient number of patients must be available to ensure inpatient and outpatient experiences for each craniofacial surgery resident without diluting the educational experience for regularly enrolled plastic surgery residents or residents in other specialties.

B. Participating Institutions
1. If the resources of two or more institutions are required to support the program, interinstitutional agreements must be developed by the sponsoring and participating institutions as required by the Institutional Requirements.
2. Participation by any institution that provides 2 months or more of the educational program must be approved prospectively by the Residency Review Committee (RRC) for Plastic Surgery.
3. Assignments to participating institutions must be based on a clear educational rationale and should provide special clinical resources not otherwise available to the program.

C. Library
1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals at each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

D. Appointment of Residents
1. The RRC will approve a total number of residents in the program per year, based on the number and qualifications of the faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program. The minimum faculty/resident ratio is 1:1.
2. The program may not graduate more residents in any given year than are approved by the RRC unless prior approval has been obtained.

III. Faculty Qualifications and Responsibilities
The program director and faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be one program director responsible for the program.
1. Qualifications of the program director
   a. Requisite and documented clinical, educational, and administrative abilities and experience in craniofacial surgery.
   b. Licensure to practice medicine in the state where the sponsoring institution is located.
   c. Certification in plastic surgery and certification in the subspecialty or judged by the RRC to possess appropriate qualifications.
Program Requirements for Residency Education in Craniofacial Surgery (Plastic Surgery)

d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents at each level of education and for each major clinical assignment. This statement must be distributed to residents and members of the faculty. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of faculty and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit written description of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of the resident's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. The program director, with participation of the faculty, shall
      1. at least semiannually evaluate the knowledge, skills, and professional growth of the craniofacial surgery residents, using appropriate criteria and procedures;
      2. communicate each evaluation to the resident in a timely manner;
      3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
      4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5. provide a final written evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation should be part of the resident's permanent record maintained by the institution.
   g. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   h. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services for residents.
   
   Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
   i. Prepare an accurate statistical and narrative description of the program as requested by the RRC.
   j. Notify the Executive Director of the RRC for Plastic Surgery of any changes that might substantially alter the educational experience, eg, a change in program director or changes in participating institutions.

B. Faculty

1. There must be a sufficient number of faculty with documented qualifications in craniofacial surgery to instruct and supervise adequately all residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support for the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The faculty must be organized and have regular, documented meetings to review program goals and objectives and program effectiveness in achieving them. At least one resident representative should participate in these reviews.

5. The faculty should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the didactic course of study, the performance of the faculty, and the quality of resident supervision.

C. Other Program Personnel

The program must be provided with the professional, technical, and clerical personnel to support the administration and educational conduct of the program.

IV. The Educational Program

The program director and the faculty are responsible for providing the intellectual environment necessary for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for the practice of the specialty. These objectives can be achieved only when the program leadership, the faculty, and the sponsoring institution are committed to the educational program and when appropriate resources and facilities are available.

A. General

1. The program director and faculty must prepare and comply with written educational goals for the program. All educational components of the program must be related to program goals and objectives.

2. The program design and structure must be approved by the RRC as part of the review process.

3. Clinical, basic science, and research conferences; monthly morbidity and mortality sessions; and other conferences focused specifically on craniofacial surgery must be conducted regularly and as scheduled. The topic and subject matter of these conferences must be linked to the goals and objectives for the course of study.

4. Written lines of responsibility describing the relationship between craniofacial surgery residents and plastic surgery residents regarding their clinical responsibilities must be supplied to the RRC at the time of the review.

B. Academic and Clinical Components

The educational program should include the areas outlined below.

1. Basic science
   a. Normal and abnormal embryology and fetal development of the head and neck with special emphasis on the development of the cranium, the maxillary and mandibular complex, the mechanisms of clefting, and the development of the temporomandibular joint and surrounding musculature.
   b. Normal growth and development of the cranium and face with special attention to dental development and occlusion and to
the consequences of congenital anomalies, trauma, surgery, and radiation.
c. Dental radiographs, cephalometric analysis, and study models; construction of splints and their use in craniofacial and maxillofacial surgery.
d. Interpretation of sophisticated diagnostic imaging modalities used in craniofacial surgery, such as computed tomography, magnetic resonance imaging, and arteriography.
e. Standards of beauty and normalcy as they relate to the face and an understanding of the relationship of cephalometric values to soft-tissue features.
f. Bone healing, including primary healing, malunion, nonunion, osteomyelitis, and the physiology and methods of bone grafting.
g. Use of alloplastic materials used for reconstruction.
h. Congenital, developmental, and secondary deformities of the head and face, including the embryology, pathogenesis, anatomy, natural history, and course of the disease following treatment.
2. Congenital anomalies and disorders
   The foundation of this subspecialty is the treatment of congenital craniofacial anomalies. Because such treatment can be applied to a variety of acquired deformities, the program must include in-depth training, education, and participation in the diagnosis, planning, operative treatment, and postoperative care of craniofacial problems including but not necessarily limited to:
   a. craniosynostosis;
   b. congenital and developmental deformities of the face that may be related to craniosynostosis, including midface hypoplasia and facial asymmetries;
   c. syndromal malformations of the face such as Treacher Collins, hemifacial microsomia;
   d. congenital orbital dysmorphologies including orbitofacial clefts and hypertelorism;
   e. facial cleft deformities;
   f. atrophic and hypertrophic disorders such as Romberg's disease, bone dysplasia;
   g. craniofacial manifestations of systemic disorders such as neurofibromatosis and vascular malformations and lymphatic disorders;
   h. posttraumatic complex skull and facial deformities;
   i. congenital and acquired disorders of the facial skeleton and occlusal relationships; and
   j. craniofacial concepts in the exposure and/or reconstruction in cranial base oncologic surgery.
3. Clinical activities
   The clinical education should include active participation in an integrated craniofacial team with sufficient patient volume to provide an exposure to diverse craniofacial problems. In addition to plastic surgery, the craniofacial team should include neurological surgery, ophthalmology, otolaryngology, dentistry, and orthodontics. Clinical activities should include:
   a. education, training, and participation in the surgical methods of craniofacial surgery, including rigid fixation of skull facial bones and training in the fabrication of dental splints;
   b. preoperative assessment and decision making regarding methods and timing of intervention in craniofacial disorders;
   c. management of craniofacial patients from the preoperative through the postoperative stages; and
   d. knowledge of critical care in the postoperative management of craniofacial patients.
4. Education and experience in the following areas is desirable:
   a. Diagnostic methods and treatment techniques of temporomandibular joint disorders.
   b. Aesthetic contour deformities such as maseteric hypertrophy, frontal cranial remodeling.
   c. Elective orthognathic surgery for orthodontic problems.
   d. Surgical correction of congenital clefts of the lip and palate with emphasis on both primary and late repairs and revisions.
   e. Reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques.
C. Operative Experience
   1. A program of graduate education in craniofacial surgery must provide a sufficient number and variety of surgical experiences to ensure that residents receive sufficient exposure to a wide range of diseases and injuries to the soft and hard tissues of the maxillofacial region.
   2. The resident must be allowed senior responsibility as the operating surgeon while performing critical portions of the surgery in the operative management of a range of common craniofacial surgery procedures.
   3. The craniofacial surgery resident is not a substitute for faculty and should not act on a regular basis as a teaching assistant to the chief resident in plastic surgery. If the craniofacial surgery resident and the plastic surgery resident share operative experience, only one surgeon may receive credit as surgeon for the experience.
D. Resident Policies
   1. Supervision
      All patient care services must be supervised by appropriately qualified faculty. The program director must ensure, direct, and document proper supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with other residents and faculty. The level and appropriateness of resident supervision must be based on the severity and complexity of the patient's condition.
   2. Duty hours and conditions of work
      The resident's work schedule should be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities, and be on call in the hospital no more often that every third night. The ratio of hours worked to on-call time will vary and necessitate flexibility.
E. Program Research and Scholarly Activity
   Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
   1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty may be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity.
   2. The types of activities should include:
      a. participation in clinical discussion, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship.
      b. participation in journal clubs and conferences.
      c. participation in regional and national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in peer-reviewed journals.
II. Institutional Organization

A. Sponsoring Institution

The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions

1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.

2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.

3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.

4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents

1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.

2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.

3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

A single program director must be responsible for the program.

1. Qualifications of the program director

a. Requisite and documented clinical, educational, and administrative abilities and experience.

b. License to practice medicine in the state where the institution that sponsors the program is located.

c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

d. Appointment in good standing to the medical staff of an institution participating in the program.
Program Requirements for Residency Education in Hand Surgery (Plastic Surgery)

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, and an ongoing commitment to their own continuing medical education, and participation in scholarly activities.

4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.

6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the acceptability of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for developing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a
whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities
1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.
2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities
Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities
1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. Educational Program

A. Program Design
1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component
1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.
2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualifications for the hand surgeon, education should be provided in the following areas:
   a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
   b. Fingertip injuries
   c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
   d. Tendon transfer and tendon balancing
   e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
   f. Management of fractures and dislocations, including phalangeal and metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
   g. Bone grafts
   h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
   i. Pollicization or ray transfer
   j. Foot to hand transfer
   k. Tumors, benign and malignant
   l. Dupuytren’s contracture
   m. Replantation, revascularization
   n. Amputations
   o. Fasciotomy, deep incision and drainage for infection, and wound debridement
   p. Congenital deformities, including syndactyly and others
   q. Management of upper extremity vascular disorders and insufficiencies
   r. Foreign body, implant removal
   s. Thermal injuries
   t. Arthroscopy
   u. Upper extremity pain management

C. Didactic Components
1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery.
   a. Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.
   b. A list of the conferences should be maintained and available for review at the time of the site visit.
   c. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
   d. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the
sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.

7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision
1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours
1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time in noneducational activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident opportunity for rest, relaxation, and study.

F. Appointment of Other Residents
1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.
2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation

A. Resident Evaluation
The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation
1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation
1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by one of the sponsoring boards. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification
Residents who plan to seek hand surgery certification as administered by the American Board of Plastic Surgery should communicate with the secretary of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998
Program Requirements for Residency Education in Preventive Medicine

I. Introduction

A. Definition
Preventive Medicine is the specialty of medical practice that focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Preventive medicine specialists have core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences. Preventive medicine has three specialty areas with common core knowledge, skills, and competencies that emphasize different populations, environments, or practice settings: aerospace medicine, occupational medicine, and public health and general preventive medicine.

1. Aerospace medicine focuses on the health of the operating crews and passengers of air and space vehicles, together with the support personnel who are required to operate such vehicles. Segments of this population often work and live in remote, isolated, and sometimes closed environments under conditions of physical and psychological stress.

2. Occupational medicine focuses on the health of workers including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field diagnose, treat, and prevent morbidity caused by environmental exposures and stressors. They recognize that work and the environment in which work is performed can have favorable or adverse effects upon the health of workers as well as of other populations; that the nature or circumstances of work can be arranged to protect worker health; and that health and well-being at the workplace are promoted when workers' physical attributes or limitations are accommodated in job placement.

3. Public health and general preventive medicine focuses on promoting health, preventing disease, and managing the health of communities and defined populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.

B. Objectives and Components of the Residency Educational Process
The objective of preventive medicine is to develop in physicians the competencies requisite to the practice of preventive medicine in the recognized specialty areas. The main components of the residency educational process are:

1. definition of specific educational goals in terms of competencies, skills, and knowledge, expressed in behavioral, measurable terms;
2. assessment of the incoming resident relative to the specific educational goals;
3. design and provision of educational experiences through which specific educational goals may be achieved;
4. documentation of provision of educational experiences and the attainment of educational goals in terms of interim and overall outcome performance measures; and
5. use of periodic performance measures to determine the quality of the educational experience and the clinical competence of the individual resident, as well as the quality of the program.

C. Duration and Scope of Education
1. An accredited residency program in preventive medicine must provide 36 months of training.
2. The educational program must include the following core components:
   a. A 12-month clinical phase leading to the acquisition of clinical competencies as specified in III.E
   b. A total of 24 months in
      1. An academic phase leading to the acquisition of academic competencies as specified in III.F, and an MPH or other appropriate post-graduate degree;
      2. A minimum of 12 months in a practicum phase leading to the acquisition of core preventive medicine and specialty (ie aerospace, occupational, or public health) competencies as specified in III.G. through III.J.

Programs with a status of full accreditation may pursue combined training programs. Programs seeking to integrate preventive medicine training with other Accreditation Council for Graduate Medical Education (ACGME)-accredited training (combined programs) must meet all preventive medicine requirements. Programs must also meet all requirements as specified by both certifying boards of the integrated residencies.

II. Residency Design

A. General
1. Identification of specialty area
Residency programs must identify the specialty area of preventive medicine of the residency, the period of desired length of accreditation (1, 2, or 3 years), and the planned number of residents in each year.

   Documentation Requirement: The appropriate form must be completed and supplied in advance of a planned site visit.

   Measure: Accurately completed form.

2. Change in training period
The length of residency training for a particular resident may be extended by the program director if that resident needs additional training. If the extension is for only 6 months or less, the program director must notify the Residency Review Committee (RRC) of the extension and must describe the proposed curriculum for that resident and the measures taken to minimize the impact on other residents. Any changes in rotation schedules should be included in the notification. Approval must be obtained in advance from the RRC if the extension is greater than 6 months.

3. Educational goals overview
The program must prepare a written overview statement outlining the educational goals of the program with respect to knowledge, skills, and competencies to be acquired by residents during the training period. This statement must be distributed to residents and members of the teaching staff.

   Documentation Requirement: The written overview statement outlining the educational goals of the program with respect to knowledge, skills, and competencies of residents to be acquired during the training period must be supplied in advance of a planned site visit.
Measure: Overview statement covers core and appropriate specialty area goals and competencies. Content is preventive medicine. Depth and breadth are commensurate with the selected specialty area. Indicates how the knowledge, skills, and competencies are to be met.

4. Program Schedule
Prepare a written schedule of activities for each resident during the accredited length of the residency that demonstrates the provision of knowledge, skills, and competencies, including directly supervised clinical care, outlined in the educational goals. The residency program must specify a minimum set of competencies that each resident must acquire prior to completion of the program. This statement must be distributed to residents and members of the teaching staff.

Documentation Requirement: The written schedule must be submitted in advance of a planned site visit.

Measure: The statement provides a coherent approach to provision of an overall resident experience that will create the opportunity for the resident to acquire the knowledge, skills, and core and specialty area competencies during the accredited length of the residency.

5. Resident Support
Salaries and benefits of individual residents must comply with the institutional requirements for funding of residents.

6. Grievance Process
The program must ensure that all training sites have a grievance process that is in compliance with the Institutional Requirements (Institutional Agreements and Conditions of Resident Employment). A written statement describing the grievance process for each training site must be available for review at the time of the site visit.

Documentation Requirement: Appropriate policies included in institutional agreements for all training sites.

Measure: Policies are accurate and comply with the Institutional Requirements.

B. Resident Qualifications
1. Entering the clinical phase
Residents entering the clinical phase must meet one of the eligibility requirements as outlined in the Institutional Requirements section II.A.1. In addition, residents must have completed steps I and II of the United States Medical Licensing Examination (USMLE) or, prior to 1996, its equivalent.

2. Entering either the academic or practicum phases
The entering resident must have completed training in an ACGME-accredited clinical year (12 months) with a minimum of 6 months of direct patient care. Direct patient care is the provision of preventive, diagnostic, and therapeutic interventions to patients. (Note: Hereinafter patient care is defined as the provision of preventive, diagnostic, and therapeutic intervention to patients.)

3. Entering the practicum phase only
   a. The entering resident must have completed an ACGME-accredited clinical year and have an MPH or other appropriate postgraduate degree. The MPH or other appropriate postgraduate degree must be accredited by the Council on Education in Public Health (CEPH) or other appropriate postgraduate accrediting body.
   b. If the resident has not been awarded an MPH or other appropriate postgraduate degree, then knowledge of each of the four core subjects—biostatistics, epidemiology, environmental and occupational health, and health services organization and administration—must have been obtained through at least 40 contact hours for each course in an academic setting. The resident must complete the accredited MPH, or other appropriate postgraduate degree, prior to the end of the residency program.
   c. The entering resident must have completed training in an ACGME-accredited clinical year (12 months) with a minimum of 6 months of direct patient care. Direct patient care is the provision of preventive, diagnostic, and therapeutic interventions to patients.

Documentation Requirement: The program must maintain and make available for site visitor inspection a file for each resident (the resident file) that contains copies of certificates and academic institution records to document the specified requirements. Copies of these documents must be submitted to the RRC on request.

Measure: Resident files contain the appropriate documentation.

C. Program Director
1. Qualifications
The entire residency program must be under the supervision of one physician, the program director, who is certified by the American Board of Preventive Medicine (ABPM) in the appropriate specialty area of preventive medicine or has suitable qualifications and experience as determined by the RRC.

The program director must have the following:
   a. Clinical, educational, and administrative experience
   b. License to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)
   c. Appointment in good standing to the medical staff of an institution participating in the program

Documentation Requirement: The curriculum vitae (CV) of the program director must be submitted in advance of a site visit, when program directors change, and on the request of the RRC.

Measure: Documentation in the CV that the requirements are met.

2. Program director responsibilities
The program director is responsible for and must be able to demonstrate the provision of the following:
   a. Supervision of residents to achieve the objectives of the educational goals of the residency and educational plans of the residents.
   b. Counseling of residents in the academic phase in the selection of assignments, services, or elective courses that will assist the resident in achieving the skills and knowledge needed in the resident's practicum experiences and intended fields of practice in preventive medicine.
   c. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   d. Selection, development, and supervision of the faculty and other program personnel at each institution participating in the program.
   e. Supervision of residents for applicable patient care and practicum experiences through explicit written descriptions of supervisory lines of responsibility. Patient care responsibilities include gradual assumption of clinical responsibility under direct supervision for a variety of clinical problems and preventive encounters. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   f. Provision of information that describes the program's accreditation status, educational objectives, and structure to each applicant, or in the case of a major change to each resident.
Faculty

2. Faculty responsibilities
   a. All members of the faculty must demonstrate a strong interest in the education of residents and support of the goals and objectives of the program through provision of appropriate knowledge, skills, direct clinical supervision, or competencies. Faculty must also demonstrate a commitment to their own continuing education and participation in scholarly activities.
   b. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include the following:
      1. Active participation of the teaching staff in discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
      2. Participation in journal clubs and research conferences.
      3. Active participation in regional or national professional and scientific societies, particularly through presentation at the organizations’ meetings and publication in their journals. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
      4. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
      5. Provision of support for resident participation in scholarly activities.

3. Active participation in the review of residents and of planning and review of the residency program.

Documentation Requirement: Minutes of planning meetings; logs of journal club, rounds, or case conference attendance; membership on thesis committees; updated CVs for faculty and staff that document continuing education, meeting attendance, and publications.

Measure: Program documents attesting to faculty contributions to program planning, review, and resident education.

E. Sponsoring Institution

The sponsoring institution must maintain office and laboratory space and access to computer facilities. A collection of basic reference texts and periodicals in preventive medicine and public health must be maintained. Residents must be provided with office facilities and support services during assigned duty hours. Funds must be provided for residents for travel to appropriate professional meetings.

Documentation Requirement: Facilities and support are documented at the time of the site visit.

Measure: Facilities and support are provided.

1. For programs offering training in basic clinical competencies
   The institution’s Graduate Medical Education Committee (GMEC) should approve the program. In addition to the preventive medicine residency, there must be at least one ACGME-accredited residency at the same institution that provides direct patient care.

Documentation Requirement: The program has on file and available to the program director documentation of an ACGME-accredited residency program that provides direct patient care.

Measure: The program has on file and available to the site visitor current documentation of approval of the clinical year by the institution’s GMEC.

2. For programs offering training in core preventive medicine knowledge (academic phase)
   Core preventive medicine knowledge is offered through a course of study leading to the degree of Master of Public Health or other appropriate postgraduate degree. The MPH or other appropriate postgraduate degree must be accredited by the CEPH or other appropriate postgraduate accrediting body.

The sponsoring institution must provide an environment of inquiry and scholarship in which residents have structured research opportunities to participate in the development of new knowledge.

Documentation Requirement: Accreditation documentation. A description of the sponsoring institution must include a statement of its research activities and how participation in these is available to the resident.

Measure: Research opportunities are available to the resident. The accreditation is documented.

3. For programs offering training in competencies of preventive medicine practice (practicum phase)
   a. Aerospace medicine
      1. The year of acquisition of competencies in aerospace medicine practice must be accomplished in an institutional setting where operational aerospace problems are routinely encountered and aerospace life support systems are under active study and development.
      2. Laboratory facilities should be equipped to provide simulated environments in which the effects of and adaptation to extreme conditions of temperature, barometric pressure, acceleration, weightlessness, and psychological stress can be studied.
b. Occupational medicine
Acquisition of practice competencies in occupational medicine must be accomplished in institutions that provide comprehensive occupational health services to defined work groups, including regular and frequent presence in the work sites served.

c. Public health and general preventive medicine
The sponsoring institution may be an academically affiliated institution, an academically affiliated health care organization, or a government public health agency.
1. If the sponsoring institution is an academic institution or an academically affiliated health care organization, it should have resources for developing a comprehensive graduate program in preventive medicine. An affiliation must be established with a governmental public health agency to ensure appropriate public health practice and research opportunities.
2. If the sponsoring institution is a health agency, it should offer a comprehensive experience in community or public health. To ensure an appropriate didactic component, affiliations must be established with a medical school or a school of public health.

Documentation Requirement: Affiliation agreements are current and provided to the BRC and site visitor.
Measure: Appropriate affiliation agreements clearly documenting these requirements.

4. Support departments
The support departments of the sponsoring institutions, such as medical records and the medical library, must contribute to the education of residents in accordance with the Essentials of Accredited Residencies in Graduate Medical Education.

Documentation Requirement: The site visitor report must address the availability of medical records and medical reference materials.
Measure: Medical records and medical reference materials are available to the resident and faculty.

5. JCAHO accreditation
The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) must accredit all participating hospitals.

Documentation Requirement: Programs must have on file and readily available for site visitor inspection a copy of current accreditation of all participating hospitals by JCAHO.
Measure: Required documents are current.

F. Facilities and General Support
The residency program and its affiliates must maintain adequate facilities, including office and laboratory space and access to computer facilities. Residents should have convenient access to the Internet and other online resources, and when available, the electronic medical information system of participating health care institutions.

A collection of basic reference texts and periodicals in preventive medicine and public health shall be maintained. Access to support services must be provided. Residents must be provided with adequate office facilities during assigned duty hours. All residents must be provided funds for travel to designated professional meetings.

Documentation Requirement: The program must supply in advance of a site visit a description of facilities and general support available to the resident.
Measure: The facilities and general support adequately support resident education.

G. Library
Residents must have access to medical reference materials, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases and an on-site reference librarian. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

Documentation Requirement: A description of availability of medical reference materials to residents must be supplied prior to a site visit.
Measure: The resident has the ability to access adequate medical reference materials, eg, reference texts and journal articles.

H. Participating Institutions and Training Sites
1. Individual phases or parts of the training program may be offered at participating institutions; the participating institutions must meet all requirements of the Institutional Requirements.

The participating institution must provide experiences through which the appropriate knowledge, skills, and competency may be acquired consistent with the overall educational objectives of the residency.

a. A faculty or staff member at each participating institution or training site must be designated to assume responsibility for the following:

1. The day-to-day activities of the program at that institution.
2. Supervision of residents to achieve the objectives of the educational goals of the residency and educational plans of the residents as appropriate to the participating institution.
3. Direct supervision of residents to ensure applicable patient care and practicum experiences through explicit written descriptions of supervisory lines of responsibility. Such guidelines must be communicated to all members of the program. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

b. The responsible faculty or staff member and the residents assigned to the participating institution must coordinate all activities with the program director.

2. The reciprocal commitments of the residency program and the participating institutions must be explicit in a written agreement or contract, to include the following:

a. The educational objectives of the affiliation experience, and the knowledge, skills, and competency experiences to be provided.
b. The scope of the affiliation with placement locations noted.
c. The resources, including space, support services, and clinical facilities of the affiliate, that will be available to the residents.
d. The duties and responsibilities the residents will have in the affiliate.
e. The relationship that will exist between residents and staff of the residency program and the affiliate.
f. The supervisory relationship and identified supervisor, who shall be qualified by certification or equivalent experience in the area, as determined by the program director. There must be active participation by the residents at the affiliated site, and resident supervision on-site must be performed by a physician or appropriately qualified health professional. Supervisors must directly assess clinical development.
g. Procedures for academic discipline and handling of resident complaints or grievances.
III. Educational Objectives

A. Competencies, Skills, and Knowledge
1. The program director and teaching staff must prepare a list of specific competencies, skills, and knowledge that they are prepared to deliver to residents through the training program. Competency acquisition must be evaluated through the use of clearly defined performance indicators.

2. Residents in the same program may be in different “tracks” that have a different method or approach to training. Programs are encouraged to seek innovative ways to deliver and fund GME; however, the entire program will be assessed by the RRC—no tracks can be accredited separately.

B. Educational Courses, Rotations, and Activities
The program director and teaching staff must prepare a matrix of educational courses, rotations, supervised clinical experiences, and other educational activities available through the residency by which a resident will have the opportunity to acquire the specific competencies, skills, and knowledge. This matrix must be cross-referenced to the knowledge, skills, and competencies. Ongoing activities that provide an opportunity for group faculty resident interaction, such as weekly didactic series, journal club, and grand rounds, are essential.

C. Incoming Resident Assessment
Each incoming resident must be assessed as to his/her knowledge, skills, and competencies in relationship to the educational goals for the residency program. This assessment may take the form of a self-assessment, an in-service exam, a structured interview, or other method that assesses knowledge, skills, and competencies. This assessment is used by the program director and faculty to guide the development of an individualized educational plan for each resident.

Measure: Written agreements or contracts demonstrate that each affiliated institution can provide a well-planned, relevant educational opportunity for the resident. The program director and the supervisor at the participating institution must sign these agreements.

D. Educational Plan
1. The residents, in collaboration with the program director and teaching staff, must prepare a written educational plan that directs the acquisition of a core set of competencies, skills, and knowledge appropriate to the objectives of individual residents, based on the residents’ assessments. The educational plan will detail the courses, rotations, and activities to which they will be assigned to achieve the designated skills, knowledge, and competencies during their residencies.

Documentation Requirement: The program must have a written educational plan on file for each resident prior to a site visit.

Measure: The educational plan documents each resident’s baseline skill, knowledge, and competency inventory; the resident’s individual educational objectives; and the courses, rotations, and activities schedules that will provide the opportunity for each resident to meet the educational objectives.

2. The assigned activities must be organized into a structured schedule prior to each year of residency experience. A record of courses, rotations, and activities attended must be completed at the close of each year.

Residencies that offer 2- or 3-year programs may create schedules that concurrently integrate courses, rotations, and activities that incorporate the following criteria:

a. Adequate time is available to complete each objective.

b. The sequential acquisition of knowledge, skills, and competencies is clinical, academic/didactic, practicum.

c. The practicum experiences may be concurrent with academic experiences, but may not precede didactic experiences.

d. Resident hours on duty in a clinical setting shall be scheduled and monitored to avoid excessive stress and fatigue. Residents must have a keen sense of personal responsibility for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week.

e. Resident care in the clinical setting must be directly supervised.

f. In no case should a resident go off duty until the proper care and welfare of patients have been addressed and, if applicable, until responsibilities to the community and public have been fulfilled.

g. Duty hours and night and weekend call for residents must reflect the responsibility for patients and provide for adequate patient care.

h. Residents must not be required regularly to perform excessively difficult or prolonged duties. When averaged over any 4-week period, residents should spend no more than 80 hours per week in all duties. Residents at all levels should, on average, have the opportunity to spend at least 1 day out of 7 free of hospital duties and should be on call no more often than every third night. There should be adequate opportunity to rest and sleep when on call for 24 hours or more. There should be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Patient care quality and education continuity must be ensured through assignment of progressive responsibility.

Documentation Requirement: The program must submit the educational plans for all current residents and the final completed schedules for residents who have completed the program since the prior site visit.

Measure: Resident schedules show progressive responsibility.
Current residents: Documents the learning goals for an individual resident in terms of competencies, knowledge, and skills. Documents development of a schedule that includes courses, rotations, and activities conducive to the accomplishment of the learning plan.

Former residents: Documents completion of an educational program in preventive medicine.

E. General Clinical Competencies
The acquisition of basic clinical competencies will require an ACGME-accredited clinical year (12 months) with 6 months of direct patient care. The following competencies must be obtained by all residents by the time they graduate. (These competencies may also be acquired during academic and practicum training of the residency program and should be incorporated where applicable.)
1. Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical Knowledge: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice Based Learning and Improvement: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
4. Interpersonal Skills and Communication: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates.
5. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Documentation Requirement: Resident schedules and incoming resident assessment.

Measure: The academic courses cover the knowledge areas listed above.

F. Academic Competencies—Preventive Medicine Knowledge Content Areas
1. Core knowledge content areas
The program must address in adequate depth and breadth the following competencies, skills, and knowledge that underlie the practice of preventive medicine:
   a. Health services administration
   b. Biostatistics
   c. Epidemiology
   d. Clinical preventive medicine
   e. Behavioral aspects of health
   f. Environmental health
2. Aerospace medicine knowledge content areas
   a. History of aerospace medicine
   b. The flight environment
   c. Clinical aerospace medicine
   d. Operational aerospace medicine
   e. Management and administration
3. Occupational medicine knowledge content areas
   a. Disability management and work fitness
   b. Workplace health and surveillance
   c. Hazard recognition, evaluation, and control
   d. Clinical occupational medicine
   e. Regulations and government agencies
   f. Environmental health and risk assessment
   g. Health promotion and clinical prevention
   h. Management and administration
   i. Toxicology
4. Public health and general preventive medicine
   The knowledge content areas for public health and general preventive medicine, while similar to those of the core content areas, emphasize more in-depth knowledge in each area.
   a. Health services administration, public health practice, and managerial medicine
   b. Environmental health
   c. Biostatistics
   d. Epidemiology
   e. Clinical preventive medicine

Documentation Requirement: Resident schedules, resident academic records, rotation and course descriptions, academic transcripts.

Measure: The academic courses cover the knowledge areas listed above.

G. Preventive Medicine Competencies
The attainment of advanced preventive medicine practice competencies requires a sequence of continued learning and supervised application of the knowledge, skills, and attitudes of preventive medicine in the specialty area. The resident must assume progressively responsibility for patients and/or the clinical and administrative management of populations or communities during the course of training.

The resident shall acquire the following core preventive medicine competencies:
1. Communication, program, and needs assessment
   a. Communicate clearly to multiple professional and lay target groups, in both written and oral presentations, the level of risk from hazards and the rationale for interventions
   b. Conduct program and needs assessments and prioritize activities using objective, measurable criteria such as epidemiological impact and cost-effectiveness
2. Computer applications relevant to preventive medicine
   Residents shall be able to use computers for word processing, reference retrieval, statistical analysis, graphic display, database management, and communication.
3. Interpretation of relevant laws and regulations
   Residents shall be able to identify and review relevant laws and regulations germane to the resident's specialty area and assignments.
4. Identification of ethical, social, and cultural issues relating to public health and preventive medicine contexts
   Residents shall be able to recognize ethical, cultural, and social issues related to a particular issue and develop interventions and programs that acknowledge and appropriately address the issues.
5. Identification of organizational and decision-making processes
   Residents shall be able to identify organizational decision-making structures, stakeholders, style, and processes.
6. Identification and coordination of resources to improve the community's health
   Residents shall be able to assess program and community resources, develop a plan for appropriate resources, and integrate resources for program implementation.
7. Epidemiology and biostatistics, including the ability to
   a. characterize the health of a community
   b. design and conduct an epidemiological study
   c. design and operate a surveillance system
   d. select and conduct appropriate statistical analyses

Graduate Medical Education Directory 2004-2005
e. design and conduct an outbreak or cluster investigation, and
f. translate epidemiological findings into a recommendation for
   a specific intervention.
8. Management and administration, including the ability to
   a. assess data and formulate policy for a given health issue,
   b. develop and implement a plan to address a specific health
      problem,
   c. conduct an evaluation or quality assessment based on process
      and outcome performance measures, and
   d. manage the human and financial resources for the operation
      of a program or project.
9. Clinical preventive medicine, including the ability to
   a. develop, deliver, and implement, under supervision, appropri-
      ate clinical services for both individuals and populations and
   b. evaluate the effectiveness of clinical services for both individ-
      uals and populations.
10. Occupational and environmental health, including opportunities
    for residents to be able to assess and respond to individual and
    population risks for occupational and environmental disorders
    Documentation Requirement: Resident schedules, rotation de-
    scriptions, interinstitutional agreements.
    Measure: Adequate depth and breadth is provided.

H. Aerospace Medicine Competencies
Specially training for the physician in aerospace medicine must
provide for the attainment of competencies relevant to the diagno-
sis, prevention, and treatment of disorders associated with the
unique aerospace environments and with the adaptive systems de-
designed to enhance performance and support life under such
conditions.
1. Manage the health status of individuals working in all aspects of
   the aerospace environment
   a. Adequate supervised time in direct clinical care of aerospace
      medical problems must be provided to assure competency in
      managing aerospace and general medical problems in aero-
      space personnel.
   b. The resident is expected to develop and apply medical stand-
      ards and grant exceptions and to facilitate prevention, early
diagnosis, and treatment of health hazards.
   c. For programs with a training track in space medicine: The
      resident is expected to perform all activities of a crew surgeon
      for a space flight, develop and apply medical care standards
      and programs, evaluate the physiologic effects of spaceflight
      on crewmembers, and conduct and evaluate longitudinal stud-
      ies on astronauts.
2. Promote aerospace passenger health, safety, and comfort
   The resident is expected to acquire skills to educate passengers
   and physicians about the hazards of flight with certain medical
   conditions and to serve as passenger advocates to promote flight
   safety.
3. Facilitate optimum care of patients transported in the aerospace
   environment
   The resident is expected to identify appropriate patients for
   aeromedical transport and to provide guidance for safe aerome-
   dical transport of patients with common medical problems.
4. Apply human factors/ergonomic concepts to the aerospace envi-
   ronment
   The resident will acquire skills to advise in the development of
   air and space flight equipment, biomedical equipment, and vehi-
   cles for flight and space flight; techniques for enhancing perfor-
   mance; and techniques of crew resource management
5. Promote aerospace operational safety and mishap prevention
   The resident will acquire skills to provide appropriate safety in-
   formation and education and to conduct the medical aspects of
   any mishap investigation, including recommendations to prevent
   recurrences.
6. Interpret, integrate, and/or perform aeromedical research
   The resident will acquire skills to effectively conduct aerome-
   dical research into health, safety, human factors, and biomedical
   engineering aspects of the flight environment.
   Documentation Requirement: Resident schedules, rotation de-
   scriptions, interinstitutional agreements.
   Measure: Adequate depth and breadth is provided.

I. Occupational Medicine Competencies
Residents must be able to perform the following tasks:
1. Manage the health status of individuals who work in diverse work
   settings
   a. Adequate supervised time in direct clinical care of workers,
      from numerous employers and employed in more than one
      work setting, must be provided to ensure competency in miti-
      gating and managing medical problems of workers.
   b. Residents must be able to assess safe/unsafe work practices
      and to safeguard employees and others, based on clinic and
      worksite experience.
2. Monitor/survey workforces and interpret monitoring/surveillance
data for prevention of disease in workplaces and to enhance the
   health and productivity of workers
   Active participation in several surveillance or monitoring pro-
   grams, for different types of workforces, is required to learn prin-
   ciples of administration and maintenance of practical workforce
   and environmental public health programs. Residents must plan
   at least one such program.
3. Manage worker insurance documentation and paperwork, for
   work-related injuries that may arise in numerous work settings
   Residents should first learn worker insurance competencies
   under direct supervision of faculty and demonstrate competency
   to "open," direct, and "close" injury/illness cases.
4. Recognize outbreak events of public health significance, as they
   appear in clinical or consultation settings
   a. Residents should understand the concept of sentinel events
      and know how to assemble/work with a team of fellow profes-
      sionals who can evaluate and identify worksite public health
      causes of injury and illness.
   b. Residents must be able to recognize and evaluate potentially
      hazardous workplace and environmental conditions, and re-
      commend controls or programs to reduce exposures, and to en-
      hance the health and productivity of workers.
   c. Reliance on toxicologic and risk assessment principles in the
      evaluation of hazards must be demonstrated.
5. Report outcome findings of clinical and surveillance evaluations
   to affected workers as ethically required; advise management
   concerning summary (rather than individual) results or trends of
   public health significance
   Documentation Requirement: Resident schedules, rotation de-
   scriptions, interinstitutional agreements.
   Measure: Competencies, skills, and knowledge relevant to pre-
   ventive intervention in the workplace are addressed in workplace
   settings. The resident has the opportunity to demonstrate contruc-
   tive participation in comprehensive programs to prevent occupa-
   tional injury and illness and maintain worker health. Clinic settings
   demonstrate bridging from clinical activities to effective preventive
   intervention in the workplace.

J. Public Health and General Preventive Medicine
Competencies
Residents in public health and general preventive medicine must
attain competencies in public health, clinical preventive medicine
Program Requirements for Residency Education in Preventive Medicine

IV. Evaluations

The program director and faculty must annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of supervision of residents.

A. Courses, Rotations, and Activities

1. Written method of evaluation. The program will evaluate in writing the provision of and individual resident participation in assigned courses, rotations, and activities. The method will evaluate achievement of competency, skill, and knowledge objectives from the perspectives of both the resident and the faculty.

Documentation Requirement: The program will submit a written description prior to the site visit of the method by which the program director and the resident will document resident participation in assigned courses, rotations, and activities as well as acquisition of skills and knowledge and demonstration of competencies.

Measure: Evaluation method provides for documentation by the supervisor and the resident of resident participation in learning experiences, the skills and knowledge acquired, and the competencies demonstrated.

2. Faculty and residents will use the evaluation method to evaluate the courses, rotations, and activities of each resident on at least a semiannual basis.

Documentation Requirement: The program will maintain and make readily available to site visitors copies of evaluations by both the residents and the faculty of courses, rotations, and activities for the prior 5 years. Evaluation of residents in the academic phase will be the responsibility of the sponsoring institution and will include a transcript or equivalent document provided to each resident. The evaluations for each resident must be available for review by the individual resident.

Measure: Documents for each resident for each experience that learning opportunities were provided, skills and knowledge were acquired, and competencies were demonstrated.

B. Summary Resident Evaluation

The program director, with participation of the faculty, shall evaluate resident progress toward educational goals in writing at least semiannually. Where progress toward educational goals deviates significantly from the educational plan, counseling or corrective actions must be documented.

Fair procedures, as established by the sponsoring institution, and in compliance with the ACGME Institutional Requirements regarding academic discipline and resident complaints or grievances, must be implemented.

Faculty should monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

The evaluations must be reviewed with the resident formally and in a timely manner. Where appropriate, interim evaluation is encouraged.

Documentation Requirement: These evaluations must be on file for the prior 5 years and readily available to the site visitor.

Measure: Documents that the resident has been supplied feedback on progress against plan on acquisition of knowledge, skills, and demonstration of competencies. Final evaluation documents completion of learning plan.

C. Program Evaluation

1. Residents

Residents shall annually provide a confidential written evaluation of the educational program based on completion of a written questionnaire. This evaluation shall be provided to the program director. An additional confidential evaluation shall be provided to the chair of the residency advisory committee (RAC).

Documentation Requirement: Confidential written evaluations by each resident of the program must be maintained on file for the prior 5 years, be noted in the RAC minutes, and be readily available to the site visitor.

Measure: Documents that each resident has provided annual feedback to the program on the program structure, factors considered conducive to acquisition of skills and knowledge and demonstration of competencies, activities planned but not provided, and suggestions for program enhancement.
2. Faculty-Residency Advisory Committee
The RAC shall consist of faculty, external members, practicum supervisors, and at least one resident representative. A majority of the members must have their primary affiliation outside the sponsoring institution. Members must be certified in preventive medicine or knowledgeable about specialty training in preventive medicine. The RAC chair must be a physician. The program director must serve in an ex-officio capacity.

The RAC must meet at least semiannually.

The mission of the RAC is to promote a residency training experience that is aligned with preventive medicine practice. The RAC, as an external body, complements the graduate medical education committee (GMEC), which serves to evaluate and support the residency from within the sponsoring institution.

The functions of the RAC are to advise and assist the program director to
a. develop and update a written residency mission statement that describes goals and objectives;
b. develop educational experiences and practicum rotations;
c. provide new or emerging knowledge, skills, or competencies that may influence the content or conduct of preventive medicine education;
d. review the GMEC review of the residency program;
e. review confidential and written resident evaluations of the program and make recommendations for changes;
f. review the program director evaluation of individual residents; and
g. provide an annual report to the institution through the chair of the committee.

Documentation Requirement: Minutes document the functions of the RAC.

Measure: Minutes are available in the program files that document the activity of the RAC and faculty/member participation.

D. Resident Progression and Program Completion
The program director and faculty must document completion of courses, rotations, and activities and must certify that residents completing the program have fulfilled all established requirements of their educational plan. This final evaluation must be part of the resident's permanent record and must be maintained by the institution.

Although a person may have entered a practicum phase with an incomplete academic phase, that person may not be certified as having completed the practicum phase in the absence of a transcript certifying that all the requirements for the Master of Public Health or other appropriate postgraduate degree have been completed.

Documentation Requirement: This documentation must be available for site visitor review.

Measure: Documents status in and/or completion of the educational plan by each resident. Documents that a resident completing the practicum has achieved the planned competencies.

E. Resident Summary
The residency must maintain a database of all residents participating in the program and their professional status for 5 years.

1. The program must monitor the percentage of entering residents who take the certifying examination of the American Board of Preventive Medicine (ABPM). A minimum of 50% of entering residents must take the certifying exam averaged over any 5-year period.

2. Of those residents taking the certifying examination, a minimum of 50% must pass the certifying examination averaged over any 5-year period.

Documentation Requirement: Prior to the site visit the program must provide documentation of the residents participating in the program, their professional status, the percentage taking the certifying examination, and the percentage passing the certifying examination.

Measure: 50% of entering residents must take the certifying examination of the ABPM, and of those taking the examination, 50% must pass.

F. Institutional Report of Program Director
The program director and the chair of the RAC must provide to the director of graduate medical education, or equivalent, at the institution an annual written report of the residency quality. The program director and the chair of the RAC must provide a written plan of corrective actions for any recommendations received from the director of graduate medical education.

Documentation Requirement: Reports and plans for corrective actions written since the prior site visit must be readily available to the site visitor.

Measure: Recommendations are acted upon by the residency program director.

ACGME: September 2000 Effective: July 2002

Program Requirements for Residency Education in Medical Toxicology (Preventive Medicine)

I. Introduction

A. Definition and Description of the Subspecialty
1. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation and treatment of injury and illness due to occupational and environmental exposures, pharmaceutical agents, as well as unintentional and intentional poisoning in all age groups. A medical toxicology residency must be organized to provide residents with experience in the clinical practice of medical toxicology for all age groups and to provide a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.

2. Residencies in medical toxicology must teach the basic skills and knowledge that constitute the foundations of medical toxicology practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in medical toxicology.

3. Programs must provide a broad education in medical toxicology to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education
1. Prerequisite training for entry into a medical toxicology program should include the satisfactory completion of an ACGME-accredited residency. [Note: Candidates who do not meet this criterion should consult the American Board of Emergency Medicine, or the American Board of Preventive Medicine regarding their eligibility for subspecialty certification.]
2. The length of the educational program is 24 months. The program must be associated with an ACGME-accredited residency program in emergency medicine, or preventive medicine.

3. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. Sponsoring Institution

1. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school, a school of public health, and a school of pharmacy or department of pharmacology.

2. Programs in medical toxicology should be based at a primary hospital (hereafter referred to as the primary clinical site). The majority of the didactic and clinical experiences should take place at the primary clinical site.

3. The following services must be organized and provided at the primary clinical site:
   a. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric intensive care facilities
   b. Renal dialysis services with 24-hour availability
   c. Toxicology laboratory services with 24-hour availability
   d. Inpatient and outpatient facilities with staff who consult the toxicology service
   e. It is desirable that hyperbaric oxygen therapy is available

4. The program must develop an institutional affiliation to provide residents with clinical experiences not provided at the primary clinical site, other than those listed in II.A.3.a-d.

B. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
   a. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, either as primary physicians or consultants, the entire course of critically poisoned patients in both the pediatric and adult categories.
   b. Institutional resources must be available to support the provision of clinical experience in adult and pediatric critical care areas for residents without prior experience of at least 1 month in an adult intensive care unit and 1 month in a pediatric intensive care unit.
   c. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
   d. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
   e. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
   f. A letter of agreement with each institution participating in the program must be developed to include
      1. the educational objectives and the method to accomplish and to evaluate each objective;
      2. the resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
      3. the resident's duties and responsibilities and duty hours for the assignment; and
      4. the relationship that will exist between medical toxicology residents and residents in other programs.

C. Library

Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Reference material specific to the content of the subspecialty must be available in either text or electronic retrieval form.

D. Appointment of Residents

The Residency Review Committee (RRC) will approve the number of medical toxicology residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources available to the program.

III. Faculty Qualifications and Responsibilities

A. In addition to the qualifications and responsibilities of the program director and faculty described in the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine or the Program Requirements for Residency Education in Preventive Medicine, there must be a minimum of two medical toxicology faculty who each devote a minimum of 5 hours per week of direct teaching time to the residents and whose medical practice makes them available to the residents for consultations on cases.

B. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.

C. Consultants from appropriate medical subspecialties including those with special expertise in disaster and mass casualty incident management, hyperbaric medicine, immunology, industrial hygiene, occupational toxicology, pulmonary medicine, biostatistics, epidemiology, public health, botany, cardiology, dermatology, gastroenterology, nephrology, ophthalmology, pathology, pharmacology, surgical subspecialty, zoology, hazardous materials and mass exposure to toxins, laboratory toxicology, forensic toxicology and environmental toxicology, and nonmedical specialties, such as botany, herpetology, and mycology should be available for consultation and academic lectures.

IV. The Educational Program

A. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC.

B. The curriculum must include the following academic and clinical content:
   1. The clinical manifestations, differential diagnosis, and management of poisoning
2. The biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity, and interactions of therapeutic drugs.

3. The biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis.

4. Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research.

5. Laboratory techniques in toxicology.

6. Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene.

7. Prevention of poisoning, including prevention of occupational exposures by intervention methodologies, that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention.

8. Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures.

9. The function, management, and financing of poison control centers.

10. Oral and written communication skills and teaching techniques.

11. Principles of epidemiology and risk communication, analytical laboratory techniques, and research methodologies in toxicology.

C. Clinical Experience

Residents must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.

Residents must be provided with experience in evaluating and managing patients with workplace and environmental exposures and must have experience in workplace evaluation, as well as in an occupational medicine or toxicology clinic.

D. Residents must have opportunities to evaluate and manage patients with acute and long-term workplace and environmental toxic exposures. Clinical training should include experience in an industrial setting or an occupational medicine clinic or access to occupational medicine patients in a referral setting. The resident should also have the opportunity to evaluate and manage intoxicated patients in both industrial and referral settings, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent.

E. Regional Poison Information Center

1. The program must provide residents with educational experiences in a regional poison control center certified by the American Association of Poison Control Centers or its equivalent. It is highly desirable that the poison control center be in physical proximity to the primary clinical site.

2. Each resident must have 12 months' experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology or who possesses suitable equivalent qualifications as determined by the RRC.

3. The poison control center should have at least 1,500 calls annually that require physician telephone consultation or intervention.

F. Planned Educational Conferences

Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administration of seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

G. Additional Educational Experiences

The program curriculum must include pharmacology, pharmacokinetics, and drug interactions. This must be accomplished by (1) an affiliation with a school of pharmacy or department of pharmacology that provides regular didactic experience and consultation to residents or (2) the presence of a Doctor of Pharmacy or PhD pharmacologist as a participating member of the teaching faculty.

H. Additional Clinical Experiences

The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to medical toxicology as a condition of the educational program.

I. Communication and Teaching Experience

Residents must have progressive experience and responsibility for the teaching of medical toxicology to health care professionals. Residents in the second year of training should participate in the teaching and supervision of first-year residents and should be responsible for regular contributions to formal didactic experiences within the training program, in other academic departments in the institution(s), and in the community. Research leading to publication should be encouraged.

V. Board Certification

Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACGME: June 1998 Effective: June 1998

Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Preventive Medicine)

I. Introduction

A. Definition and Scope of the Specialty

1. The subspecialty of Undersea and Hyperbaric Medicine is a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased, such as in diving or hyperbaric chamber exposure, and the therapeutic use of high environmental pressure and the delivery of oxygen under high pressure to treat disease. The scope of the subspecialty emphasizes the occupational, environmental, safety, and clinical aspects of diving, hyperbaric chamber operations, compressed air work and hyperbaric oxygen therapy. A program in undersea and hyperbaric medicine must provide a broad educational experience and a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing in academic and clinical settings.

2. Training in undersea and hyperbaric medicine must teach the basic skills and knowledge that constitute the foundations of undersea and hyperbaric medicine practice and must provide progressive responsibility for and experience in the application of...
Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Preventive Medicine)

1. The length of the educational program must be 12 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
2. Prior to entry into the program, each prospective resident must be notified in writing of the required length of the program.

II. Institutional Organization
A. The sponsoring institution must provide sufficient faculty, financial resources, clinical, research, and library facilities to meet the educational needs of the residents and enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school.
B. The program should be based at a primary hospital (hereafter referred to as the primary clinical site). More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.
C. The following services must be organized and provided at the primary clinical site:
   1. Twenty-four hour availability of hyperbaric medicine services, with at least 100 consultations and 1000 patient treatments per year.
   2. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric surgical and intensive care facilities.
   3. Inpatient and outpatient facilities with staff who consult the hyperbaric medicine service.
D. Participating Institutions
   1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
   2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
   3. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, as appropriate, either as primary physicians or consultants, the entire course of therapy, including critically ill patients in both adult and pediatric categories.
   4. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
   5. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.

III. Faculty Qualifications and Responsibilities
The program director and the faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
There must be a single program director responsible for the program.
1. Qualifications of the program director
   a. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   b. Certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine or possess appropriate educational qualifications as determined by the RRC.
2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
   e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. The program director, with participation of the faculty, shall:
      1) at least quarterly evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
      2) communicate each evaluation to the resident in a timely manner;
      3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
      4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
      5) provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
   g. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
   i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.
   j. Notification of the RRC regarding major programmatic changes.

B. Faculty
   1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program at each participating institution. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, one additional faculty member must possess certification by the American Board of Emergency Medicine or the American Board of Preventive Medicine in undersea and hyperbaric medicine or possess appropriate educational qualifications as determined by the RRC.
   2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
   3. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity.
   4. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
   5. Consultants from appropriate medical subspecialties should be available for consultation and didactic teaching, including those with experience and understanding of such fields of medicine as preventive medicine, infectious disease, orthopaedics, vascular surgery, plastic surgery, anesthesiology, critical care, emergency medicine, ophthalmology, oral surgery, podiatry, pulmonary medicine, otolaryngology, rehabilitative medicine, and other disciplines as they pertain to the comprehensive treatment of the clinical hyperbaric patient.

C. Other Program Personnel
   Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program
   The program director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency should be related to the program goals. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty must be conducted regularly and as scheduled. The program design and/or structure must be approved by the RRC.
   A. The curriculum must include the following academic and clinical content:
      1. History of undersea and hyperbaric medicine
      2. Decompression theory and physiology, including theory and application of decompression tables
      3. Oxygen physiology in normobaric, hyperbaric and hypobaric environments; oxygen toxicity
      4. Pathophysiology of decompression illness and arterial gas embolism, including inertigenic gas embolism
      5. Diving operations and human performance in the hypo/hyperbaric environment
      6. Medical examination/standards for divers and personnel working in hypo/hyperbaric environments
      7. Effects of hyperbaric oxygenation on infectious disease
      8. Principles of treatment of toxic gas exposures, such as carbon monoxide poisoning
      9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds
      10. Tissue oxygen measurement
      11. Multiplace and monoplace hyperbaric chamber operations, including safety considerations, management of critically ill
Residents must have progressive experience and responsibility for the teaching of undersea and hyperbaric medicine to health care trainees and professionals, including medical students, interns, residents, and nurses. Residents should participate in the formal didactic teaching program. Research leading to publication should be encouraged.

V. Facilities and Resources

A. Space and Equipment

Adequate space must be available for faculty to perform their educational, research, and administrative functions. A library containing hyperbaric texts and journals must be readily available. Adequate conference and teaching space must be available for didactic and case conferences.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities

A hyperbaric chamber must be available that is capable of treatment of the full range of conditions amenable to hyperbaric oxygen therapy. A full service clinical laboratory must be available at all times that is capable of measurement of chemist, blood indices, and microbiology of patients needing hyperbaric therapy. Radiologic services must be available within the institution at all times. Inpatient and outpatient facilities, including intensive care units capable of addressing the needs of patients with respiratory poisons, gas forming infections, wound healing problems, gas embolism, and other conditions requiring hyperbaric treatment, must be available.

C. Patient Population

There shall be sufficient patients of all ages and both sexes with medical and surgical conditions requiring hyperbaric therapy. Patients with necrotizing infections, carbon monoxide and cyanide poisoning, diving problems, gas embolism, and osteomyelitis must be present in the patient population.

D. Support Services

Support services must include physical therapy, social services, occupational medicine, and psychologic and psychological testing services.

VI. Certification

Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the Board to ascertain the full requirements.

ACGME: February 2002 Effective: February 2002
Program Requirements for Residency Education in Psychiatry

I. Introduction

A. Scope of Education

An approved residency program in psychiatry must provide an educational experience designed to ensure that its graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders as well as other common medical and neurological disorders that relate to the practice of psychiatry. While residents cannot be expected to achieve the highest possible degree of expertise in all of the diagnostic and treatment procedures used in psychiatry in 4 years of training, those individuals who satisfactorily complete residency programs in psychiatry must be competent to render effective professional care to patients. Furthermore, they must have a keen awareness of their own strengths and limitations and of the necessity for continuing their own professional development. The didactic and clinical program must be of sufficient breadth and depth to provide residents with a thorough and well-balanced presentation of psychological, sociocultural, and neurobiological observations and theories and knowledge of major diagnostic and therapeutic procedures in the field of psychiatry. It must also provide the education and training necessary to understand the major psychiatric literature, to evaluate the reliability and validity of scientific studies, and to appropriately incorporate new knowledge into the practice of medicine.

Programs are expected to operate in accordance with the "AMA Principles of Ethics with Special Annotations for Psychiatry" and to ensure that the application and teaching of these principles are an integral part of the educational process.

B. Duration and Scope of Education

1. Admission Requirements

Physicians may enter psychiatry programs at either the first-year or second-year postgraduate level. Physicians may enter programs at the second-year postgraduate level only after successful completion of one of the following:

a. A clinical year of training in an Accreditation Council of Graduate Medical Education (ACGME)-accredited program in internal medicine, family practice, or pediatrics
b. An ACGME-accredited transitional year program
c. One year of an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care
d. For physicians entering at the PG-2 level, the PG-1 year may be credited toward the 48-month requirement

2. Length of the Program

a. A complete psychiatry residency is 48 months. Twelve of those months may be spent in an ACGME-approved child and adolescent psychiatry residency. Accreditation by the ACGME is required for all years of the training program. Programs may not permit residents to use vacation time or other benefit time to advance the date of graduation from training. Although residency is best completed on a full-time basis, part-time training at no less than half time is permissible to accommodate residents with personal commitments (eg, child care).

3. Program Format by Year of Training

a. First year of training

A psychiatric first postgraduate year must include at least 4 months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care.

1) Neurology rotations may not be used to fulfill this 4-month requirement.

2) One month, but no more, of this requirement can be fulfilled by an emergency medicine or intensive care rotation, as long as the experience is predominantly with medical evaluation and treatment as opposed to surgical procedures.

3) A psychiatric first postgraduate year should not include more than 6 months in psychiatry and must not include more than 8 months in psychiatry.

4) A minimum of 2 months of neurology, or its full-time equivalent (FTE) on a part-time basis, is required prior to completion of training. It is highly desirable that this experience occur during a psychiatric first postgraduate year, and it may include a maximum of 1 month of supervised inpatient or outpatient child neurology.

5) The program director of the Department of Psychiatry must maintain contact with residents during the first postgraduate year while they are on services other than psychiatry.

b. The second through fourth years of training

Although some of the training described below may be offered in the first postgraduate year, all must be completed prior to graduation from the program.

1) The program must have an explicitly described educational curriculum covering the broad spectrum of clinical psychiatry as outlined in V.B.1.a.m.

2) The formal didactic instruction must include regularly scheduled lectures, teaching rounds, seminars, clinical conferences, and required reading assignments covering the topics identified in Section V.

3) There must be an educationally sound balance among time spent in direct patient care, clinical and didactic teaching, and supervision. Formal educational activity shall have high priority in the allotment of the resident's time and energies. Service needs and clinical responsibilities must not prevent the resident from obtaining the requisite didactic educational activities and formal instruction.

4) Planned Educational Experiences. Each program must offer its residents planned and sufficient educational experiences. These educational experiences should include

Review Committee (RBC) prior to implementation and at each subsequent review of the program.

c. Prior to entry into the program, each resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular resident may not be changed without mutual agreement during his/her program, unless there is a break in his/her training or the resident requires remedial training.

d. Programs should meet all of the Program Requirements of Residency Training in Psychiatry. Under rare and unusual circumstances, programs of either 1 year's or 2 years' duration may be approved, even though they do not meet all of the above requirements for psychiatry. Such 1- or 2-year programs will be approved only if they provide some highly specialized educational and/or research programs. Also, such programs will be approved only if they ensure that residents will complete the didactic and clinical requirements outlined in the Program Requirements.
II. Institutional Organization

A. Sponsoring Organization
1. Programs should be conducted under the sponsorship of an institution that meets the Institutional Requirements that apply to residency programs in all specialties, as outlined in the Essentials of Accredited Residencies.
2. The administration of the sponsoring institution(s) should be understanding of and sympathetic to the attainment of educational goals and should evidence its willingness and ability to support these goals philosophically and financially. The latter includes a commitment by the institution and by the program that embraces appropriate compensation for faculty and residents, adequate offices and educational facilities, support services, and opportunities for research.
3. It is important that each affiliated institution demonstrate significant commitment to the overall program. The educational rationale for including each institution within the program must be stated. The number and distribution of participating training sites must not preclude satisfactory participation by residents in teaching and didactic exercises. Geographic proximity will be one factor in evaluating program cohesion, continuity, and "critical mass." Affiliated training sites will be evaluated on the basis of whether they contribute to a well-integrated educational program with respect to both didactic and clinical experiences.
4. When there is a cooperative educational effort involving multiple institutions, the commitment of each institution in the program must be made explicit in an affiliation agreement with each institution that conforms to ACGME Institutional Requirements.

B. Selection and Appointment of Residents
1. The program director is responsible for maintaining a process for selecting resident physicians who are personally and professionally suited for training in psychiatry. It is highly desirable that each program have a residency selection committee to advise the program director.
2. The program must document the procedures used to select residents. Application records must contain complete information from medical schools and graduate medical education programs. A documented procedure must be in place for evaluating the credentials, clinical training experiences, past performance, and professional integrity of residents transferring from one program to another, including from a general psychiatry to a child and adolescent psychiatry program. This procedure must include solicitation and documentation of relevant information from the training directors of the previous programs participated in by the transferring resident. This documentation must specify all clinical and didactic experiences for which the resident has been given credit. Those residents selected at the second postgraduate year or above must have satisfied the training objectives cited above for reaching that level of training.
3. The residency program director must accept only those applicants whose qualifications for residency include sufficient command of English to facilitate accurate, unimpeded communication with patients and teachers.
4. A transferring resident's educational program must be sufficiently individualized so that he/she will have met all the educational and clinical experiences of the program, as accredited, prior to graduation.
5. The RRC will determine the size of the program's permanent resident complement by approving a range based on the program's clinical and academic resources.
6. To promote an educationally sound, intellectually stimulating atmosphere and effective graded responsibility, programs must maintain a critical mass of at least three residents at each level of training. Programs that fall below this prescribed critical mass will be reviewed, and if this deficiency is not corrected, they may be cited for noncompliance, except when the number of PG-4 residents is below critical mass owing to residents entering child and adolescent psychiatry training.
7. Programs in which the number of residents exceeds the resources of patient population, faculty, or facilities for adequate training will be found deficient on the basis of size.
8. Any permanent change in the number of approved positions requires prior approval by the RRC. [Note: Programs seeking interim approval of a permanent increase in the number of approved resident positions should contact the executive director of the RRC.] Prior approval is not required for temporary changes in resident numbers owing to makeup or remedial time for currently enrolled residents or to fill vacancies. Approval of permanent increases above the approved range of residents will require documentation that didactic and clinical training, including supervision, will not be compromised.

III. Faculty Qualifications and Responsibilities
The program leadership and the teaching staff are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Chair of Psychiatry
The chair of psychiatry must be a physician and must either be certified by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate educational qualifications.

B. Program Director
There must be a single program director responsible for the program. Each residency program must be under the direction of an experienced, fully trained, and qualified psychiatrist whose major responsibility is to maintain an excellent educational program. The residency program director must possess the necessary administrative, teaching, and clinical skills and experience to conduct the program. Continuity of leadership over a period of years is important to the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have a negative effect on an educational program and may adversely affect the accreditation status of the program. The program director must
1. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
2. be either certified by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate qualifications.
3. have an appointment in good standing to the medical staff of an institution participating in the program.
4. devote at least one-half of his/her time to the administration and operation of the educational program, including didactic, supervisory, and clinical teaching activities. Programs with multiple institutions, many residents, and/or a large clinical population will require additional time.

C. Responsibilities of the Program Director

1. The program director must have appropriate authority to oversee and to organize the activities of the educational program. The responsibilities of this position should include but not be limited to the following:
   a. Resident appointments and assignments in accordance with institutional and departmental policies and procedures.
   b. Supervision, direction, and administration of the educational activities.
   c. Coordination of training in each geographically separate institution.
   d. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
   e. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
   f. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   g. Provision of a written final evaluation for each resident who completes the program, as specified in Sections VI.A.7 and VI.A.8.
   h. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to applicants, residents, and members of the teaching staff. It should be readily available for review.
   i. Provision of written information to applicants and residents regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, parental leave, and other special leaves.
   j. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   k. Monitoring resident stress, including physical or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
   l. Maintenance of a permanent record of evaluation for each resident that is accessible to the resident and other authorized personnel. These will be made available on review of program.
   m. Preparation of an accurate statistical and narrative description of the program as requested by the RRC for Psychiatry.
   n. Written notification to the Executive Director of the RRC within 60 days of any major change in the program that may significantly alter the educational experience for the residents, including
      1) changes in leadership of the department or the program;
      2) changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution; and
   o. Changes in the resident complement that would bring the number of residents below the required critical mass of three residents per year for 2 consecutive years.

2. The program director must obtain prior approval for the following changes in the program in order for the RRC to determine if an adequate educational environment exists to support these changes:
   a. The addition of any participating institution to which residents rotate for 6 months FTE or longer
   b. The addition or deletion of any rotation of 6 months FTE or longer
   c. Any change in the approved number of resident positions in the program
   d. Any change in the total length of the program.

On review of such proposals or important changes in a program, the RRC may determine that a site visit is necessary.

D. Education Policy Committee

The director of the residency program should have an educational policy committee composed of members of the psychiatry program teaching staff that includes representation from the residents as well as a member of the teaching staff from each ACGME-approved subspecialty residency that may be affiliated with the psychiatry residency. There should be a written description of the committee, including its responsibility to the sponsoring department or institution and to the program director. This committee should participate actively in

1. planning, developing, implementing, and evaluating all significant features of the residency program, including the selection of residents (unless there is a separate residency selection committee);
2. determining curriculum goals and objectives; and
3. evaluating both the teaching staff and the residents.

E. Number and Qualifications of the Faculty

All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, commitment to their own continuing medical education, and participation in scholarly activities.

1. There must be a sufficient number of teaching staff to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. The residency must be staffed by a sufficiently wide variety and appropriate number of capable psychiatrists and other mental health professionals with documented qualifications to achieve the goals and objectives of the training program.

2. The faculty psychiatrists should be certified by the American Board of Psychiatry and Neurology or have appropriate qualifications in psychiatry satisfactory to the RRC.

3. A written record of the educational responsibilities of all staff and faculty members (whether full-time or part-time) who participate directly in the education of residents is essential. That record should include the qualifications and experience of each faculty member and the nature, as well as the frequency, duration, and site, of the teaching activity.

4. There must be evidence of scholarly activity among the faculty psychiatrists. Scholarly activity is defined as professional activities that serve to enhance the profession or professional knowledge. While not all members of a faculty need be investigators, scholarly activities should be present on a continuous basis. There should also be evidence of participation in a spectrum of academic and professional activities within the institution as
Program Requirements for Residency Education in Psychiatry

IV. Program Facilities and Resources

A. Clinical Facilities and Resources

1. All programs must have adequate patient populations for each mode of required training and, minimally, must include organized clinical services in inpatient, outpatient, emergency, consultation/liaison, and child and adolescent psychiatry.

2. Training programs must have available to them adequate patient populations for each and educational conduct of the program.

3. Each clinical service must have a mechanism that ensures that patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

B. Other Educational Resources

1. The administration of the facility where the program is located must provide ample space and equipment for educational activities. There must be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises.

2. The program must have available audiovisual equipment and teaching material such as films, audiotapes, and videotapes, as well as the capability to record and play back educational videotapes.

3. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases.

4. There must be access to an on-site library and/or to an electronic collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends. This library should provide:
   a. a substantial number of current basic textbooks in psychiatry, neurology, and general medicine;
   b. a number of the major journals in psychiatry, neurology, and medicine sufficient for an excellent educational program;
   c. the capability to obtain textbooks and journals on loan from major medical libraries;
   d. capability to perform MEDLINE or other medical information searches (or ready access to a library that has this capacity);
   and
   e. access to the Internet.

5. Each clinical service must have a mechanism that ensures that charts are appropriately maintained and readily accessible for regular review for supervisory and educational purposes. Randomly selected charts will be reviewed at the time of survey.

V. The Educational Program

The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC for Psychiatry as part of the regular review process.

A. Objectives of Training

1. First Year
   The training obtained during the first postgraduate year should provide residents with medical skills most relevant to psychiatric practice. These include being able to:
   a. perform a complete initial history and physical examination, including appropriate diagnostic studies;
   b. diagnose common medical and surgical disorders and formulate appropriate initial treatment plans;
   c. provide limited, but appropriate, continuous care of patients with medical illnesses and to make appropriate referrals;
   d. be especially conversant with medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying symptoms likely to be regarded as medical;
   e. be especially cognizant of the nature of the interactions between psychiatric treatments and medical and surgical treatments; and
   f. relate to patients and their families, as well as other members of the health care team with compassion, respect, and professional integrity.

2. Second Through Fourth Years
   The program must provide a well-planned, high-quality curriculum that includes specific, assessable objectives for program components as well as criteria for graduation. These must be in writing and provided to each resident and faculty member. Residents must be taught to conceptualize all illnesses in terms of biological, psychological, and sociocultural factors that determine normal and abnormal behavior. They must be educated to gather and organize data, integrate these data within a comprehensive formulation of the problem to support a well-reasoned differential diagnosis, formulate a treatment plan, and implement treatments and follow-up care as required. The program must provide residents with sufficient opportunities to develop knowledge, clinical skills, sensitivity to cultural diversity, and professional principles.
Program Requirements for Residency Education in Psychiatry

a. The didactic curriculum should include:
1) critical appraisals of the major theories and viewpoints in psychiatry, together with a thorough grounding in the generally accepted clinical facts;
2) presentation of the biological, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle;
3) presentation of the etiologies, prevalence, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, sociocultural, and iatrogenic factors that affect the long-term course and treatment of psychiatric disorders/conditions;
4) comprehension of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice such as neoplasms, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, Parkinson's disease, seizure disorders, stroke, intractable pain, and other related disorders;
5) the use, reliability, and validity of the generally accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and psychological testing;
6) the financing and regulation of psychiatric practice, including information about the structure of public and private organizations that influence mental health care;
7) medical ethics as applied to psychiatric practice;
8) the history of psychiatry and its relationship to the evolution of medicine;
9) the legal aspects of psychiatric practice;
10) when and how to refer; and
11) research methods in the clinical and behavioral sciences related to psychiatry.

b. Clinical training should provide sufficient experiences in:
1) the elements of clinical diagnosis with all age groups (of both sexes, to include some ethnic minorities), such as interviewing; clear and accurate history taking; physical, neurological, and mental status examination; and complete and systematic recording of findings;
2) relating history and clinical findings to the relevant biological, psychological, behavioral, and sociocultural issues associated with etiology and treatment;
3) formulating a differential diagnosis and treatment plan for all psychiatric disorders in the current standard nomenclature, taking into consideration all relevant data;
4) the major types of therapy, including short- and long-term individual psychotherapy, psychodynamic psychotherapy, family/couples therapy, group therapy, cognitive and behavior therapy, crisis intervention, drug and alcohol detoxification, and pharmacological regimens, including concurrent use of medications and psychotherapy;
5) electroconvulsive therapy, a somatic therapy that is viewed as so important that its absence must be justified (Examples of other somatic therapies include biofeedback and phototherapy);
6) providing continuous care for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities;
7) psychiatric consultation in a variety of medical and surgical settings;
8) providing care and treatment for the chronically mentally ill with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions;
9) psychiatric administration, especially leadership of interdisciplin ary teams, including supervised experience in utilization review, quality assurance, and performance improvement;
10) providing psychiatric care to patients who are receiving treatment from nonmedical therapists and coordinating such treatment;
11) knowledge of the indications for and limitations of the more common psychological and neuropsychological tests;
12) critically appraising the professional and scientific literature; and
13) teaching psychiatry to medical students, residents, and others in the health professions.

B. Curriculum

1. Clinical Experience

Carefully supervised clinical care of patients is the core of an adequate program. The clinical services must be so organized that residents have major responsibility for the care of a significant proportion of all patients assigned to them and have sufficient and ongoing high-quality supervision. The number of patients for which residents have primary responsibility at any one time must be adequate enough to permit them to provide each patient with appropriate treatment and to have sufficient time for other aspects of their educational program. At the same time, the total number must be large enough to provide an adequate depth and variety of clinical experiences. The amount and type of patient care responsibility a resident assumes must increase as the resident advances in training. Each resident must have major responsibility for the diagnosis and treatment of a reasonable number and adequate variety of patients with both acute and chronic illnesses representing the major psychotic and nonpsychotic categories of psychiatric diagnoses/conditions. Adequate experience in the diagnosis and management of the medical and neurological disorders encountered in psychiatric practice also must be ensured. Each resident must have supervised experience in the evaluation and treatment of patients of different ages throughout the life cycle and from a variety of ethnic, racial, sociocultural, and economic backgrounds. It is desirable that residents have didactic learning and supervised experiences in the delivery of psychiatric services in the public sector and in managed care health systems. The clinical experiences are to be designed to develop the requisite skills as outlined in Section V.A.2.b., above. Specific clinical experiences must include the following:

a. Neurology: Two months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions. This 2-month experience (or its equivalent if done on a part-time basis) may occur in an inpatient, outpatient, or consultation/liaison setting. A maximum of 1 month of child neurology may be used toward the 2-month requirement. The 2-month training experience must provide opportunities to conduct initial evaluations, to participate in the subsequent diagnostic process, and to follow patients during the treatment and/or evolution of their neurological disorders/conditions. The training in neurology should have sufficient didactic and clinical experience for residents to develop expertise in the diagnosis of those neurological disorders/conditions that might reasonably be expected to be encountered in psychiatric practice and that must be considered in the differential diagnosis of psychiatric disorders/conditions.
b. Inpatient: Significant responsibility for the assessment, diagnosis, and treatment of an appropriate number and variety of general psychiatric inpatients for a period of not less than 9 months, but no more than 18 months (or its PTE if done on a part-time basis). In general, it is highly desirable that the minimum general inpatient experience be 12 months, although it is recognized that in some settings other training opportunities might lead to the absolute minimum of 9 months. The experience must provide residents with sufficient opportunities to develop competence in the intensive biopsychosocial assessment and management of patients with acute mental disorders/conditions. It is recognized that the setting in which this care occurs may vary according to the health care delivery system. Rotations on specialized clinical services such as addiction psychiatry, geriatric psychiatry, forensic psychiatry, geriatric psychiatry, research units, and day and/or partial hospitalization may not totally substitute for the general psychiatric inpatient experience. These may be included to meet the required minimum experiences, with adequate documentation to demonstrate that the experience on such specialized units is with acutely ill patients and is comparable in breadth, depth, and experience to training on general inpatient psychiatry units. Up to 3 months of rotations on specialized clinical services as noted above may be applied to the minimum 8-month requirement. However, no portion of this experience may be counted to meet the timed requirement in child and adolescent psychiatry. Experience in any special unit used to provide inpatient psychiatry must be under the direction and supervision of a psychiatrist.

c. Outpatient: An organized, continuous, supervised clinical experience in the assessment, diagnosis, and treatment of outpatients of at least 1 year (or its PTE if done on a part-time basis) that emphasizes a developmental and biopsychosocial approach to outpatient treatment. At least 80% of this experience must be with adult patients. A minimum of 20% of the overall experience (clinical time and patient volume) must be continuous and followed for a duration of at least 1 year. The outpatient requirement must include experience with a wide variety of disorders, patients, and treatment modalities, with experience in both brief and long-term care of patients, using individual psychotherapy (including psychodynamic, cognitive, behavioral, supportive, and biopsychosocial treatments and psychosocial rehabilitation approaches to outpatient treatment. Long-term psychotherapy experience must include a sufficient number of patients, seen at least weekly for at least 1 year, under supervision. Other long-term treatment experiences should include patients with differing disorders and patients who are chronically mentally ill. No portion of this experience may be counted to meet the timed requirements in child and adolescent psychiatry.

d. Child and Adolescent Psychiatry: An organized clinical experience under the supervision of child and adolescent psychiatrists in the evaluation, diagnosis, and treatment of children, adolescents, and their families. Such experiences should be no less than 2 months PTE and involve a sufficient number and variety of patients, by both age and psychopathology, treated with a variety of interventional modalities. Residents should have experiences in determining the developmental status and needs for intervention with the children of some of their adult patients, and in consulting with these patients regarding the referral of their children for psychiatric services. Residents must have patient care responsibility under the supervision of child and adolescent psychiatrists who are certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or who possess appropriate educational qualifications. This 2-month experience may be provided in a variety of settings (eg, outpatient). While adolescent inpatient units may be used to satisfy a portion of this requirement, rotations to student health services may not.

e. Consultation/Liaison: Supervised psychiatric consultation/liaison responsibility for a minimum of 2 months PTE, involving adult patients on other medical and surgical services. On-call experiences may be a part of this training. Up to 1 month of pediatric consultation/liaison psychiatry may be credited toward the 2-month requirement.

f. Emergency Psychiatry: Supervised responsibility on an organized, 24-hour psychiatric emergency service that is responsible for evaluation, crisis management, and triage of psychiatric patients. Instruction and experience should be provided in the evaluation and management of suicidal patients. A psychiatric emergency service that is a part of, or interfaces with, other medical emergency services is desirable because of the opportunities for collaboration and educational exchange with colleagues in other specialties. There must be organized instruction and supervised clinical opportunities available to residents in emergency psychiatry that lead to the development of knowledge and skills in the emergency evaluation, crisis management, and triage of patients. This should include the assessment and management of patients who are a danger to themselves or others, the evaluation and reduction of risk to caregivers, and knowledge of relevant issues in forensic psychiatry. There should be sufficient continued contact with patients to enable the resident to evaluate the effectiveness of clinical interventions. While on-call experiences may be a part of this training, such experiences alone will not be sufficient to constitute adequate training in emergency psychiatry. A portion of this experience may occur in ambulatory urgent care settings but must be separate and distinct from the 12 months of training designated for the outpatient requirement.

g. Community Psychiatry: Supervised responsibility for the care of persistently chronically ill patients in the public sector (eg, community mental health centers and public hospitals and agencies, or other community-based settings). Experiential settings may include residential treatment centers, community mental health agencies, vocational rehabilitation centers, and senior citizen agencies. Opportunities should exist to consult with, learn about, and use community resources and services in planning patient care and to work collaboratively with case managers, crisis teams, and other mental health professionals.

h. Geriatric Psychiatry: One-month PTE supervised clinical management of geriatric patients with a variety of psychiatric disorders, including familiarity with long-term care in a variety of settings. This may be fulfilled as part of the inpatient or outpatient requirement.

i. Addiction Psychiatry: One-month PTE supervised evaluation and clinical management of patients with in inpatient and/or outpatient settings, and familiarity with rehabilitation and self-help groups. This may be fulfilled as part of the inpatient or outpatient requirement.

j. Forensic Psychiatry: Experience under the supervision of a psychiatrist in evaluation of patients with forensic problems.

k. Supervised clinical experience in the evaluation and treatment of couples, families, and groups.

l. Psychological Testing: Supervised experience with the more common psychological test procedures, including neuro-
psychological assessment, in a sufficient number of cases to
give the resident an understanding of the clinical usefulness
of these procedures and of the correlation of psychological
test findings with clinical data. Under the supervision and
guidance of a qualified clinical psychologist, residents should have
experience with the interpretation of the psychological
tests most commonly used, and some of this experience
should be with their own patients.
m. Supervised, active collaboration with psychologists, psychia-
tric nurses, social workers, and other professional and par-
professional mental health personnel in the treatment of
patients.

2. Didactic Components
The didactic and clinical curriculum must be of sufficient
breadth and depth to provide residents with a thorough, well-
balanced presentation of the generally accepted theories,
schools of thought, and major diagnostic and therapeutic pro-
ducts in the field of psychiatry.
a. The curriculum must include a significant number of interdis-
ciplinary clinical conferences and didactic seminars for resi-
dents in which psychiatric faculty members collaborate with
neurologists, internists, and colleagues from other medical
specialties and mental health disciplines.
b. Didactic instruction must be systematically organized,
thoughtfully integrated, based on sound educational prin-
ciples, and include prepared lectures, seminars, and assigned
readings that are carried out on a regularly scheduled basis.
In a progressive fashion, it should expose residents to topics
appropriate to their level of training as outlined in Section VA.2.
Staff meetings, clinical case conferences, journal clubs, and
lectures by visiting professors are desirable adjuncts, but
must not be used as substitutes for an organized didactic
curriculum.
c. The curriculum must include adequate and systematic instruc-
tion in neurobiology, psychopharmacology, and other clinical
sciences relevant to psychiatry; child and adult development;
major psychological theories, including learning theory and
psychodynamic theory; and appropriate material from the
sociocultural and behavioral sciences such as sociology and
anthropology. The curriculum should address development,
psychopathology, and topics relevant to treatment modalities
employed with patients with severe psychiatric disorders/conditions.
d. The residency program should provide its residents with in-
spection about American culture and subcultures, particularly
those found in the patient community associated with the
training program. This instruction should include such issues
as gender, race, ethnicity, socioeconomic status, religion/spiri-
tuality, and sexual orientation. Many physicians may not be
sufficiently familiar with attitudes, values, and social norms
prevailing among various groups of contemporary Americans.
Therefore, the curriculum should contain enough instruction
about these issues to enable residents to render competent
care to patients from various cultural and ethnic backgrounds.
Understanding cultural diversity is an essential characteristic
of good clinical care. The program must devote sufficient di-
ciatric training to residents whose cultural backgrounds are
different from those of their patients and provide a suitable
educational program for them.
e. Didactic exercises must include resident presentation and dis-
cussion of clinical case material at conferences attended by
faculty and fellow residents. This training should involve ex-
periences in integrative case formulation that includes
neurobiological, phenomenological, psychological, and
sociocultural issues involved in the diagnosis and management
of cases presented.

3. Supervision
Clinical training must include adequate, regularly scheduled, in-
dividual supervision. Each resident must have at least 2 hours of
individual supervision weekly, in addition to teaching confer-
ences and rounds except when on nonpsychiatric rotations. Resi-
dents must be provided with prompt, reliable systems for com-
munication and interaction with supervisory physicians.

4. Clinical Records
Clinical records must reflect the residents’ ability to
a. record an adequate history and perform mental status, physi-
cal, and neurological examinations;
b. organize a comprehensive differential diagnosis and discus-
sion of relevant psychological and sociocultural issues;
c. proceed with appropriate laboratory and other diagnostic
procedures;
d. develop and implement an appropriate treatment plan fol-
lowed by regular and relevant progress notes; and
e. prepare an adequate discharge summary and plan.

C. Resident Policies
1. The program should not allow on-call schedules and activities
outside the residency that interfere with education, clinical per-
formance, or clinical patient care responsibilities. The program
should ensure
a. one day out of 7 free of program duties;
b. on average, on-call duty no more than every fourth night while
on psychiatric services; and
c. adequate backup if patient care needs create resident fatigue
sufficient to jeopardize patient care or resident welfare during
or following on-call periods.
2. Each resident must be given a copy of the Essentials of Ac-
credited Residencies at the beginning of training.
3. Readily available procedures for assisting the resident to obtain
appropriate help for significant personal or professional problems
should be in place.

D. Other Required Components
1. Scholarly Activity of the Residents and Faculty
Graduate medical education must take place in an environment
of inquiry and scholarship in which residents participate in the
development of new knowledge, learn to evaluate research find-
ings, and develop habits of inquiry as a continuing professional
responsibility. The following components of a scholarly environ-
ment should be present:
a. The program must promote an atmosphere of scholarly in-
quiry, including the provision of access to ongoing research ac-
tivity in psychiatry. Residents must be taught the design and
interpretation of research studies, including the responsible
use of informed consent, research methodology, and interpre-
tation of data. The program must teach expertise in the criti-
cal assessment of new therapies and developments that are
described in the literature. Residents must be advised and su-
ervised by faculty members qualified in the conduct of re-
search. Programs must have a plan to foster the development of
skills for residents who are interested in conducting psychia-
tric research. This plan should include opportunities for con-
ducting research under the supervision of a mentor and
training in the principles and methods of research.
b. Active participation of the teaching staff in clinical discus-
sions, rounds, and conferences in a manner that promotes a
spirit of inquiry and scholarship. Scholarship implies an
in-depth understanding of basic mechanisms of normal and
abnormal states and the application of current knowledge to practice.

2. Progressing Responsibility
   Under supervision, resident clinical experience in patient management should demonstrate graduated and progressive responsibility.

3. Teaching Opportunities
   Residents must be instructed in appropriate methods of teaching and have ample opportunity to teach students in the health professions.

4. Electives
   All programs should provide residents an opportunity to pursue individually chosen electives.

5. Record of Clinical Experience
   There must be a record maintained of specific cases treated by residents, in a manner that does not identify patients but that illustrates each resident's clinical experience in the program. This record must demonstrate that each resident has met the educational requirements of the program with regard to variety of patients, diagnoses, and treatment modalities. In the case of transferring residents, the records should include the experiences in the prior as well as the current program. This record must be reviewed periodically with the program director or a designee and be made available to the surveyor of the program.

VI. Internal Evaluation
The educational effectiveness of the entire program must be evaluated in a systematic manner by the residents and the faculty. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Confidential written evaluations by residents should be utilized in this process. The results of these evaluations must be kept on file.

A. Evaluation of Residents
   All programs should state specifically and as clearly as possible the objectives and competencies required for successful completion of the program. These objectives and criteria should be made available to residency applicants.

1. Regular, systematic, documented evaluation of the knowledge, skills, and professional growth of each resident, using appropriate criteria and procedures, must be maintained, including complete records of evaluations containing explicit statements on the resident’s progress toward meeting educational objectives and his/her major strengths and weaknesses. Each evaluation should be communicated to the resident in an ongoing and timely manner.

2. The program must provide opportunity for and document regularly scheduled meetings between the resident and the program director or designated faculty members. These meetings should be of sufficient frequency, length, and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of professional goals and objectives. These evaluation sessions should be held at least semiannually and preferably more frequently. The program should give residents opportunities to assess the program and the faculty in a manner that ensures resident confidentiality. Provision should be made for remediation in cases of unsatisfactory performance.

3. The program must formally examine the cognitive knowledge of each resident at least annually in the PG-2 through PG-4 years, and conduct an organized examination of clinical skills at least twice during the 4 years of training. In a timely manner, the program must develop specific remedial plans for residents who do not perform satisfactorily. Residents must not advance to the next year of training, or graduate from the program, unless the outcome from the remedial plan results in the attainment of educational and clinical goals established for the program.

4. Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional, educational, and clinical growth.

5. A written set of due-process procedures must be in place for resolving problems that occur when a resident’s performance fails to meet required standards. These procedures must conform to those policies and procedures adopted by the sponsoring institution for the provision of due process to all residents training in sponsored programs, and must include the criteria for any adverse action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the residents, to patients under their care, and to the training program. A copy should be provided to the residents at the beginning of training.

6. Upon any resident’s departure from a program (including by graduation), the program director must prepare a letter describing the nature and length of the rotations for which the resident has been given credit. If a resident departs the program without receiving full credit for all educational experiences, the reasons for withholding credit must be specified in the letter. The resident must be given the letter, and a copy must be retained in the resident’s permanent file.

7. When a resident leaves the program (including by graduation), the program director will affirm in the training record that there is no documented evidence of unethical or unprofessional behavior, nor any serious question regarding clinical competence. Where there is such evidence, it will be comprehensively recorded, along with the responses of the trainee. The evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.

8. For residents transferring to child and adolescent psychiatry, it is essential that the program director document the nature and length of the rotations for which the resident has been given credit and include a listing of any remaining requirements needed to successfully complete the general psychiatry program. The resident must be informed that eligibility for certification by the American Board of Psychiatry and Neurology is not possible unless all general psychiatry program requirements are met, even if the resident completes the requirements for training in child and adolescent psychiatry. A copy of this notification must be provided to the resident and a copy included in the resident’s permanent file.

B. Evaluation of Resident Competencies
The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance.

1. This plan should include use of dependable measures to assess residents’ competence in the following:
Program Requirements for Residency Education in Psychiatry

A. Definition of the Subspecialty
Addiction psychiatry is the psychiatry subspecialty that focuses on the prevention, evaluation, and treatment of Substance-related Disorders as well as related education and research. In addition, the addiction psychiatrist will be fully trained in techniques required in the treatment of the larger group of patients with dual diagnoses of addictive disorders and other psychiatric disorders.

B. Duration and Scope of Education
1. The training period in addiction psychiatry must be 12 months. Any program that extends training beyond these minimum requirements must present a clear educational rationale consonant with the special requirements and objectives for residency training in addiction psychiatry.

2. Training in addiction psychiatry that occurred during the general residency training will not be credited toward the one-year requirement.

3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a two-year period.

4. Prior to entry, each addiction psychiatry resident must be notified in writing of the required length of training for which the program is accredited. The required length of training may not be changed without mutual agreement unless there is a break in training or the resident requires remedial training.

C. Educational Goals and Objectives
1. The program must offer advanced training such that the knowledge, skills, clinical judgment, and attitudes essential to the practice of addiction psychiatry at the consultant level are provided.

2. Clinical experience must include the opportunity to evaluate and follow a variety of patients of both sexes, including adolescents, adults, and geriatric age groups spanning a broad range of diagnoses as enumerated in Program Requirements V.D.1.a-d. Residents must provide both primary and consultative care in both inpatient (including intensive care) and outpatient settings for patients with a wide variety of types of Substance-related Disorders. Where the primary site of training is devoted to the care of patients with only a particular form of Substance-related Disorders, appropriate affiliations must be arranged to ensure that adequate exposure is provided to a sufficient number and variety of patients with Substance-related Disorders.

3. Programs must be based on a structured written curriculum with well-defined goals and objectives. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to Substance-related Disorders must be conducted regularly and as scheduled. The curriculum must include sufficient didactic content so that the graduates will have a comprehensive understanding of the pharmacology of all commonly abused substances, as well as the actions of pharmacological agents used to treat these conditions. Clinical experience and...
didactics should be integrated to provide appropriate progressive learning.
4. Training must focus on the biopsychosocial and functional concepts of diagnosis and treatment as applied to inpatient, outpatient, and other treatment settings. Iatrogenic aspects of illness, as well as cultural, ethnic, racial, socioeconomic, ethical, and legal considerations that may affect or interact with the psychiatric care of these patients must be included in the program.
5. The program should present the epidemiology of Substance-related Disorders, such as cultural, ethnic, racial, gender, sexual orientation, socioeconomic, and familial factors affecting the availability and use of addicting substances.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME. The program must function in close relationship to the general psychiatry residency.
3. The program must take place in facilities approved by the appropriate state licensing agencies and, where appropriate, by the Joint Commission Accreditation of Healthcare Organizations.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. The number of and distance between participating institutions shall not impair training and participation in conferences and other organized educational aspects of the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections V.D. and VLA of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Facilities and Resources
All elements of the program must be located in designated facilities based on written affiliation agreements between the participating institutions and the administration of the program.
1. Inpatient Care Facility: The sponsor of the program must be a part of, or affiliated with, at least one acute care general hospital with a full range of services, including medical and surgical services, intensive care units, emergency services, diagnostic laboratory, and imaging services. If the acute care hospital is specialized and does not itself have the full spectrum of services described above, the program must document that it has access for training purposes to other affiliated acute care facilities that have the services not present at the specialized facility.
2. Partial Hospitalization and Day Treatment: Programs must have access to a partial hospitalization and/or day treatment program (such as an intensive outpatient program). Such programs may be located in community-based institutions or within the sponsoring department of psychiatry in its acute care hospital. Exposure to self-help and other community programs (such as 12-step programs widely used by patients with Substance-related Disorders) must be provided.
3. Ambulatory Care Services: The program must provide experience in a multidisciplinary ambulatory care facility such as a methadone maintenance clinic, an alcohol treatment clinic, or other specialized outpatient program.
4. Library: Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
   a. Library services should include computer support for electronic retrieval of information from medical databases.
   b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the training program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.
5. Ancillary Support Services: At all participating facilities, there must be appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories including clerical and laboratory and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The addiction psychiatry resident must have satisfactorily completed an ACGME-accredited general psychiatry residency prior to entering the program.

B. Number of Residents
The RRC will approve the number of residents based upon established criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in resident complement will require prior approval by the RRC.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the perfor-
Program Requirements for Residency Education in Addiction Psychiatry (Psychiatry)

A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents. At the same time, the presence of residents in addiction psychiatry must not dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. be an active clinician and possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. devote sufficient time to the program to ensure implementation and achievement of the educational goals and objectives.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Using the ADS to promptly notify the executive director of the RRC of a change in program director or department chair.
4. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
5. Supervising the recruitment, selection, and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. The director must receive documentation from the prior general psychiatry program in order to verify satisfactory completion of all educational and ethical requirements for graduation, before appointment to the program.
6. Ensuring the provision of written descriptions of departmental policies regarding salary and benefits, due process, sickness and other leaves, on-call responsibilities, and vacation time to all residents upon appointment to the program. All residents must be provided with written descriptions of the malpractice coverage provided for each clinical assignment.
7. Monitoring the progress of each addiction psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as evaluations of residents’ clinical and didactic work by supervisors and teachers. This record shall include a patient log which shall document for each addiction psychiatry resident that he/she has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
8. Maintaining all other training records including those related to appointment, departmental processes regarding due process, sickness and other leaves, on-call responsibilities, and vacation time.
9. Reporting to the RRC by September 1st of each year the name of each resident in the program.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. In addition to the program director, there must be at least one other faculty member certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry or possess qualifications judged to be acceptable by the RRC. Programs with large patient populations, multiple institutions, and large resident complements will be expected to have the number of physician faculty appropriate to the program’s size and structure.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
1. Addiction psychiatry residents must be provided with meaningful patient care experiences as part of an interdisciplinary care
team. The resident should work in settings that include representatives from clinical disciplines such as social work, psychology, psychiatric nursing, occupational therapy, pharmacy, and nutrition, as well as clinicians in anesthesia (including pain management), emergency medicine, family practice, geriatrics, internal medicine, neurology, obstetrics-gynecology, surgical specialties, and pediatrics/adolescent medicine as appropriate for the care of the patient. In addition, residents should work with other staff such as substance abuse counselors and, where appropriate, with teachers.

2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge, supplemented by the addition of current information, and the development of resident competence in the six areas listed below.

3. providing residents with direct experience in progressive responsibility for patient management.

4. assuring the opportunity for residents to achieve the cognitive knowledge, interpersonal skills, professional attitudes, and practical experience required of an addiction psychiatrist providing acute and chronic care for the patient with Substance-related Disorders.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Curriculum Content
The field of addiction psychiatry requires knowledge of pharmacology, psychiatry, general medicine, as well as an understanding of the interaction of these disciplines. Programs must include both direct experiences in clinical care as well as formal didactic conferences. Instruction and experience must include the performance of the mental status examination, a neuropsychiatric evaluation instrument such as the Mini-Mental Status Examination, community and environmental assessments, family and care giver assessments, medical assessments, and physical and psychological functional assessments. These skills comprise the basis for the formal assessment of the addicted patient using a synthesis of clinical findings, historical and current information, as well as data from laboratory and other special studies.

1. Residents must acquire knowledge and skills in the following areas:
   a. Knowledge of the signs and symptoms of the use and abuse of all of the major categories of substances enumerated in V.D.2.a-g, as well as knowledge of the types of treatment required for each.
   b. Knowledge of the signs of withdrawal from these major categories of substances, knowledge and experience with the range of options for treatment of the withdrawal syndromes, and the complications commonly associated with such withdrawal.
   c. Knowledge of the signs and symptoms of overdose, the medical and psychiatric sequelae of overdose, and experience in providing proper treatment of overdose.
   d. Management of detoxification: Inpatient management of Substance-related Disorders. Experience in working collaboratively with specialists in the emergency department and intensive care units in the diagnosis and management of acute overdose symptoms.
   e. Knowledge of the signs and symptoms of the social and psychological problems as well as the medical and psychiatric disorders which often accompany the chronic use and abuse of the major categories of substances.
   f. Experience in the use of psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories of Substance-related Disorders.
   g. Experience in the use of techniques required for confrontation of and intervention with a chronic substance abuser, and in dealing with the defense mechanisms that cause the patient to resist entry into treatment.
   h. Experience in the use of the various psychotherapeutic modalities involved in the ongoing management of the chronic substance abusing patient, including individual psychotherapies (e.g., cognitive-behavioral therapy), couples therapy, family therapy, group therapy, motivational enhancement therapy, and relapse prevention therapy.
   i. Experience in working collaboratively with other mental health providers and allied health professionals, including nurses, social workers, psychologists, nurse practitioners, counselors, pharmacists, and others who participate in the care of patients with Substance-related Disorders.
Program Requirements for Residency Education in Addiction Psychiatry (Psychiatry)

j. Knowledge and understanding of the special problems of the pregnant woman with Substance-related Disorders and of the babies born to these women.

k. Knowledge of family systems and dynamics relevant to the etiology, diagnosis, and treatment of Substance-related Disorders.

l. Knowledge of the genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of Substance-related Disorders.

m. Familiarity with the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of Substance-related Disorders.

n. Critical analysis of research reports, as presented in journal clubs and seminars.

o. Experience in teaching and supervising clinical trainees in the care of patients with Substance-related Disorders.

p. Understanding of the current economic aspects of providing psychiatric and other healthcare services to the addicted patient.

q. Knowledge of quality assurance measures and cost effectiveness of various treatment modalities for Substance-related Disorders.

2. Conferences

Conferences in addiction psychiatry, such as grand rounds, case conferences, reading seminars, and journal clubs, should be specifically designed to complement the clinical experiences. Regular attendance by residents and faculty should be documented.

D. Clinical Experiences

The number and variety of new and follow-up patients spanning the life cycle from adolescence to old age must be sufficient to ensure an adequate outpatient and inpatient experience as specified in 1.C.2. The spectrum of patients should include diverse socioeconomic, educational, and cultural backgrounds.

The training program must include the following clinical components:

1. Evaluation, consultation, and treatment of:
   a. Patients with primary Substance-related Disorders and their families.
   b. Medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital with acute and chronic Substance-related Disorders, including acute intoxication and overdose.
   c. Psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology to include a broad range of psychiatric diagnoses, such as affective disorders, psychotic disorders, organic disorders, personality disorders, and anxiety disorders as well as patients suffering from medical conditions commonly associated with Substance-related Disorders such as hepatitis and HIV/AIDS.
   d. Medication dependent patients with chronic medical disorders/conditions (such as patients with chronic pain).

2. Exposure to patients with Substance-related Disorders related to the following substances:
   a. alcohol
   b. opioids
   c. cocaine and other stimulants
   d. cannabis and hallucinogens
   e. benzodiazepines
   f. other substances of abuse, including sedatives, hypnotics or anxiolytics
   g. miscellaneous/unusual, e.g., nutmeg, designer drugs, organic solvents/inhalants.

3. Treatment by the resident of a minimum of 5 addicted outpatients with a variety of diagnoses requiring individual treatment for at least 6 months.

4. Rotations should provide residents with experience in evaluating acute and chronic patients in inpatient and outpatient settings. There should be an identifiable structured educational experience in neuropsychiatry relevant to the practice of addiction psychiatry that includes both didactic and clinical training methods. The curriculum should emphasize functional assessment, signs and symptoms of neuropsychiatric impairment associated with Substance-related Disorders, and the identification of physical illnesses and iatrogenic factors that can alter mental status, and behavior.

5. The program must provide specific experiences in consultation to acute and chronic medically ill patients with Substance-related Disorders who are being treated on emergency, intensive care, medical and/or surgical services of a general hospital. Supervision of addiction psychiatry residents in their clinical evaluation of such patients, as well as in their consultative role, is essential. The program should provide residents with the opportunity to function at the level of a specialist consultant to primary care physicians and to intensive care specialists.

6. Experience in working with multidisciplinary teams as a consultant and as a team leader, including the integration of recommendations and decisions from consulting medical specialists and other professionals in related health disciplines.

7. Experience in working with patients who are participating in self-help programs.

8. Experience with opiate replacement therapy.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Policies

The program director must ensure, direct, and document the implementation of and compliance with appropriate resident policies at all times.

1. Duty hours
   a. Residents must be provided with adequate opportunities to rest and sleep when on duty for 24 hours or more. On-call
rooms to permit rest and privacy must be available for each resident on night duty in the hospital.
b. The educational goals and objectives of the program and the resident learning objectives must not be compromised by excessive reliance on residents to fulfill service obligations. Duty hours, however, must reflect the fact that responsibility for continuing patient care is not automatically discharged at specific times. Programs must ensure adequate backup support when patient care responsibilities are difficult or prolonged.
c. Resident duty hours and on-call periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the Specialty Requirements. The program director is responsible for monitoring resident activities to ensure that resident fatigue does not contribute to diminished learning or performance or detract from patient safety.

2. Graded Responsibility
The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.

3. Supervision
a. All patient care services must be supervised by qualified faculty.
b. The program director must ensure, direct, and document adequate supervision of residents at all times. Supervision must include observation, assessment, and demonstration of the residents' knowledge and skills in clinical evaluation, technical proficiency, and professional attitudes.
c. Residents must be provided with rapid, reliable systems for communicating with supervisors.
d. Each resident must have a minimum of two hours of individual supervision weekly, of which one hour may be group supervision.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Professional activities: Residency education is a full-time endeavor. The program director must ensure that activities extrinsic to the program, such as moonlighting, do not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program director must comply with the sponsoring institution's policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.

7. Presence of Other Training Programs: The addiction psychiatry program should provide peer interaction between its residents and those of other medical/surgical specialties. To achieve this goal an ACGME-accredited training program in at least one non-psychiatric specialty, such as neurology, internal medicine, or family medicine should be present within the participating institutions of the program. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but must be satisfactory when organized around joint patient evaluation and/or care.

8. Resident teaching experiences: The program should provide appropriate experiences designed to develop administrative and teaching skills for the addiction psychiatry residents. As the residents progress through the program, they should have the opportunity to teach personnel such as other residents, medical students, and other allied health professionals.

VI. Evaluation

A. Resident Evaluation
1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least:
      1) written quarterly evaluations of the residents by all supervisors and the directors of clinical components of training,
      2) written semiannual evaluation that is communicated to each resident in a timely manner, and
      3) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution.
Program Requirements for Residency Education in Addiction Psychiatry (Psychiatry)

I. Introduction

Scope of Training
Child and adolescent psychiatry is a specialty of medical practice within psychiatry. The goal of residency training in child and adolescent psychiatry is to produce specialists in the delivery of skilled and comprehensive medical care of children and adolescents suffering from psychiatric disorders. The child and adolescent psychiatrist must have a thorough understanding of the development, assessment, treatment, and prevention of psychopathology as it appears from infancy through adulthood. He or she also should have the skills to serve as an effective consultant to primary care physicians, nonpsychiatrist mental health providers, schools, community agencies, and other programs serving children and adolescents.

Approved residencies in child and adolescent psychiatry must offer well-supervised and well-balanced clinical experiences with a continuum of care that may include inpatients, day hospital patients, outpatients, and consultees and must also provide a formal educational experience. The residency must provide a combination of didactic and clinical work that is both broad enough to ensure knowledge of the full spectrum of disorders of childhood and adolescence and intensive enough to ensure thorough diagnostic, treatment, and consultative skills. Diagnostic and therapeutic experiences must be provided in sufficient number and depth with preschool, grade school, and adolescent patients of both sexes and their families for the resident to understand the breadth of clinical problems the resident will study and treat.

II. Program Length and Prerequisites

A. In addition to the postgraduate first year and a minimum of 2 years of accredited training in general psychiatry, 2 years of training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited child and adolescent psychiatry program is required.

B. To achieve greater flexibility in the sequence of residency training and to assist in recruitment, the 2-year child and adolescent psychiatry training experience may be initiated immediately following or at any point beyond the PGY-1 level in the psychiatry residency sequence. Training is best done full-time, and it must be done in no more than two blocks. If done in two blocks, the blocks must not be more than 6 months apart, and the shorter block must not be less than 6 months long. At the discretion of the program director, training credit for part-time status may be given as long as the training is half-time or more and is completed in 4 years or less.

C. In general, training in child and adolescent psychiatry obtained as part of the curriculum for general psychiatry training may not count toward residency training in child and adolescent psychiatry. However, certain clinical experiences, limited to 1 month of child neurology and 1 month of pediatric consultation/liaison, may be designated as full credit in the Program Requirements in general psychiatry and child and adolescent psychiatry. The program director must document areas for which credit is given in both programs. These experiences may not be used to reduce the total length of time devoted to training in either general or child and adolescent psychiatry.

D. Prior to entry into the program, each resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular resident may not be changed during his or her program without mutual agreement, unless there is an interruption in his or her training or the resident requires remedial training.

III. Institutional Organization

A. Institutional Support
The administration of the sponsoring institution(s) should understand the educational goals and should evidence its willingness and ability to support these goals financially as well as philosophically.

B. Affiliation Agreements

1. In programs where more than one clinical site is used for the training of residents, there must be letters of agreement between the sponsoring institution of the child and adolescent psychiatry residency and each participating institution that conform to Institutional Requirements I.C.1-5.

2. In addition, each training program accredited for child and adolescent psychiatry must have a formal educational affiliation agreement with a general psychiatry residency program that is accredited for at least 3 years of training. The written agreement of such affiliation must be signed by the residency directors of both programs, and copies must be submitted for review by the Residency Review Committee (RRC).
C. Participating Institutions
It is important that each affiliated institution offer significant educational opportunities to the overall program. The number and distribution of participating training sites must not preclude satisfactory participation by residents in teaching and training exercises. Geographic proximity will be one factor in evaluating program cohesion, continuity, and "critical mass." Affiliated training sites will be evaluated on the basis of whether they contribute to a well-integrated educational program with respect to both didactic and clinical experiences.

D. Appointment of Residents
1. The program must document the procedures used to select residents in accordance with institutional and departmental policies and procedures. Application records must document information from graduate medical education programs. A documented procedure must be in place for checking the credentials, the clinical training experiences, and the past performance and professional integrity of residents transferring from one program to another, including from a general psychiatry program to a child and adolescent psychiatry program. This procedure must include solicitation and documentation of relevant information from the training directors of the previous programs participated in by the transferring resident.

2. The residency program director must accept only those applicants whose qualifications for residency include sufficient command of English to permit accurate, unimpeded communication.

3. A program must have at least 4 residents in the 2-year training program. (This may not include those residents who participate in a triple board training format.) Peer interaction and the need for group discussion in seminars and conferences are crucial.

4. The number of residents from other graduate medical education programs and mental health disciplines who participate in the child and adolescent psychiatry educational curriculum should not be so large as to compromise the educational resources of the child and adolescent psychiatry residency.

IV. Faculty Qualifications and Responsibilities

A. Head of Child and Adolescent Psychiatry
1. The head of the department, division, or section of child and adolescent psychiatry should be a fully trained child and adolescent psychiatrist with documented clinical, educational, and administrative abilities and experience, and should be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the Residency Review Committee to possess appropriate educational qualifications.

2. The head of child and adolescent psychiatry must be appointed to and in good standing with the medical staff of an institution participating in the program.

B. Program Director
1. There must be a single program director responsible for the program. The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation and resident progress and performance.

2. Qualifications of the Program Director
   a. The residency program in child and adolescent psychiatry must be under the direction of a fully trained child and adolescent psychiatrist with documented clinical, educational, and administrative abilities and experience, who is certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the Residency Review Committee to possess appropriate educational qualifications.

b. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

c. The program director must be appointed to and in good standing with the medical staff of an institution participating in the program.

3. Responsibilities of the Program Director
   a. Devotion of at least half-time to the training program, including teaching activities.

   b. Preparation of a written statement outlining the overall educational goals and objectives of the program, as well as the knowledge and skills residents should achieve in each year of training. This statement must be distributed to applicants who are interviewed, residents, and members of the teaching staff.

   c. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

   d. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program in consultation with the chair or division chief.

   e. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.

   f. Regular evaluation, with participation of members of the teaching staff, of residents’ knowledge, skills, and performance, including the development of professional attitudes consistent with being a physician as specified in Section VI.

   g. Provision of a written final evaluation for each resident who completes the program and maintenance of a permanent record of evaluation for each resident that is accessible to the resident and other authorized personnel.

   h. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

   i. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

   j. Providing an annual written evaluation of the quality of teaching and supervision of each of the teaching faculty.

   k. Providing written information regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, and family leave as well as other special leaves to residents and applicants who are interviewed.

   l. Preparation of an accurate statistical and narrative description of the program as requested by the RRC for Psychiatry.

   m. Notifying the executive director of the RRC in writing within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including
Program Requirements for Residency Education in Child and Adolescent Psychiatry (Psychiatry)

C. Faculty
1. The residency must be staffed by an appropriate number of capable, qualified child and adolescent psychiatrists and other mental health professionals with sufficient breadth and depth of documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. The psychiatric faculty should be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the Residency Review Committee to possess appropriate educational qualifications.
2. Psychiatric faculty must participate regularly and systematically in the training program. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

D. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. Facilities and Resources
A. Training programs must have adequate facilities and affiliations to meet the educational objectives of the program. Ample office space with readily accessible play materials must be available for each resident to see patients.
B. Space for physical and neurological examinations and appropriate medical equipment must be readily available. Access to laboratory testing also must be readily available.
C. There must be adequate space and equipment specifically designated for seminars, lectures, and other educational activities. The program must have available such basic teaching aids such as videotaping equipment or one-way mirrors.
D. The sponsoring institution must provide residents with ready access to a library that contains a substantial number of current basic textbooks and major journals in psychiatry, child and adolescent psychiatry, neurology, pediatrics, and general medicine, sufficient for an excellent educational program. The library must be capable of obtaining textbooks and journals on loan from major medical libraries and of carrying out MEDLINE and other medical information searches (or accessing a library that has this capacity), and it must be reasonably available to residents on weekends and during evening hours.

VI. Educational Program

A. Goals
The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals, which must include knowledge, skill, and attitude objectives. There must be sufficient stable leadership, faculty, clinical facilities, and affiliations to provide a consistent educational experience. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Curriculum
1. An approved program must have an explicitly described educational curriculum composed of formal didactic instruction and a program of graduated learning and supervised clinical experience through the 2 years that is distributed to residents and faculty. The latter is to be marked by progressive responsibility for the diagnosis and treatment of preschool and grade-school children, adolescents, and their families.
2. Educational quality must have the highest priority in the allotment of the residents' time and energy. The clinical responsibilities of residents must not infringe unduly on didactic activities.

C. Clinical Experience
1. Clinical instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis.
2. Goals that include knowledge, skill, and attitude objectives must be specified for each clinical rotation.
3. Each resident must have responsibility for the evaluation and treatment of a sufficient number and adequate variety of patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders. The number of patients for which residents have primary responsibility at any one time must permit them to provide each patient with appropriate treatment and to have sufficient time for other aspects of their educational program. The depth and variety of clinical experiences must be adequate.
4. Clinical records, recorded by the child and adolescent psychiatry residents, should document an adequate individual and family history, mental status, physical and neurological examinations when appropriate, supplementary medical and psychological data, and integration of these data into a formulation, differential diagnosis, and comprehensive treatment plan.
5. Opportunities for the development of both conceptual understanding and clinical skills in the major treatment modalities with children and adolescents, which include brief and long-term individual therapy, family therapy, group therapy, crisis in-
tervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy and pharmacotherapy, must be provided. There must be opportunities for residents to be involved in providing continuous care for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities. Residents should have some experience with continuity of patient care across clinical programs providing different levels of care. Work with outpatients must include work with some child and adolescent patients for at least a year's duration.

6. Residents must have an opportunity to evaluate and treat patients from diverse cultural backgrounds and varied socioeconomic levels.

7. Training must include supervised, active collaboration with other professional mental health personnel, pediatricians, and teachers and other school personnel in the evaluation and treatment of patients.

8. There must be teaching about the appropriate uses and limitations of psychological tests. Residents should have the opportunity to observe some of their patients being tested.

9. There must be an organized teaching and clinical experience in pediatric neurology, mental retardation, and other developmental disorders.

10. Residents must have experiences in the initial management of psychiatric emergencies in children and adolescents. This experience may occur in a variety of settings.

11. Experience with acutely and severely disturbed children or young adolescents is an essential part of training. This experience must occur in settings with an organized treatment program, such as inpatient units, residential treatment facilities, partial hospitalization programs, and/or day treatment programs. This experience must be the full-time equivalent of not less than 4 or more than 10 months. The resident must be actively involved with the diagnostic assessment, treatment planning, and treatment provision for these acutely and severely disturbed patients.

12. Residents must have experience as consultants in situations in which they do not primarily engage in treatment but use their specialized knowledge and skills to assist others to function better in their roles. Training and experience in consultation to facilities serving children, adolescents, and their families must include:
   a. supervised consultation experience with an adequate number of pediatric patients in outpatient and/or inpatient medical facilities;
   b. supervised formal observation and/or consultation experiences in schools;
   c. supervised training and experience in legal issues relevant to child and adolescent psychiatry, which may include forensic consultation, court testimony, and/or interaction with a juvenile justice system; and
   d. training and experience in supervised consultation to community systems of care and their treatment components.

13. Residents must have experience in administrative decision-making processes and practice management involving health care delivery and interactions with health care systems.

D. Didactic Curriculum

1. Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis. Goals that include knowledge and attitude objectives must be specified for each course or seminar. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc) must be integral to the residency. Staff meetings, clinical case conferences, journal clubs, and grand rounds are important adjuncts, but they must not be used as substitutes for an organized didactic curriculum.

2. Emphasis on development is an essential part of training in child and adolescent psychiatry. The teaching of developmental knowledge and the integration of neurobiological, phenomenological, psychological, and sociocultural issues into a comprehensive formulation of clinical problems are essential. Teaching about normal development should include observation of and interaction with normal children of various ages.

3. The didactic and clinical curriculum must be of sufficient breadth and depth to provide residents with a thorough, well-balanced presentation of the generally accepted observations and theories and major diagnostic, therapeutic, and preventive procedures in the field of child and adolescent psychiatry.

4. The curriculum must include adequate and systematic instruction in basic neurobiological, psychological, and clinical sciences relevant to psychiatry and in the application of developmental psychological and sociocultural theories relevant to the understanding of psychopathology. It must provide teaching about the full gamut of psychopathology in children and adolescents, including the etiology, epidemiology, diagnosis, treatment, and prevention of the major psychiatric conditions that affect children and adolescents.

5. These courses must be teaching in the ethical practice of child and adolescent psychiatry. There must be instruction in diversity and cultural issues pertinent to children and adolescents.

6. Residents must receive instruction in the recognition and management of domestic and community violence as it affects children and adolescents. This includes physical and sexual abuse as well as neglect.

7. The opportunity for residents to be involved in research or scholarly activity must be available.

8. The curriculum must include an adequate number of interdisciplinary clinical conferences and didactic seminars for residents, in which faculty psychiatrists collaborate in teaching with colleagues from other medical specialties and mental health disciplines.

9. There should be instruction in the principles and practice of utilization review, quality assurance, and performance improvement.

E. Other Required Components

1. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
   a. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
   b. participation in journal clubs and research conferences.
   c. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
   d. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
Program Requirements for Residency Education in Child and Adolescent Psychiatry (Psychiatry)

VII. Internal Evaluation

The program will maintain records of all evaluations required in this section, and these will be made available on review of the program.

A. Evaluation of Residents

1. The program must provide opportunity for and document regularly scheduled meetings between the resident and the program director or designated faculty members. These meetings should be of sufficient frequency, length, and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of program goals. At least semiannually, the program director must evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures. Provision should be made for remediation in cases of unsatisfactory performance.

2. Each evaluation must be communicated to the resident in a timely manner.

3. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

4. In addition to periodic assessments, an annual evaluation procedure is required that must include a written examination of the knowledge base as well as a formal documented clinical skills examination.

5. Programs must develop at least one written core competency for its residents in each of the following areas:
   a. Clinical science
   b. Interpersonal skills and communication
   c. Patient care
   d. Practice-based learning and improvement
   e. Professionalism and ethical behavior
   f. Systems-based care

   The program must provide documented evidence to demonstrate that the proficiency/competence of each resident is assessed using techniques that may include supervisory reports, videotapes, oral examinations, case reports, patient care observations, or other methods.

6. Evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently, ethically, and independently, based on the program's defined core competencies.

7. At the time of the resident's graduation or departure from the program, the program director will affirm in the training record whether there is documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence. Where there is such evidence, it must be comprehensively recorded, along with the responses of the resident. This final evaluation should be part of the resident's permanent record maintained by the institution.

8. A written set of due-process procedures must be in place for resolving problems that occur if a resident's performance fails to meet required standards. These must include the criteria for any adverse action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the resident, patients under care, and the training program. A copy should be provided to the residents at the beginning of training.

B. Faculty Evaluation

The program director is responsible for the evaluation of faculty teaching and supervision. This must include an annual confidential written assessment of faculty members by the residents, a summary of which must be provided to faculty.

C. Program Evaluation

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the overall educational program and the extent to which the educational goals have been met by residents must be assessed. Confidential written evaluations by residents must be utilized in this process. The teaching staff must annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

VIII. Inquiries Concerning Accreditation and Certification

1. All inquiries concerning the accreditation of child and adolescent psychiatry residency programs should be addressed to the Executive Director, Residency Review Committee for Psychiatry, 515 N State St/Ste 2000, Chicago, IL 60610.

2. All inquiries as to whether an individual physician is qualified to be admitted for examination for certification in psychiatry should be addressed to Executive Vice President, American Board of Psychiatry and Neurology, 500 Lake Cook Rd/Ste 335, Deerfield, IL 60015.

ACGME: February 2000 Effective: January 2001
Program Requirements for Residency Education in Forensic Psychiatry (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty
Forensic psychiatry is the psychiatry subspecialty that focuses on interrelationships between psychiatry and the law (civil, criminal, and administrative law), that include (1) the psychiatric evaluation of individuals involved with the legal system, or consultations on behalf of the third parties such as employers or insurance companies; (2) the specialized psychiatric treatment required by those who have been incarcerated in jails, prisons, or special forensic psychiatric hospitals; (3) active involvement in the area of legal regulation of general psychiatric practice; and (4) related education and research efforts.

B. Duration and Scope of Education
1. The training period in forensic psychiatry must be 12 months.
2. Training in forensic psychiatry that occurs during the general residency training will not be credited toward the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a 2-year period.
4. Prior to entry, each forensic psychiatry resident must be notified in writing of the required length of training for which the program is accredited and the requirements for satisfactory completion of the program. Neither the required length of training for a particular individual nor the graduation requirements may be changed without mutual agreement during his or her program unless there is a break in his or her training or the individual requires remedial training.

C. Educational Goals and Objectives
1. The program must offer advanced training that affords sufficient opportunities for the resident to develop the knowledge, skills, clinical judgment, and attitudes essential to the practice of forensic psychiatry.
2. Clinical experience must include experiences in the following three areas: (a) forensic evaluation of a variety of subjects of both genders, including adolescent, adult, and geriatric age groups, who represent a broad range of mental disorders and circumstances, in both civil and criminal contexts; (b) consultation to general psychiatric services on issues related to the legal regulation of psychiatric practice, such as civil commitment, confidentiality, refusal of treatment, decision-making competence, guardianship, etc; (c) treatment of persons involved in the criminal justice system. Appropriate affiliations must be arranged to ensure that adequate exposure to a sufficient number and variety of experiences is provided.
3. Programs must be based on a structured written curriculum with well-defined goals and objectives. Clinical case conferences and seminars dealing with topics such as law, ethics, the relevant basic and social sciences, and research must be conducted regularly and as scheduled. The curriculum must include sufficient didactic content so that graduates will be knowledgeable about the content outlined in V.C.1-5.
4. Training must focus on the social and legal context for forensic work, both civil and criminal. Instruction should take into account the sociocultural, ethnic, economic, and ethical considerations that affect mentally ill persons who come into contact with the legal system.

II. Institutional Support

A. Sponsoring Institution
1. One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME.
3. The program must take place in facilities approved by state licensing agencies and, where appropriate, the Joint Commission on the Accreditation of Healthcare Organizations.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. The number of and distance between participating institutions should not be so great as to interfere with training and participation in conferences and other organized educational aspects of the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections V.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Facilities and Resources
1. All elements of the program must be located in designated facilities based on written affiliation agreements and must include experiences in the following three venues:
   a. Facilities in which forensic psychiatric evaluations are performed on subjects with a broad variety of psychiatric disorders, where residents can learn evaluation techniques. These may include court clinics, inpatient forensic units, outpatient forensic clinics, and private practices.
b. Facilities that provide general psychiatric services to patients with a broad variety of psychiatric disorders, where residents can learn consultation regarding legal issues or psychiatric practice. These may include inpatient and outpatient facilities or may be specialized facilities that provide psychiatric care to correctional populations.

c. Facilities that treat persons in the correctional system, where residents can learn about the specialized treatment issues raised by these populations and settings. These may include prisons, jails, hospital-based correctional units, halfway facilities, rehabilitation programs, community probation programs, forensic clinics, juvenile detention facilities, and maximum security forensic hospital facilities. Appropriate support services to ensure an adequate educational experience at all participating institutions must be available, including support personnel and a physically safe environment in which residents may carry out their clinical and educational functions.

II. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The forensic psychiatry resident must have satisfactorily completed an ACGME-accredited general psychiatry residency prior to entering the program. An excessively high rate of resident attrition from a program will be a cause of concern to the RRC.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in resident complement require prior approval by the RRC.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. A., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents. At the same time, the presence of residents in forensic psychiatry must not dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.

2. The program director must
   a. possess requisite specialty expertise as well as documented educational, clinical, and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. be an active clinician and must devote sufficient time to the program to ensure implementation of the educational goals and objectives.
   e. participate in scholarly activities appropriate to the subspecialty such as local, regional, and national specialty societies; research; presentations; and publication.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.

4. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

5. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures. The director must receive documentation from the general psychiatry program completed by an applicant to verify satisfactory completion of all educational and ethical requirements for graduation before the applicant is appointed to the program. Agreements with applicants made prior to the completion of the general residency must be contingent on this requirement.
6. Monitoring the progress of each forensic psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as evaluations of residents' clinical and didactic work by supervisors and teachers. This record shall include a patient log that shall document that each resident has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.

7. Ensuring the provision of written descriptions of departmental policies regarding salary and benefits, due process, sickness and other leaves, on-call responsibilities, and vacation time to all residents on their appointment to the program. All residents must be provided with written descriptions of the malpractice coverage provided for each clinical assignment.

8. Reporting the name of each resident in the program to the RRC by September 1 of each year.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
   d. be additionally qualified by experience in forensic psychiatry to provide the expertise needed to fulfill the didactic, clinical, and research goals of the program.
   e. include at least one certified child and adolescent psychiatrist.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.
3. Programs with large patient populations, multiple institutions, and large resident complements will be expected to have additional faculty appropriate to their program’s size and structure.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section IV.C.1.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director. The director of forensic psychiatry training at each participating institution shall be appointed by or with the concurrence of the forensic psychiatry program director.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

E. Other Program Personnel
1. In addition to the faculty psychiatrists, the faculty must include a lawyer and a forensic psychologist.
2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge, supplemented by the addition of current information, and the development of resident competence in the six areas listed below.
3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger
context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Curriculum
The didactic curriculum must include the following components:

1. A psychiatric curriculum that includes the
   a) history of forensic psychiatry;
   b) roles and responsibilities of forensic psychiatrists;
   c) assessment of competency to stand trial, criminal responsibility, amnesia, testamentary capacity, and civil competency;
   d) issues involved in the assessment of dangerousness;
   e) assessment of the accused sexual offender;
   f) evaluation and treatment of incarcerated individuals;
   g) ethical, administrative, and legal issues in forensic psychiatry;
   h) legal regulation of psychiatric practice;
   i) writing of a forensic report; and
   j) eyewitness testimony.

2. A law curriculum that covers issues in the legal system related to forensic psychiatry, such as
   a) fundamentals of law, statutes, and administrative regulations;
   b) the structure of federal and state court systems;
   c) use of a law library or on-line legal reference services;
   d) theory and practice of sentencing of the convicted offender;
   e) basic civil procedure;
   f) basic criminal procedure;
   g) jurisdiction;
   h) responsibility;
   i) tort law;
   j) children's rights;
   k) family law;
   l) confinement;
   m) structure and function of juvenile justice systems; and,
   n) structure and function of correctional systems.

3. A civil law curriculum that includes issues such as
   a) conservators and guardianships;
   b) child custody determinations;
   c) parental competence and termination of parental rights;
   d) child abuse/neglect;
   e) psychiatric disability determinations;
   f) testamentary capacity;
   g) psychiatric malpractice;
   h) personal injury litigation; and
   i) developmental disability law, ie, individualized educational needs and the right to the least restrictive environment for education.

4. A criminal law curriculum that includes issues such as
   a) competence to stand trial;
   b) competence to enter a plea;
   c) testimonial capacity;
   d) voluntariness of confessions;
   e) insanity defense(s);
   f) diminished capacity;
   g) evaluations in aid of sentencing;
   h) safe release of persons acquitted by reason of insanity; and
   i) competence to be executed.

5. Conferences in forensic psychiatry, such as grand rounds, case conferences, readings seminars, and journal clubs, should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.

D. Forensic experiences
1. Forensic experiences must provide residents with sufficient opportunity for the psychiatric evaluation of individuals involving
   a) criminal behavior,
   b) criminal responsibility and competency to stand trial,
   c) sexual misconduct,
   d) dangerousness, and
   e) civil law and regulation of psychiatry issues.

2. Residents also must have experience in the review of written records, including clinical and legal documents, and in the preparation of written reports and/or testimony in a diversity of cases, for example:
   a) aiding the court in the sentencing of criminal offenders,
   b) domestic relations cases,
   c) personal injury cases,
   d) allegations of sexual abuse, and
   e) other cases involving ethical issues and legal regulation, such as involuntary hospitalization, confidentiality, right to treatment, right to refuse treatment, informed consent, and professional liability.

3. Residents must have supervised experience in testifying in court or in mock trial simulations.

4. Residents must have supervised training in the relevance of legal documents, such as police reports, court testimony, polygraphs, hypnosis, neuroanalysis, psychological and neuropsychological testing, brain-imaging techniques, and other procedures relevant to assessments and treatment in forensic psychiatry.

5. Consultative experiences must provide residents with an opportunity to interact with clinicians regarding legal issues that arise in psychiatric practice. This can occur in inpatient or outpatient settings and should include patients from diverse socioeconomic, educational, ethnic, and cultural backgrounds, with a variety of diagnoses. Residents should have the opportunity to consult with clinicians regarding civil commitment and dangerousness, confidentiality, decision-making competence, guardianship, and refusal of treatment.

6. Clinical placement must provide residents with experience in the evaluation and management of acutely and chronically ill patients in correctional systems such as prisons, jails, community programs, and secure forensic facilities. There also must be experience in working with other professionals and personnel in both forensic and community settings. A sufficient number and variety of patients, ranging from adolescence to old age and of diverse backgrounds, should be provided to ensure an adequate experience. Residents must have at least 6 months' experience in the management of patients in correctional systems.

7. Direct clinical work with children under the age of 14 years should be limited to residents who have previously completed ACGME-approved training in child and adolescent psychiatry or to residents who are under the supervision of a board-certified child and adolescent psychiatrist or an individual who possesses qualifications judged to be acceptable by the RRC.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a) The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b) The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Policies
The program director must ensure, direct, and document the implementation of and compliance with appropriate resident policies at all times.

1. Duty hours
   a. Residents must be provided with adequate opportunities to rest and sleep when on duty for 24 hours or more. On-call rooms to permit rest and privacy must be available for each resident on night duty in the hospital.
   b. The educational goals and objectives of the program and the resident learning objectives must not be compromised by excessive reliance on residents to fulfill service obligations. Duty hours, however, must reflect the fact that responsibility for continuing patient care is not automatically discharged at specific times. Programs must ensure adequate backup support when patient care responsibilities are difficult or prolonged.
   c. Resident duty hours and on-call periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the Specialty Requirements. The program director is responsible for monitoring resident activities to ensure that resident fatigue does not contribute to diminished learning or performance or detract from patient safety.

2. Graded Responsibility
   The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.

3. Supervision
   a. All patient care services must be supervised by qualified faculty.
   b. The program director must ensure, direct, and document adequate supervision of residents at all times.
   c. Residents must be provided with rapid, reliable systems for communicating with supervisors.
   d. Each resident must have a minimum of two hours of individual supervision weekly, of which one hour must be individual and one hour may be group supervision.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Professional activities: Residency education is a full-time endeavor. The program director must ensure that activities extrinsic to the program, such as moonlighting, do not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program director must comply with the sponsoring institution's policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.

7. Presence of Other Training Programs: The forensic psychiatry program should provide peer interaction between its residents and those of other specialties. To achieve this goal, an accredited training program in at least one nonpsychiatric medical specialty should be present within the program’s participating institutions. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but it is most satisfactory when organized around joint patient evaluation and/or care. In addition, peer interaction with students in related fields, such as law, psychology, and social work, is highly desirable.

8. Resident Administrative and Teaching Experiences: The program should provide appropriate experience designed to develop the administrative and teaching skills of forensic psychiatry residents. As residents progress through the program, they should have the opportunity to teach personnel such as other residents, mental health professionals, and students.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) quarterly written evaluations of the residents by all supervisors and the directors of clinical components of training,
         2) written semiannual evaluation that is communicated to each resident in a timely manner, and
         3) the maintenance of a record of evaluation for each resident that is accessible to the resident.
      c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
   2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the subspecialty certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of forensic psychiatry should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2003 Effective: July 2003
program. Such facilities may be either discrete institutions separate from an acute care hospital or formally designated units or services within an acute care hospital. Suitable training sites include both nonpsychiatric facilities (such as a nursing facility or chronic care hospital) and psychiatric facilities.

3. An Ambulatory Care Service: The ambulatory care service must be designed to render care in a multidisciplinary environment such as a geriatric clinic, psychiatric outpatient department, or community mental health center where nonpsychiatric medical specialists are also available.

4. Ancillary Support Services: At all participating facilities, there must be sufficient administrative support to ensure adequate teaching facilities, appropriate office space, support personnel, and teaching resources.

5. Library: Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

a. Library services should include the electronic retrieval of information from medical databases.

b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The geriatric psychiatry resident must have satisfactorily completed an ACGME-accredited general psychiatry residency prior to entering the program.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in the resident complement will require prior approval by the Residency Review Committee.

C. Resident Transfer

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. A., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents. At the same time, the presence of residents in geriatric psychiatry must not substantially dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

2. A Long-Term Care Facility: Inclusion of at least one long-term care facility is an essential component of the geriatric psychiatry program. Such facilities may be either discrete institutions separate from an acute care hospital or formally designated units or services within an acute care hospital. Suitable training sites include both nonpsychiatric facilities (such as a nursing facility or chronic care hospital) and psychiatric facilities.
IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of geriatric psychiatry or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the Accreditation Data System (ADS).
3. Using the ADS to promptly notify the executive director of the RRC of a change in program director or department chair.
4. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
5. Supervising the recruitment and appointment process for applicants, including compliance with appropriate credentialling policies and procedures in accordance with institutional and departmental policies and procedures. No applicants should be appointed to the program without written documentation of completion of a general psychiatry residency from the prior program director that verifies satisfactory completion of all educational and ethical requirements for graduation.
6. Monitoring the progress of each geriatric psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as the evaluations of performance by supervisors and teachers. This record shall include a patient log that must document that each resident has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
7. Assuring that residents are provided written descriptions of the departmental policies regarding due process, sickness and other leaves, on-call responsibilities, and vacation time upon appointment to the program. All residents must be provided with written descriptions of the professional liability coverage provided for each clinical assignment.
8. Reporting to the Residency Review Committee by September of each year the name of each geriatric psychiatry resident in the program.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. In addition to the program director, there must be at least one other faculty member who is certified by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry or possess qualifications judged by the RRC to be acceptable.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
1. Geriatric Care Team
Geriatric psychiatry residents must be provided with meaningful patient care experiences as part of an interdisciplinary care team.
   a. In addition to geriatric psychiatry, the Geriatric Care Team should include representatives from related clinical disciplines such as psychology, social work, psychiatric nursing, activity or occupational therapy, physical therapy, pharmacy, and nutrition.
   b. A variety of individuals representing disciplines within medicine, such as family practice, internal medicine (including their geriatric subspecialties), neurology, and physical medicine and rehabilitation, should be available for participation on the Geriatric Care Team as needed for patient care and teaching purposes.
   c. It is highly desirable that geriatric psychiatry residents have access to professionals representing allied disciplines (such as ethics, law, and pastoral care) as needed for patient care and teaching purposes.
d. Geriatric psychiatry residents should be provided with opportunities to participate as members of medical geriatric teams in institutions where such teams are present.

2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge, supplemented by the addition of current information, and the development of resident competence in the six areas listed below.
3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components
1. The program curriculum must address, as a minimum, the following content and skill areas:
   a. The current scientific understanding of aging and longevity, including theories of aging, epidemiology and natural history of aging, and diseases of the aged. This includes specific knowledge of: the effects of biologic aging on human physiology with emphasis on altered pharmacokinetics, pharmacodynamics, and sensory acuity in the elderly; the differences and gradations between normal and abnormal age changes with particular reference to such areas as memory and cognition, affective stability, personality and behavioral patterns, and sexuality. There must be an understanding of successful and maladaptive responses to stressors frequently encountered in older adults such as retirement, widowhood, role changes, interpersonal and health status losses, financial reverses, environmental relocations, and increased dependency.
   b. The relevance of cultural and ethnic differences, and the special problems of disadvantaged minority groups, as these bear upon distinguishing and treating abnormal and maladaptive clinical changes as well as the use of psychosocial support services.
   c. The epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in the elderly. Such disorders, seen alone and in combination, typically include but are not limited to: affective disorders, dementias, delirium, late-onset psychoses, medical presentations of psychiatric disorders, iatrogenesis, adjustment disorders, anxiety disorders, sleep disorders, sexual disorders, substance-related disorders, personality disorders, and continuation of psychiatric illnesses that began earlier in life.
   d. The performance of mental status examination, including structured cognitive assessment, community and environmental assessment, family and care giver assessment, medical assessment, and functional assessment. Such skills form the basis for formal multidimensional geriatric assessment using the appropriate synthesis of clinical findings and historical as well as current information acquired from the patient and/or relevant others (such as family members, care givers, and other health care professionals). The multidimensional assessment is essential to short-term and long-term diagnostic and treatment planning. Training must be provided in formulating these various assessments into an appropriate and coherent treatment plan.
   e. The formal and informal administrative leadership of the mental health care team, including skills in communicating treatment plans to the patient and the family.
   f. The selection and use of clinical laboratory tests; radiologic and other imaging procedures; and polysomnographic, electrophysiologic, and neuropsychologic tests as well as making appropriate referrals to and consultations with other health care specialists.
   g. The initiation and flexible guidance of treatment with the need for ongoing monitoring of changes in mental and physical health status and medical regimens. Residents should be taught to recognize and manage psychiatric comorbid disorders (for example, dementia and depression) as well as the management of other disturbances often seen in the elderly such as agitation, wandering, changes in sleep patterns, and aggressiveness.
   h. The recognition of the stressful impact of psychiatric illness on care givers. Attention should be placed on the appropriate guidance of and protection of care givers as well as the assessment of their emotional state and ability to function.
   i. Recognition and assessment of elder abuse and appropriate intervention strategies.
   j. The appropriate use of community of home health services, respite care, and the need for institutional long-term care.
k. The management of the care of elderly persons with emotional or behavioral disorders, including the awareness of appropriate modifications in techniques and goals in applying the various psychotherapies (with individual, group, and family focuses) and behavioral strategies.

l. The indications, side effects, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, appropriate medication management and strategies to recognize and correct medication noncompliance. Attention should be given to the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.

m. The use of nonpharmacologic approaches with particular reference to applications and limitations of behavioral therapeutic strategies, physical restraint, and the appropriate use and application of electroconvulsive therapy in the elderly.

n. The appropriate use of psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in the elderly which may complicate the clinical presentation and influence the doctor-patient relationship or treatment planning.

o. The appropriate use of psychotherapies as applied to the elderly.

p. The ethical and legal issues especially pertinent to geriatric psychiatry, including competence, guardianship, right to refuse treatment, wills, informed consent, elder abuse, the withholding of medical treatments, and federal legislative guidelines governing psychotropic drug prescription in nursing homes.

q. The current economic aspects of supporting services, including but not limited to Title III of the Older Americans Act, Medicare, Medicaid, and cost containment.

r. The research methodologies related to geriatric psychiatry, including biostatistics, clinical epidemiology, medical information retrieval, physical restraint analysis, and critical literature review, and research design (including cross-sectional and longitudinal methods).

2. Conferences
Conferences in geriatric psychiatry, such as grand rounds, case conferences, readings seminars, and journal club should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.

D. Clinical Components
1. Patient Population
There must be sufficient number and variety of patients in all institutions where training takes place to accomplish the educational goals. This should include not only the spectrum of psychiatric diagnoses, but also experience with a diversity of patients by sex, socioeconomic, educational, and cultural backgrounds.

2. The training program must include the following clinical components:
   a. Longitudinal Care Experience
      All geriatric psychiatry residents should have the opportunity at a senior level of responsibility to follow and treat a sufficient number of patients requiring continuing care. This experience should be of sufficient duration for the resident to understand the problems and learn the skills associated with longitudinal management and treatment. Emphasis during this experience should be placed on approaches to consultation, diagnosis, and treatment of the acutely and chronically ill elderly in a diversity of care settings, both medical and psychiatric, including those with less technologically sophisticated environments. Training should include clinical experience in geriatric psychopharmacology; electroconvulsive therapy (ECT); the use of relevant individual and group psychotherapies; the use of activity therapies; the psychosocial impact of institutionalization; family dynamics in the context of aging, including intergenerational issues; teaching nonmental health professionals about mental health in the aged; the bioethical dilemmas encountered when treating illness in the very old; and working within facilities that may have limitations, such as a decreased staff-patient ratio.
   b. Geriatric Psychiatry Consultation Experience
      Attaining skills as a consultant is an essential part of training. Consultation experiences should be formally available on the nonpsychiatric services of an acute care hospital. There should include consultation to inpatient, outpatient, and emergency services. There should also be consultative experience in chronic care facilities. Familiarity with the organizational and administrative aspects of home health care services should be provided. Exposure to outreach services and crisis intervention services in both community and home settings should be provided.
   c. Other Medical Specialty Experience
      There should be an identifiable, structured educational experience in neurology, physical medicine and rehabilitation, geriatric medicine or geriatric family practice, and palliative care relative to the practice of psychiatry that includes both didactic and clinical training methods. The curriculum should address functional assessment, altered signs and symptoms of physical illness that occur in the elderly, and the identification of physical illnesses and iatrogenic factors that can alter mental status and behavior.

3. Additional Educational Environment
The program must provide opportunities for the geriatric psychiatry resident to render continuing care and to exercise leadership responsibilities in organizing recommendations from the mental health team as well as in integrating recommendations and input from primary care physicians, consulting medical specialists, and representatives of other allied disciplines.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space,
F. Resident Policies
The program director must ensure, direct, and document the implementation of and compliance with appropriate resident policies at all times.

1. Duty hours
   a. Residents must be provided with adequate opportunities to rest and sleep when on duty for 24 hours or more. On-call rooms to permit rest and privacy must be available for each resident on night duty in the hospital.
   b. The educational goals and objectives of the program and the resident learning objectives must not be compromised by excessive reliance on residents to fulfill service obligations. Duty hours, however, must reflect the fact that responsibility for continuing patient care is not automatically discharged at specific times. Programs must ensure adequate backup support when patient care responsibilities are difficult or prolonged.
   c. Resident duty hours and on-call periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the Specialty Requirements. The program director is responsible for monitoring resident activities to ensure that resident fatigue does not contribute to diminished learning or performance or detract from patient safety.

2. Graded Responsibility
   The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.

3. Supervision
   a. All patient care services must be supervised by qualified faculty.
   b. The program director must ensure, direct, and document adequate supervision of residents at all times.
   c. Residents must be provided with rapid, reliable systems for communicating with supervisors.
   d. Each resident shall have a minimum of two hours of individual supervision weekly, of which one hour may be group supervision.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Professional activities: Residency education is a full-time endeavor. The program director must ensure that activities extrinsic to the program, such as moonlighting, do not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program director must comply with the sponsoring institution's policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.

7. Presence of Other Training Programs: The program should provide peer interaction between its geriatric psychiatry residents and those of other medical specialties. To achieve this goal, there should be an ACGME-accredited training program in at least one relevant nonpsychiatric specialty such as neurology, internal medicine, family practice, geriatric medicine, or physical medicine and rehabilitation within the participating institutions of the geriatric psychiatry program. Peer interaction among the residents should occur in the course of clinical and/or didactic work but is most satisfactory when organized around joint patient evaluation and/or care.

8. Resident Teaching Experiences: The program should provide appropriate experiences designed to develop the administrative and teaching skills of the geriatric psychiatry residents. As the geriatric psychiatry residents progress through the program, they should have the opportunity to teach personnel such as other residents, medical students, nurses and allied health professionals.

VI. Evaluation
A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
      b. mechanisms for providing regular and timely performance feedback to residents that includes at least
         1) quarterly evaluation of the geriatric psychiatry residents by all supervisors and the directors of clinical components of training,
         2) written semiannual evaluation of the knowledge, skills and professional growth of the residents, using appropriate criteria and procedures that is communicated to each resident in a timely manner. More frequent evaluations should be scheduled and documented, if necessary, and
         3) the maintenance of a record of evaluation for each resident that is accessible to the resident.
      c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

   2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
   The performance of the faculty must be evaluated by the program in less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly
activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d.), and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the subspecialty certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry should communicate with the Executive Vice President/Secretary of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2003 Effective: July 2003

Program Requirements for Residency Education in Geriatric Psychiatry (Psychiatry)

I. Scope and Duration of Training
A. Definition and Scope of the Specialty
Pain management is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training
Subspecialty training in pain management shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain management. The remainder may be in clinical activities or research relevant to pain management. Assignments must not be made to activities not directly related to pain management.

II. Institutional Organization
A. Relationship to Core Program
Accreditation of a subspecialty program in pain management will be granted only when the program is in direct association with a core residency program in psychiatry accredited by the Accreditation Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain management program is conducted. Rotations outside the institution in which the pain management program is based should not exceed 4 months.

B. Appointment of Residents
Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources
Because pain management is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain management that ensures cooperation of all involved disciplines.

III. Program Director/Faculty
A. Program Director
The program director must be a psychiatrist who has been certified in pain management by the American Board of Psychiatry and Neurology or possess appropriate educational qualifications as judged by the RRC. The program director should have appropriate experience in pain management as a clinician, administrator, and educator.

The subspecialty program director has responsibility for the teaching program in pain management subject to the approval of the director of the core residency program.

B. Medical Director
The medical director of the pain management service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain management, the primary speciality of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.
C. Faculty
Qualified physicians with expertise in pain management must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain management must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than psychiatry. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain management.

At least three faculty with expertise in pain management should be involved in teaching pain management residents, and those should equal two or more full-time equivalents. A ratio of at least one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources
A. Space and Equipment
A pain management center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain management must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain management procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services
The following functions and support must be available:
1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end-of-life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population
For each resident in the subspecialty of pain management each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain management.

D. Library
There must be a departmental library with adequate material relevant to pain management. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program
A. Educational Environment
An accredited program in pain management must provide educational, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components
There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain management. Subspecialty training in pain management must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:
1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies
11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal rhizolysis
13. Peripheral neurectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in pain management

In addition to the above skills, the pain management resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis, and follow-up.

C. Didactic Components
The pain management curriculum must include the following topics in lectures and reading:
1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain management
4. Pharmacology of centrally acting drugs used in pain management
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain management
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain management
12. Principles and techniques of cancer pain management, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain management
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain management center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions
23. Psychological screening tools to evaluate pain disorders
24. History and physical examination skills, including indications/contraindications and interpretation of diagnostic studies relating to pain disorders

D. Pain Center Management
Subspecialty residents in pain management must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching
The subspecialty resident in pain management must become experienced in teaching principles of pain management to resident physicians, medical students, and other health-care professionals.

F. Conferences
Pain management conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain management resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and psychiatry pain management training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:
A. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
B. Participation in journal clubs and research conferences.
C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.

D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract, or publication.

VII. Evaluation
A. Faculty responsible for teaching subspecialty residents in psychiatry pain management must provide critical evaluations of each resident's progress and competence to the psychiatry pain management program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in psychiatry pain management must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.
B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in psychiatry pain management should be involved in continuous quality improvement, utilization review, and risk management.

VIII. Board Certification
The record of its graduates in obtaining certification in pain management by ABMS certifying bodies represents one measure of the quality of a program. The RBC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000 Effective: June 2000

Program Requirements for Residency Education in Psychosomatic Medicine (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction
A. Definition and Scope of the Specialty
Psychosomatic Medicine is the discipline encompassing the study and practice of psychiatric disorders in patients with medical, surgical, obstetrical and neurological conditions, particularly for patients with complex and/or chronic conditions. Physicians specializing in psychosomatic medicine have expertise in the diagnosis and treatment of psychiatric disorders in complex medically ill patients. The practice of psychosomatic medicine requires comprehensive knowledge of patients with acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity affects their medical care and/or quality of life; patients with somatoform disorder or with psychological factors in which psychiatric morbidity affects a...
physical condition; and patients with a psychiatric disorder that is the
direct consequence of a primary medical condition.

B. Duration and Scope of Education
1. An accredited residency program in psychosomatic medicine
must provide 12 months of supervised graduate education.
2. To be eligible for accreditation, the subspecialty program must
function as an integral part of an accredited residency program
in psychiatry. There must be a reporting relationship, to ensure
compliance with the ACGME accreditation standards, from the program
director of the subspecialty program to the program di-
rector of the parent psychiatry residency program.
3. Prior to entry into the program, each resident must be notified in
writing of the required length of training.

II. Institutional Support
A. Sponsoring Institution
One sponsoring institution must assume the ultimate respon-
sibility for the program as described in the Institutional Require-
ments, and this responsibility extends to resident assignments at
all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a
clear educational rationale, must have clearly stated learning
objectives and activities, and should provide resources not
otherwise available to the program.
2. Assignments at participating institutions must be of sufficient
length to ensure a quality educational experience and should
provide sufficient opportunity for continuity of care. Although
the number of participating institutions may vary with the
various specialties' needs, all participating institutions must
demonstrate the ability to promote the program goals and ed-
ucational and peer activities. Exceptions must be justified
and prior-approved.
3. Program letters of agreement must be developed for each par-
ticipating institution that provides an educational experience
for a resident that is one month in duration or longer. In in-
stances where two or more participating institutions in the
program function as a single unit under the authority of the
program director, letters are not necessary. The agreements
should
a. identify the faculty who will assume the educational and su-
 ervisory responsibility for residents and specify the fac-
ty responsibilities for teaching, supervision, and formal
  evaluation of resident performance per Sections IV.D. and
  VI.A of the Program Requirements;
b. outline the educational outcomes to be attained by the resi-
dent during the assignment;
c. specify the period of resident assignment;
d. establish the policies that will govern resident education
during the assignment.

III. Resident Appointment
A. Eligibility Criteria
1. The program director must comply with the criteria for resi-
dent eligibility as specified in the Institutional Require-
ments.
2. Subspecialty training in psychosomatic medicine is a voluntary
component in the continuum of the educational process; such
training should take place on satisfactory completion of an
ACGME-accredited program in psychiatry.

B. Number of Residents
The RRC will approve the number of residents based upon estab-
lished written criteria that include the adequacy of resources
for resident education such as quality and volume of patients
and related clinical material available for education, fac-
ulty-resident ratio, institutional funding, and the quality of fac-
tulty teaching.

C. Resident Transfer
To determine the appropriate level of education for a resident
who is transferring from another residency program, the pro-
gram director must receive written verification of the previous
educational experiences and a statement regarding the perfor-
mane evaluation of the transferring resident prior to accep-
tance into the program. A program director is required to pro-
vide verification of residency education for any residents who
may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
1. The appointment of other residents requires a clear statement of
the areas of training, clinical responsibilities, and duration of the
special education. This statement must be supplied to the Resi-
dency Review Committee at the time the program is site visited.
2. The appointment of fellows and other specialty residents or
students for special education must not dilute or detract from
the educational opportunities of the regularly appointed psy-
chosomatic residents. If such residents/trainees so appointed
will, in the judgment of the Residency Review Committee, de-
tract from the education of the regularly appointed psychoso-
matic residents, the accreditation status of the program may be
adversely affected.

IV. Faculty
The program director and faculty are responsible for the gen-
eral administration of the program and for the establish-
ment and maintenance of a stable educational environment. Adequate
lengths of appointment for the program director and faculty are
essential to maintaining such an environment. The length of ap-
pointment for the program director should provide for contin-
unity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the
program. The person designated with this authority is ac-
countable for the operation of the program and should be a
member of the staff of the sponsoring or integrated institu-
tion.
2. The program director must
a. possess requisite specialty expertise as well as documented
  educational and administrative abilities and experience in
  his or her field.
b. be certified in psychosomatic medicine by the American
  Board of Psychiatry and Neurology or possess qualifications
  judged to be acceptable by the RRC.
c. be appointed in good standing and based at the primary
teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational
program in all institutions that participate in the program.
This includes selecting and supervising the faculty and other
program personnel at each participating institution, appoint-
ing a local site director, and monitoring appropriate resident
supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in psychosomatic medicine by the American Board of Psychiatry and Neurology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. In addition to the program director, there must be a minimum of one additional physician faculty member who meets the requirements in IV.C. above.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process. The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for practice of the subspecialty.

A. Role of Program Director and Faculty
The program director, with the assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:
1. Preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. Preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. Providing residents with direct experience in progressive responsibility for patient management. The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's illness.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Components of the Educational Program
1. Curriculum
The training program must provide opportunities for residents to acquire advanced clinical knowledge and skills in the field of psychosomatic medicine. This objective must be accomplished by a combination of supervised clinical experiences and formal didactic conferences. The curriculum must assure residents the opportunity to acquire the cognitive knowledge, interpersonal skills, professional attitudes, and practical experience required of a psychiatrist with added qualifications in psychosomatic medicine. All major dimensions of the curriculum must be structured educational experiences guided by written goals and objectives as well as by specified teaching and evaluation methods. Educational experiences must be planned and faculty must attend and meaningfully participate.

2. Didactic experiences in psychosomatic medicine must provide residents with sufficient opportunity to develop knowledge, skill and proficiency involving

a. the nature and extent of psychiatric morbidity in medical illness and its treatments,
b. the impact of comorbid psychiatric disorders on the course of medical illness,
c. understanding of how and why patients respond to illness,
d. knowledge of appropriate treatment interventions for co-existing psychiatric disorders in the medically ill

e. psychological and psychiatric effects of new medical or surgical therapies,
f. the epidemiology of psychiatric illness and its treatment in medical disease, and
g. knowledge of the nature and factors that influence the physicianpatient relationship.

D. Clinical Components

1. Patient Population

There must be an adequate number of patients representing both sexes with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of the residents. The number of critically ill patients available for the residents at the primary clinical site should be sufficient to meet the educational goals of the program.

2. Clinical experiences in psychosomatic medicine must provide residents with sufficient opportunity for the psychiatric evaluation of individuals involving

a. psychiatric complications of medical illnesses,
b. psychiatric complications of medical treatments, especially medications, new surgical or medical procedures, transplantation, and a range of experimental therapies,
c. typical and atypical presentations of psychiatric disorders that are due to medical, neurological, and surgical illnesses,
d. evaluation and management of delirium, dementia, and secondary (“organic”) psychotic disorders,
e. evaluation and management of somatoform disorders, and chronic pain,
f. assessment of capacity to give informed consent for medical and surgical procedures in the presence of cognitive impairment,
g. provision of non-pharmacologic interventions, including cognitive-behavioral psychotherapy, interpersonal psychotherapy, as well as focused, short-term psychotherapy in patients suffering the effects of complex medical disorders or their treatments,
h. indications for, and use of, psychotropics in specific medical, neurological, obstetrical, and surgical conditions,
i. interactions between psychotropic medications and the full-range of medications used for a variety of medical and surgical conditions,
j. collaboration with other physicians, and other members of the multidisciplinary treatment team,
k. teaching other physicians and other members of the multidisciplinary team how to recognize and respond to various psychiatric disorders,
l. leading an integrated psychosocial health care team in the medical setting.

3. Residents must participate in continuity of patient care.

4. A written statement defining the role of related disciplines must be in place outlining requirements for multidisciplinary care and resident interactions with other specialties.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals,
b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks,
c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Supervision of the residents by psychosomatic faculty members must be available at all times.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care, (both inpatient and outpatient), administrative duties re-
lated to patient care, the provision for transfer of patient
care, time spent in-house during call activities, and sched-
uled academic activities such as conferences. Duty hours
do not include reading and preparation time spent away
from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged
over a four-week period, inclusive of all in-house call
activities.

c. Residents must be provided with 1 day in 7 free from all ed-
ucational and clinical responsibilities, averaged over a
4-week period, inclusive of call. One day is defined as one
continuous 24-hour period free from all clinical, educa-
tional, and administrative activities.

d. Adequate time for rest and personal activities must be pro-
vided. This should consist of a 10 hour time period pro-
vided between all daily duty periods and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with
continuity of patient care experiences throughout a 24-hour
period. In-house call is defined as those duty hours beyond
the normal work day when residents are required to be im-
mediately available in the assigned institution.

a. In-house call must occur no more frequently than every
third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not
exceed 24 consecutive hours. Residents may remain on duty
for up to six additional hours to participate in didactic ac-
tivities, transfer care of patients, conduct outpatient clini-
ces, and maintain continuity of medical care.

c. No new patients may be accepted after 24 hours of contin-
uous duty. A new patient is defined as any patient for whom
the resident has not previously provided care.

d. At-home call (pager call) is defined as call taken from out-
side the assigned institution.

1) The frequency of at-home call is not subject to the every
third night limitation. However, at-home call must not
be so frequent as to preclude rest and reasonable per-
sonal time for each resident. Residents taking at-home
call must be provided with 1 day in 7 completely free
from all educational and clinical responsibilities, aver-
aged over a 4-week period.

2) When residents are called into the hospital from home,
the hours residents spend in-house are counted toward the
80-hour limit.

3) The program director and the faculty must monitor the
demands of at-home call in their programs and make
scheduling adjustments as necessary to mitigate exces-
sive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the
program director must ensure that moonlighting does not
interfere with the ability of the resident to achieve the
goals and objectives of the educational program.

b. The program director must comply with the sponsoring in-
stitution's written policies and procedures regarding moon-
lighting, in compliance with the Institutional Requirements
III. D. 1.k.

c. Moonlighting that occurs within the residency program
and/or the sponsoring institution or the non-hospital spon-
sor's primary clinical site(s), i.e., internal moonlighting,
must be counted toward the 80-hour weekly limit on duty
hours.

5. Oversight

a. Each program must have written policies and procedures
consistent with the institutional and Program Require-
ments for resident duty hours and the working environ-
ment. These policies must be distributed to the residents
and the faculty. Monitoring of duty hours is required with
frequency sufficient to ensure an appropriate balance be-
tween education and service.

b. Back-up support systems must be provided when patient
care responsibilities are unusually difficult or prolonged,
or if unexpected circumstances create resident fatigue suf-
ficient to jeopardize patient care.

VI. Evaluation

A. Resident Evaluation
1. The residency program must demonstrate that it has an effec-
tive plan for assessing resident performance throughout the
program and for utilizing the results to improve resident per-
formance. This plan should include

a. the use of methods that produce an accurate assessment of
residents' competence.

b. mechanisms for providing regular and timely performance
feedback to residents that includes at least

1) written semianual evaluation that is communicated to
each resident in a timely manner

2) the maintenance of a record of evaluation for each resi-
dent that is accessible to the resident.

c. a process involving use of assessment results to achieve
progressive improvements in residents' competence and per-
formance. Appropriate sources of evaluation include fac-
ulty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each
resident who completes the program. The evaluation must in-
clude a review of the resident's performance during the final
period of education and should verify that the resident has
demonstrated sufficient professional ability to practice com-
petently and independently. The final evaluation must be part
of the resident's permanent record maintained by the institu-
tion. The final evaluation of each resident must document profi-
cency in the following outcome areas:

a. knowledge of abnormal behavior and psychiatric illnesses that
occur among medical, neurological, obstetrics-gynecology, and
surgical patients,

b. knowledge of biological, psychological and social factors that
influence the development, course and outcome of medi-
cal/surgical diseases,

c. ability to diagnose and treat psychiatric disturbances that oc-
cur among the physically ill, including the administration of
psychotropic medications to seriously ill patients,

d. understanding of pharmacology, including the
psychopharmacology of the medically ill, with emphasis on,
and psychiatric side effects of, non-psychotropic medications
and the interactions of psychotropic medications with other
medications on the central nervous system,

e. ability to provide consultation in medical and surgical
settings,

f. facilitative skills necessary to enhance the care of psychiatric
disturbances among the physically ill through cooperative in-
teraction with other physicians and allied health
professionals,

g. ability to effectively supervise medical students and residents
performing consultations and to teach medical and surgical
colleagues about psychiatric complications of physical illness,

h. participation in the development of new knowledge, evalua-
tion of research findings, and the continuing acquisition of

398
new knowledge, through the development of good habits of inquiry,
I. knowledge of the organizational and administrative skills needed to finance, staff, and manage a psychosomatic medicine service.

**B. Faculty Evaluation**
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

**C. Program Evaluation**
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. **Outcome assessment**
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. When averaged over any five-year period, a minimum of 80% of all program graduates must successfully complete the examinations of the American Board of Psychiatry and Neurology.

**VII. Experimentation and Innovation**
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

**VIII. Board Certification**
Residents who plan to seek certification by the American Board of Psychiatry and Neurology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

*ACGME: June 2003  Effective: June 2003*

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**Program Requirements for Residency Education in Diagnostic Radiology**

**Common Program Requirements**
Sections of text that are not bolded are specialty-specific requirements.

**I. Introduction**

A. **Definition and Scope of the Specialty**
Diagnostic radiology encompasses a variety of diagnostic and image-guided therapeutic techniques, including all aspects of radiological diagnosis, nuclear radiology, diagnostic ultrasound, magnetic resonance, computed tomography, interventional procedures, and the use of other forms of radiant energy. The residency program in diagnostic radiology shall offer a quality graduate medical educational experience of adequate scope and depth in all of these associated diagnostic disciplines.

B. **Duration and Scope of Education**
Resident education in diagnostic radiology must include 5 years of clinically oriented graduate medical education, of which 4 years must be in diagnostic radiology. The clinical year must consist of Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent accredited training in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family practice, emergency medicine, or any combination of these, or an ACGME or equivalent accredited transitional year.

   If the clinical year is offered by the institution of the core residency, and it is not itself an ACGME-accredited year, the program director will be responsible for assuring the quality of the year.

   The diagnostic radiology program shall offer a minimum of 4 years of graduate medical education (including vacation and meeting time) in diagnostic radiology, of which at least 42 months of training must be in the parent or integrated institution(s). (Time spent attending the AFIP course is excluded.) The minimum period of training in nuclear radiology shall be 6 months. The maximum period of training in any subspecialty area shall be 12 months.

**II. Institutional Support**

A. **Sponsoring Institution**
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. **Participating Institutions**
1. Assignments to participating institutions must be based on a clear educational rationale, have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the RRC.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In
instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should

a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.B. and V.A of the Program Requirements;

b. outline the educational goals and objectives to be attained by the resident during the assignment;

c. specify the period of resident assignment;

d. establish the policies that will govern resident education during the assignment.

4. Integrated and Affiliated Institutions

Institutions may participate on an affiliated or an integrated basis. When another institution is utilized and a single program director assumes responsibility for the entire residency, including the appointment of all residents and teaching staff, that institution is designated as integrated. Within a single program some participating hospitals may qualify as integrated, while others are merely affiliated. Rotations to affiliated institutions may not exceed 6 months during the 4 years of training. (Time spent attending the AFIP course is excluded.) Rotations to integrated institutions are not limited in duration. Participation by any affiliated institution providing more than 3 months of training must be approved by the RRC. Prior approval of the RRC is required for participation of an institution on an integrated basis, regardless of the duration of the rotations.

Affiliation shall be avoided with institutions that are at such a distance from the parent institution as to make resident attendance at rounds and conferences impractical, unless there is a comparable educational experience at the affiliated institution. Service responsibility alone at a participating institution does not constitute a suitable educational experience.

C. Facilities and Resources

1. The program must provide not only adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in diagnostic radiology but also the modern facilities and equipment required in all of the subspecialty rotations.

2. There must be 24-hour access to an on-site departmental library or to a collection of journals, references, and resource materials pertinent to progressive levels of education in diagnostic radiology and associated fields in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must include standard diagnostic radiology and radiological subspecialty textbooks and major radiology journals.

3. Residents must have ready access to a major medical library, and journals must include standard diagnostic radiology and associated fields in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must include standard diagnostic radiology and radiological subspecialty textbooks and major radiology journals.

III. Resident Appointment

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a diagnostic radiologist who is a member of the staff of the sponsoring or integrated institution.

2. The program director must:

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including at least 3 years of participation as an active faculty member in an accredited residency program.
b. be certified by the American Board of Radiology or possess qualifications judged to be acceptable by the RRC.
c. be appointed in good standing and based at the primary teaching site.
d. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

3. A complete curriculum vitae of the program director shall be filed with the Executive Director of the RRC at the time of appointment and updated with each review of the program by the RRC.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the RRC, using the ADS, of a change in program director or department chair.

4. Ensuring the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s).
   b. Change in the approved resident complement.
   c. Change in the format of the educational program.

   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Radiology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. As noted (III.B.3), there must be at least one full-time equivalent faculty member at the parent and integrated institutions for every resident in the program. All members of the faculty must have their academic appointment in the department of radiology.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

4. Didactic and clinical teaching must be provided by faculty with documented interests and expertise in the subspecialty involved. The teaching faculty responsible for the training in each designated subspecialty area must demonstrate a commitment to the subspecialty. Such commitment may be demonstrated by any of the following: (1) fellowship training or 3 years of subspecialty practice; (2) membership in a subspecialty society; (3) publications and presentations in the subspecialty; (4) annual CME credits in the subspecialty.

5. At least one physician faculty member must be designated to have primary responsibility for the educational content of each of the nine subspecialty areas. This individual must practice at least 50% of his or her time in the department. The nine subspecialty areas are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, chest radiology, breast imaging, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology. No faculty member may have primary responsibility for the educational content of more than one subspecialty area, although faculty may have clinical responsibility and/or teaching responsibilities in several subspecialty areas. A pediatric radiologist may have a primary appointment at another institution and still be the designated faculty member supervising pediatric radiologic education.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administrative and educational conduct of the program. A dedicated residency program coordinator is required.

V. The Educational Program
A. Role of Program Director and Faculty
The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. Preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. Preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information. The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

3. Providing residents with direct experience in progressive responsibility for patient management as they advance through
the program. The educational program must culminate in sufficiently independent responsibility for clinical decision-making to ensure that the graduating resident has developed sound clinical judgment. The level of resident responsibility should be increased progressively with each year of education. This includes responsibility in patient care, leadership, teaching, and practice management. Senior residents should supervise or act as consultants to junior residents and medical students.

4. Ensuring that residents continue to be involved in clinical responsibilities throughout residency. Full-time participation in educational conferences, clinical services, and call responsibilities is expected at all levels of training, including the entire final year of residency.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomed-  
cal, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. While not all members of a teaching faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. Resident research

During their training, all residents should be encouraged to engage in an investigative project under faculty supervision. This may take the form of laboratory research, clinical research, or the retrospective analysis of data from patients, and results of such projects shall be suitable for publication or presentation at local, regional, or national scientific meetings.

D. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Faculty supervision must be available at all sites of training. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

   b. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities.

   c. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty Hours

   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

   b. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities.

   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct out-patient clinics, and maintain continuity of medical and surgical care. During this time, residents may complete call activities and participate in read-out sessions with faculty of the previous night's cases.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as reading a new study or participating in an interventional procedure on a patient for whom the resident has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D. L. K.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
The RRC for Diagnostic Radiology will not consider requests for exception to the limit to 80 hours per week, averaged monthly.

F. Didactic Components
The education in diagnostic radiology must occur in an environment that encourages the interchange of knowledge and experience among residents in the program and with residents in other major clinical specialties located in those institutions participating in the program.

Diagnostic radiologic physics, radiation biology, radiation protection, and pathology are required elements of the curriculum. In view of the importance of understanding pathology as a basis for radiologic diagnosis, emphasis should be placed on its study. Radiologic/pathologic conferences are required for those residents who do not participate in formalized extramural pathology teaching programs. Didactic instruction in molecular imaging should be offered.

Teaching files (electronic or film) of cases related to all aspects of diagnostic radiology must be available for use by residents. Aggregates of these files should contain a minimum of 1000 cases that are actively maintained and continually enhanced with new cases. The American College of Radiology learning file or its equivalent should be available to residents; this only partially meets the teaching file requirements.

Conferences and teaching rounds must be correlated and provide for progressive resident participation. There should be intradepartmental conferences as well as interdepartmental conferences of appropriate frequency with each major clinical department in which both residents and faculty participate on a regular basis.

G. Clinical Components
The program in diagnostic radiology must provide a sufficient volume and variety of patients to ensure that residents gain experience in the full range of radiologic examinations, procedures, and interpretations. A reasonable volume is no less than 75000 total radiologic examinations at the parent or integrated program, and no less than 7,000 radiologic examinations per year per resident. The number of examinations in each of the subspecialty areas must be of sufficient volume to ensure adequate training experience. If volume in any subspecialty area is less than acceptable, a plan must be developed to increase trainee exposure. The presence of residents and subspecialty residents from outside institutions for limited rotations should not dilute the educational experience of the core program residents.

The clinical training must provide for progressive, supervised responsibility for patient care and must ensure that the supervised resident performs those procedures commonly accepted in all aspects of diagnostic radiology. The training must include progressive study and experience in all of the diagnostic radiologic subspecialties. The training program should ensure sufficient time to gain experience in neuroradiology, musculoskeletal radiology, vascular and interventional radiology, chest radiology, breast imaging, abdominal radiology, pediatric radiology, ultrasoundography (including obstetrical and vascular ultrasound), and nuclear radiology. There must be a minimum of 12 weeks of clinical rotations in breast imaging.

Additionally, each resident must have documented supervised experience in interventional procedures, for example, image-guided biopsies, drainage procedures, noncoronary angioplasty.
embolization and infusion procedures, and percutaneous introduction techniques.

The program director must require that residents maintain a record (electronic or written) in which they document the performance, interpretation, and complications of vascular, interventional, and invasive procedures. The record must be reviewed by the program director or faculty designee on a yearly basis.

Training and clinical experience are required in plain film interpretation, computed tomography, magnetic resonance imaging, angiography, and nuclear radiology examinations of the cardiovascular system (heart and great vessels). This training must include both the adult and the pediatric age group. The program must also provide didactic instruction in cardiac anatomy, physiology, and pathology, including the coronary arteries.

Radiologic education in different organ systems must provide the opportunity for residents to develop adequate knowledge regarding normal and pathologic physiology, including the biologic and pharmacologic actions of materials administered to patients in diagnostic studies.

Each resident must have basic life-support training, and advanced cardiac life-support training is recommended.

VI. Evaluation

A. Residency Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. The evaluation process should involve use of assessment results to achieve progressive improvements in residents' competence and performance. This plan should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   Evaluations of each resident's progress and competence should be conducted preferably at the end of each rotation, but not less than four times yearly. The program director or the program director's designee must meet with all the residents at least semiannually to discuss these evaluations and provide feedback on performance.

   Residents should be advanced to positions of higher responsibility only on the basis of their satisfactory progressive professional growth and scholarship. More frequent reviews of performance for residents experiencing difficulties or receiving unfavorable evaluations are required. When a resident fails to progress satisfactorily, a written plan identifying the problems and addressing how they can be corrected must be placed in his or her individual file.

   A record of evaluation should be maintained for each resident and should be accessible to the resident.

   Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment

   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.

   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. During the most recent 5-year period, at least 50% of its graduates should pass without condition the written and oral examinations on the first attempt.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification

Residents who plan to seek certification by the American Board of Radiology should communicate with the Executive Director of the Board to ascertain the current requirements, including duration of training, for acceptance as a candidate for certification.

ACGME: July 2003   Editorial Revision: December 2003
Policies and Procedures for Residency Education in the Subspecialties of Diagnostic Radiology

Subspecialty programs must be administratively linked to an accredited core residency program in diagnostic radiology. (The only exception is pediatric radiology, as discussed below.) An application for accreditation of a new subspecialty program will be considered only if the core program has full accreditation. An application will not be accepted for review if the core program in diagnostic radiology is accredited on a provisional or a probationary basis, or if it has been accredited with a warning that adverse action will be taken if it is not in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education at the time of the next review.

A subspecialty program in pediatric radiology may not necessarily be administratively linked to an accredited core residency program in diagnostic radiology if the pediatric radiology program is conducted in a children's hospital. In such a case, the subspecialty program may be considered free-standing and, therefore, not required to be under the sponsorship of a diagnostic radiology residency program.

An on-site survey of the proposed program is required for the initial review by the Residency Review Committee. Accreditation will be granted on the basis of the application and the written report from the on-site survey of the proposed program. Following the initial approval, the subspecialty program will be surveyed and reviewed in conjunction with the core diagnostic radiology program.

Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of the subspecialty program will be directly related to that of the core diagnostic radiology program, as follows:

Subspecialty programs may be cited for deficiencies and advised that either the deficiencies must be corrected by the specified time or accreditation will be withdrawn regardless of the accreditation status of the associated diagnostic radiology program.

If the associated diagnostic radiology program is accredited on a probationary basis, or accredited with a warning that adverse action will be taken, the subspecialty program will be informed that its accreditation status is also in jeopardy. Thereafter, accreditation of the subspecialty programs will be withdrawn if the Residency Review Committee finds that the sponsoring institution(s) is (are) not making satisfactory progress in addressing the adverse accreditation status of the core diagnostic radiology program.

Withdrawal of accreditation of the core diagnostic radiology residency program will result in simultaneous withdrawal of accreditation of the subspecialty program.

In the case of withholding of accreditation or withdrawing accreditation of subspecialty programs, the Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions apply.

Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology

These requirements apply to all of the accredited subspecialty areas and should be consulted along with the individual subspecialty Program Requirements.

I. General Information
A. A residency education program in a subspecialty of diagnostic radiology is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

B. Residency education programs in the subspecialties of diagnostic radiology may be accredited only in institutions that either sponsor a residency education program in diagnostic radiology accredited by the ACGME or are integrated by formal agreement into such programs. (See Program Requirements for Pediatric Radiology for exceptions to this requirement.) Close cooperation between the subspecialty and residency program directors is required.

C. Rotations to affiliated institutions can be approved for a period not exceeding 25% of the total program; adequate educational justification for such rotations must be provided to the RRC prior to implementation. The definitions governing affiliated and integrated institutions in the Program Requirements for Residency Education in Diagnostic Radiology also apply to the subspecialty programs of diagnostic radiology.

D. Subspecialty programs will not be approved if they have substantial negative impact on the education of the diagnostic radiology residents in the core program.

II. Faculty Qualifications and Responsibilities

The program director and faculty are responsible for the general administration of a program, including activities related to the recruitment and selection, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

Subspecialty education programs must provide a scholarly environment for acquiring the necessary cognitive and procedural clinical skills essential to the practice of the specific subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program. It is also imperative that appropriate resources and facilities be present. Service obligations must not compromise educational goals and objectives.

A. Qualifications of the Program Director

There must be a single program director responsible for the subspecialty program. The director must be an experienced educator and supervisor of residents in the subspecialty. He or she must...
be certified by the American Board of Radiology in diagnostic radiology or radiology or possess appropriate qualifications, and shall have had postresidency experience in the subspecialty, preferably fellowship training. (See Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements.) The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.) The program director must be a member of the radiology faculty, spend essentially all professional time in the subspecialty, and devote sufficient time to fulfill all responsibilities inherent in meeting the educational goals of the program.

B. Responsibilities of the Program Director

It is the responsibility of the subspecialty program director to support the residency education program by devoting his or her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:

1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff and should be readily available for review.

2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.

4. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

5. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

6. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

7. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

8. Preparation of an accurate statistical and narrative description of the program.

9. Notification of the RRC regarding major program changes. Prior approval of the RRC is required for the addition or deletion of a major participating hospital, for an increase in the number of residents in the program, and for a major change in the program's organization.

C. Faculty

There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Facilities and Resources

A. Space and Equipment

(See Program Requirements for Residency Education in the individual subspecialties for space and equipment requirements.)

B. Library

Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. Access to computerized literature search facilities is necessary. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Educational Program

The director and teaching staff must prepare and comply with written goals for the program. All educational components of the program should be related to the program goals. The program design must be approved by the RRC as part of the regular review process. A written statement of the educational objectives must be given to each resident.

A postgraduate residency must provide advanced education so that the residents can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound judgment, and research creativity. The technical component must provide appropriate opportunity for the residents to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

A. Clinical Components

A sufficient number of patients must be available to ensure appropriate inpatient and outpatient experience for each subspecialty resident without adversely affecting the experience of residents in the diagnostic radiology core program.

The total number of residents is dependent on the program's resources and its capacity to provide an excellent educational experience.
B. Didactic Components
Subspecialty conferences, including review of all current complications and deaths, seminars, and clinical and basic science instruction, must be regularly scheduled. Active participation of the subspecialty resident in the planning and the production of these meetings is essential.

C. Supervision
A resident must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for diagnostic radiology residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

There must be close interaction between the core residency program in diagnostic radiology and the subspecialty program. Lines of responsibility for the diagnostic radiology residents and the subspecialty resident must be clearly defined. It is imperative that the educational program for the subspecialty resident not adversely affect the education of the diagnostic radiology residents, in terms of either experience or patient responsibility.

D. Duty Hours and Conditions of Work
The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while ensuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night.

During the on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

E. Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity.

This activity should include:
1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly activities.

F. Research
A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity. (See Program Requirements for the individual subspecialties for further requirements.)

V. Evaluation
A. Residents
Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as judgment.

The program director, with participation of members of the teaching staff, shall:
1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Faculty
Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in these evaluations.

C. Program
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core diagnostic radiology program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

VI. Board Certification
Residents who plan to seek certification by the American Board of Radiology should communicate with the Executive Director of the Board to ascertain the current requirements for acceptance as a candidate for subspecialty certification.

ACOME: February 1994  Editorial Revision: June 6, 2002
Program Requirements for Residency Education in Abdominal Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases may exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Abdominal radiology constitutes the application and interpretation of conventional radiology, computed tomography, ultrasonography, magnetic resonance (MR) imaging, nuclear medicine, fluoroscopy, and interventional methods customarily included within the specialty of diagnostic radiology as they apply to diseases involving the gastrointestinal tract, genitourinary tract, and the intraperitoneal and extra peritoneal abdominal organs.

The program must be organized to enhance substantially the residents’ knowledge of the application of all forms of diagnostic imaging and interventional techniques to the unique clinical pathophysiologic problems encountered in diseases affecting the gastrointestinal and genitourinary systems. The program should include education in normal and pathologic anatomy and physiology of gastrointestinal and genitourinary disease and be structured to develop expertise in the appropriate application of all forms of diagnostic imaging and interventions to problems of the abdomen and pelvis.

B. Duration of Training

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

The director of the program in abdominal radiology must be an experienced educator and supervisor of residents in abdominal radiology. The program director must be certified by the American Board of Radiology in radiology or diagnostic radiology, or possess equivalent qualifications, and shall have had postresidency experience in abdominal radiology, preferably fellowship training.

The faculty should include, in addition to the program director, at least one other full-time radiologist specializing in abdominal radiology. At a minimum, the program faculty must have two full-time equivalent faculty members dedicated to the program. Although it is desirable that abdominal radiologists supervise special imaging such as computed tomography, ultrasonography, and magnetic resonance imaging, in instances where they are not expert in a special imaging technique, other radiologists who are specialists in those areas must be part-time members of the abdominal radiology faculty. The faculty must provide didactic teaching and supervision of the residents’ performance and interpretation of all abdominal imaging procedures.

(See Program Requirements for the Subspecialties of Diagnostic Radiology for additional program director and faculty requirements.)

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in abdominal radiology. The minimum number of residents need not be greater than one, but at least two residents is desirable. To ensure adequate supervision and evaluation of the residents’ academic progress, the faculty/resident ratio should not be less than one faculty member to each resident.

III. Facilities and Resources

A. Space and Equipment

Modern imaging equipment and adequate space must be available to accomplish the overall educational program in abdominal radiology. There must be state-of-the-art equipment for conventional radiography, digital fluoroscopy, computed tomography, ultrasonography, nuclear medicine, and magnetic resonance imaging. Laboratory and pathology services must be adequate to support the educational experience in abdominal radiology. Adequate areas for display of images, interpretation of images, and consultation with clinicians must be available.

B. Library

Ancillary teaching resources must include access to a medical library. A variety of textbooks, journals, and other teaching materials in abdominal radiology and related medical and surgical fields must be available. A subspecialty teaching file and in-house file must be actively developed and available for use by residents. The ACR teaching files in gastrointestinal and genitourinary radiology only partially meet this requirement.

IV. Educational Program

A. Clinical Components

The program must provide both clinical and didactic experiences that encompass the full breadth of diseases and their pathophysiology, including coverage of uncommon problems involving the gastrointestinal tract, genitourinary tract, and abdomen, including but not limited to the liver and biliary system, pancreas, stomach, esophagus, small bowel, colon, spleen, kidneys, adrenal glands, bladder, male and female reproductive systems, and lymphatic system.

The program must provide an adequate volume and variety of imaging studies and interventional procedures and must provide instruction in their indications, appropriate utilization, risks, and alternatives. The resident must have the opportunity to perform the abdominal imaging studies, including: urography; cystography; hysterosalpingography; computed tomography; ultrasonography; MR imaging; and plain radiographic and fluoroscopic studies of the hollow gastrointestinal tract.

The resident also must gain experience in performing guided biopsies of intraperitoneal and retroperitoneal structures and aspiration and drainage of abscesses. The resident must be familiar with the indications and complications of percutaneous nephrostomy and transhepatic cholangiography and obtain experience in providing fluoroscopic guidance for the dilation of gastrointestinal, biliary, pancreatic, and ureteric duct strictures. Interpretation of endoscopic retrograde cholangiopancreatography (ERCP) and operative cholangiography must be taught. The program also should provide opportunity, through conferences and individual consultation, for the residents to integrate invasive procedures, where indicated, into optimal care plans for patients, even though formal responsibility for performing the procedures may not be part of the program.

The program must provide instruction in the indications for, as well as the complications of, certain procedures, such as visceral angiography, tumor embolization, radionuclide scintigraphy, lithotripsy, gastroscopy, nephrostomy, and cholecystostomy.
Graded responsibility or independence given to residents should depend on their knowledge, technical skill, and experience. Attending faculty must be available to perform and/or supervise procedures as required.

B. Didactic Components
A major goal of the didactic portion of the training program should be to provide the resident with understanding of the pathophysiology of diseases that affect the gastrointestinal and genitourinary tracts. Diagnostic skill and understanding of uncommon problems in abdominal disease, as well as of the indications, risks, limitations, alternatives, and appropriate utilization of imaging and interventional procedures, should be part of the body of knowledge imparted.

Education must be available in the basic radiologic sciences, e.g., diagnostic radiologic physics, radiation biology, and the pharmacology of radiographic contrast materials.

There must be intradepartmental conferences, as well as conferences with related clinical departments, in which residents in abdominal radiology participate on a regular basis. These should include one or more weekly departmental conferences in abdominal radiology, and at least one monthly interdepartmental clinical conference.

Residents must be given the opportunity to present the radiologic aspects of cases in combined clinical conferences related to allied disciplines. They also should prepare clinically and/or pathologically proven cases for inclusion in an ongoing teaching file. There must be daily image interpretation sessions that require that residents reach their own diagnostic conclusions, which then are reviewed and critiqued by faculty. Diagnostic reports generated by residents should be closely reviewed for content, level of confidence, grammar, and style.

Residents should be encouraged to attend and participate in regional conferences. They should attend at least one national meeting or postgraduate course in abdominal radiology during the year of fellowship training.

C. Additional Required Components
There should be an ACGME-accredited residency or subspecialty training program available in general surgery, gastroenterology, oncology, urology, gynecology, and pathology, at a minimum there must be Board-certified (or equivalent) specialists in these areas to provide appropriate patient populations and educational resources in the institution. These specialists may serve as additional faculty.

D. Scholarly Activities
The training program should have a research component that offers an opportunity for residents to learn the fundamentals of design, performance, and interpretation of research studies, as well as how to evaluate investigative methods. Particular attention should be given to developing competence in critical assessment of new imaging modalities and of the radiologic literature, and residents will be expected to participate actively in research projects. The program must provide sufficient office space, supplies, and secretarial support to enable residents to conduct research projects as well as perform literature searches, manuscript preparation, statistical analysis, and photography.

V. Duty Hours and Conditions of Work
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

VI. Evaluation
(See Program Requirements for the Subspecialties of Diagnostic Radiology for evaluation requirements.)

ACGME: June 22, 1998  Effective: June 23, 1998  Editorial Revision: June 8, 2002

Program Requirements for Residency Education in Cardiothoracic Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope, Duration, and Organization of Training

A. Definition and Scope of the Specialty
Special training and skill are required to enable the cardiothoracic radiologist to function as an expert diagnostic and therapeutic consultant and practitioner. The training program in the subspecialty of cardiothoracic radiology constitutes a closely supervised experience in the application and interpretation of imaging examinations and interventional procedures related to the lungs, pleura, mediastinum, chest wall, heart, pericardium, and the thoracic vascular system in the adult. The imaging methods and procedures include, but are not necessarily limited to, routine radiography, fluoroscopy, computed tomography (CT), magnetic resonance (MR) imaging, ultrasound, and interventional techniques.

The objective of training in this subspecialty of radiology is to provide trainees with an organized, comprehensive, and highly supervised full-time educational experience in the selection, interpretation, and performance of examinations and procedures related to cardiothoracic radiology; a thorough knowledge of the recent clinical aspects of diseases of the thorax; and opportunities and skills for research in the field of cardiothoracic radiology. The majority of the time in the program should be spent in clinical training in cardiothoracic radiology.

B. Duration of Training
The program shall offer 1 year of graduate medical education in cardiothoracic radiology. This year of training must follow successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in diagnostic radiology or its equivalent.

C. Institutional Organization
A cardiothoracic radiology training program should function in direct association and/or affiliation with an ACGME-accredited training program in general diagnostic radiology.

D. Faculty/Resident Numbers
There should be at least one trainee in the program. The total number of trainees must be commensurate with the capacity of the program to offer an adequate educational experience in cardiothoracic radiology. To ensure adequate supervision and evaluation of a trainee's academic progress, the faculty/trainee ratio should not be less than one full-time faculty person for every trainee in the program.
II. Faculty Qualifications and Responsibilities

The program director must be certified by the American Board of Radiology in Diagnostic Radiology or possess other appropriate qualifications, and shall have had appropriate postresidency experience in cardiothoracic radiology, preferably subspecialty training in cardiothoracic radiology.

At a minimum, the cardiothoracic radiology faculty must include, in addition to the program director, one or more radiologists who commit a significant portion of their professional effort to cardiothoracic imaging and to the program. Faculty participating in cardiothoracic radiology training must be certified by the American Board of Radiology in Diagnostic Radiology or possess other appropriate qualifications, and shall have had appropriate postresidency experience in cardiothoracic radiology, preferably subspecialty training. Faculty are strongly encouraged to spend the majority of their professional activity in the field of cardiothoracic radiology; however, individual faculty expertise may be limited to a segment of cardiothoracic radiology or a related discipline, such as cardiovascular and interventional radiology, CT, or MR imaging. The faculty must provide didactic teaching and supervision of all aspects of the trainees' performance and interpretation of cardiothoracic imaging procedures.

III. Facilities and Resources

A. Space and Equipment

Modern facilities and equipment with adequate space should be available. Access to conventional radiographic, fluoroscopic, CT, MR, and ultrasound equipment must be provided. Where possible, exposure to and use of computed or digital radiography, picture archiving and communications systems (PACS), and nuclear medicine are desirable. The interventional rooms should be equipped for monitoring so that examinations may be performed on high-risk patients. A room should be available near the procedure room for sterilization and preparation of instrument trays and other reusable supplies. There must be adequate space within the department to house these facilities. Adequate areas for image display, interpretation of images, and consultation with clinicians and adequate office space for cardiothoracic radiology faculty and trainees should be provided.

B. Office Space and Research Support

The institution should provide office space, computer facilities, office supplies, and secretarial help for the conduct of research projects. Assistance with literature searches, editing, statistical tabulation, and photography should be provided. The institution should provide laboratory facilities to support research efforts. It is also desirable that there be an animal facility with radiographic-fluoroscopic equipment, particularly that which might be used for invasive diagnostic and therapeutic procedures.

C. Library

There should be ready access to a library of general medical texts and periodicals. A collection of the major diagnostic radiology journals and current textbooks in diagnostic radiology, cardiothoracic radiology, and anatomy should also be available. Computerized literature search facilities must be available, and the ACR (or comparable) teaching films and videodiscs, including current sections of cardiothoracic radiology, should be available.

IV. The Educational Program

A. Clinical Components

The program must provide a sufficient volume and variety of pulmonary and cardiac disorders, including neoplastic, infiltrative, infectious, immunologic, vascular, traumatic, degenerative, and congenital disorders so that trainees gain adequate experience in the full gamut of cardiothoracic imaging techniques, procedures, and interpretations. The program must provide an adequate volume and variety of interventional cases, eg, percutaneous aspiration and drainage procedures, and noninterventional examinations, eg, CT, MR, and radiographic studies. Clinical experience may be supplemented by training affiliations with other institutions.

The program must offer the opportunity for trainees to consult on, conduct, and interpret under close supervision invasive and noninvasive procedures in cardiothoracic radiology. Imaging studies shall include standard radiography and intensive care radiography, CT, and MR imaging. Experience in percutaneous biopsy procedures, ultrasound- and CT-guided thoracentesis, drainage procedures involving the plural space, pulmonary angiography, and thoracic aortography, nuclear medicine (including positron-emission tomography) and computed radiography, and PACS, when possible, should be included in the program. Clinical experience in adult cardiac imaging, including chest radiographs, CT, and MR imaging, is a necessary component of the training program.

With regard to invasive procedures, trainees must be given graduated responsibility in the performance of procedures as their competence increases. Responsibility for these procedures should include preprocedural and postprocedural patient care. The program director should require that trainees maintain documentation of the interventional cases in which they have been the performing radiologist and should review the logs with them at least once in the course of the training year.

Strong clinical services in pulmonary medicine, cardiology, cardiothoracic surgery, and general thoracic surgery should be present in the institution sponsoring the cardiothoracic radiology program. There should be clinical and educational exposure to thoracic-oriented specialties such as cardiac and general thoracic surgery, pulmonary and critical care medicine, cardiology, thoracic trauma, oncology, and pathology. Access to both inpatients and outpatients is required.

The program should emphasize the importance of imaging protocols to ensure that excessive or inappropriate exams are not performed.

The subspecialty program in cardiothoracic radiology must not have any adverse impact, such as dilution of available clinical material, on the training of diagnostic radiology residents at the same institution. To ensure this, close cooperation between the subspecialty and residency program directors is required.

B. Supervision

All clinical training must be supervised. The responsibility or independence given to trainees should depend on their knowledge, manual and cognitive skills, and experience. Personnel must be available to perform or to supervise technical procedures.

C. Didactic Components

A written curriculum should be available and distributed to residents and faculty. The didactic component and teaching sessions should cover the principles of cardiothoracic radiology and the concepts of anatomy, physiology, internal medicine, and cardiothoracic surgery pertinent to the practice of cardiothoracic radiology.

Attendance and participation in regular image interpretation sessions is required. Intra- and interdepartmental conferences in cardiothoracic radiology should average approximately one per week. Regularly scheduled interdepartmental conferences that incorporate clinical cardiothoracic disciplines such as pulmonary medicine, cardiology, thoracic oncology, cardiothoracic surgery, general thoracic surgery, and pulmonary pathology are a necessary component of the program. Faculty and trainee attendance should
be documented. Trainees should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in cardiothoracic radiology during the year in training. Trainees should be encouraged to present the radiologic aspects of cases that are discussed in clinical conferences with the allied disciplines, including formulation of a diagnosis and/or recommendations for further imaging or imaging-guided intervention. They should also prepare clinically or pathologically proven cases for inclusion in a teaching file. Diagnostic reports generated by trainees should be closely reviewed for content, grammar, and style.

D. Other Required Components
1. Trainee participation in research
   The training period in cardiothoracic radiology should provide research opportunities for the trainee. S/he should be able to participate in the design, performance, and interpretation of research studies and have the opportunity to develop competence in critical assessment of investigative techniques. Completion of at least one clinical or basic research investigation during the period of training is encouraged.

2. Interchange with trainees in other specialties and students
   The training program must allow close interaction with the diagnostic radiology residency program. Trainees should be encouraged to participate in research projects with persons in other specialties, particularly those related to cardiothoracic disease.
   They should attend clinical conferences in other specialties and serve as consultants to these conferences. It is desirable that they participate in the clinical teaching of medical students and the preclinical teaching of subjects such as anatomy and physiology.

3. Duty hours and conditions of work
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

V. Evaluation
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: June 2002 Effective: June 11, 2002

Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Radiology-Diagnostic)

I. Definitions and Objectives
   Endovascular surgical neuroradiology is a subspecialty that uses catheter technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system. The unique clinical and invasive nature of this subspecialty requires special training and skills. The program must include training and experience in the following:
   A. Signs and symptoms of disorders amenable to diagnosis and treatment by endovascular surgical neuroradiology techniques.
   B. Neurological examinations to evaluate patients with neurological disorders.
   C. Pathophysiology and natural history of these disorders.
   D. Indications and contraindications to endovascular surgical neuroradiology procedures.
   E. Clinical and technical aspects of endovascular surgical neuroradiology procedures.
   F. Medical and surgical alternatives.
   G. Preoperative and postoperative management of endovascular patients.
   H. Neurointensive care management.
   I. Fundamentals of imaging physics and radiation biology.
   J. Interpretation of radiographic studies pertinent to the practice.

In this subspecialty, the objective of training is to give residents an organized, comprehensive, supervised, full-time educational experience in endovascular surgical neuroradiology. This experience includes the management of patients with neurological disease, the performance of endovascular surgical neuroradiology procedures, and the integration of endovascular surgical neuroradiology therapy into the clinical management of patients.

Training in endovascular surgical neuroradiology must be conducted in an environment conducive to investigative studies of a clinical or basic science nature.

A program in endovascular surgical neuroradiology must be jointly administered by Accreditation Council for Graduate Medical Education (ACGME)-accredited programs in neurological surgery, diagnostic radiology, and neuroradiology, which must be present within the same institution. Exceptions to this requirement will be subject to the review and approval, on a case-by-case basis, by the RRCs for Neurological Surgery and Diagnostic Radiology. The program is not intended to replace or duplicate the ACGME-accredited program in neuroradiology.

II. Duration of Training
   The program shall offer 1 year of graduate medical education in endovascular surgical neuroradiology.

III. Program Director
   The program director must be certified by either the American Board of Radiology or the American Board of Neurological Surgery or possess appropriate educational qualifications as determined by the RRC. The program director must have special expertise in endovascular surgical neuroradiology techniques and concentrate at least 50% of his/her practice in endovascular surgical neuroradiology therapy. In addition, the program director must devote sufficient time to the program to fulfill all the responsibilities inherent in meeting its educational goals. The program director should hold appointments to the teaching staff in both neurological surgery and radiology. The program director is responsible for establishing and maintaining the curriculum, selecting and supervising the residents, and selecting faculty members. The program director must have adequate support from the institution and both departments to carry out the mission of the program.

   The director of the endovascular surgical neuroradiology training program must be appointed by and be responsible to the program director of the sponsoring training program.

IV. Faculty
   Besides the program director, the program faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques, who (1) is certified by either the American Board of Radiology or the American Board of Neurological Surgery or (2) possesses appropriate educational qualifications as determined by the RRC. The faculty must provide didactic teaching
and direct supervision of residents' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of endovascular surgical neuroradiology therapy. The faculty also should stimulate scholarly activities and be able to direct residents in the conduct of such activities. Faculty members should hold appointments jointly in radiology and neurological surgery departments. Evaluation of the faculty should be accomplished at least annually.

V. Faculty-to-Resident Ratio
The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in endovascular surgical neuroradiology therapy. To ensure adequate teaching supervision and evaluation of a resident's academic progress, the faculty-to-resident ratio must be at least one full-time faculty person for every resident enrolled in the program.

VI. Educational Program

A. Curriculum
The training program must offer didactic and clinical experiences that encompass the full clinical spectrum of endovascular surgical neuroradiology therapy.

1. Preparatory requirements
   a. Common requirements: All endovascular surgical neuroradiology residents must have completed at least 12 months, preferably consecutive, in neuroradiology. In addition, all endovascular surgical neuroradiology residents must have skills and knowledge in catheter techniques.
   b. Trainees accepted into an ACGME-accredited program in endovascular surgical neuroradiology who do not come from a radiology training program shall have access to a 1-year period of training in neuroradiology in the institution sponsoring the endovascular surgical neuroradiology program.
   c. Residents entering from a neurosurgery background must have fulfilled the following preparatory requirements, in addition to the common requirements:
      1) Completed an ACGME accredited residency in neurological surgery.
      2) Completed a course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurological surgery residency.
   d. Residents entering from a neurology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
      1) Completed an ACGME accredited residency in neurology.
      2) Completed an ACGME-accredited 1-year vascular neurology program;
      3) Completed a 3-month course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurology residency.
      4) Completed 3 months of clinical experience in an ACGME-accredited neurological surgery program, which may be acquired during elective time in neurology and/or vascular neurology training.
   e. Residents entering from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
      1) Completed an ACGME accredited residency in diagnostic radiology.
      2) Completed 3 months of clinical experience in an ACGME accredited neurological surgery program, which may be acquired during elective time in diagnostic radiology and/or neuroradiology training.
   f. Specifically, the preparatory training must provide residents skills and knowledge in the following areas:
      1) The use of needles, catheters, guidewires, and angiographic devices and materials.
      2) The basic radiological sciences, including radiation physics, radiation protection, and the pharmacology of radiographic contrast materials.
      3) Angiography and image interpretation.
      4) The proper use and interpretation of laboratory tests and methods that are adjunctive to endovascular surgical neuroradiology procedures, such as physiological monitoring, noninvasive neurovascular testing, and noninvasive neurovascular imaging.
      5) The evaluation of patients with neurological disease.
      6) The basic and clinical neurosciences, including neuroanatomy, neurobiology, and the pathophysiology and natural history of neurologic disorders, especially cerebrovascular and neoplastic conditions.
      7) The clinical aspects of patient assessment, treatment planning, and patient management related to endovascular surgical neuroradiology therapy, including the fundamentals of invasive monitoring and neurointensive care management.
      8) The clinical indications, risks, and limitations of endovascular surgical neuroradiology procedures.
      9) The use and administration of analgesics, antibiotics, anticoagulation agents, neuroanesthetic agents, and other drugs commonly used in endovascular surgical neuroradiology procedures.
      10) The director of the Endovascular Surgical Neuroradiology Program is responsible for documenting that the applicant has completed the appropriate preparatory training.

2. Endovascular surgical neuroradiology clinical training
A period of 12 continuous months must be spent in clinical endovascular surgical neuroradiology training, during which the resident has the opportunity to carry out all of the following under close supervision: perform clinical preprocedure evaluations of patients, interpret preliminary diagnostic studies, consult with clinicians on other services, perform diagnostic and therapeutic endovascular surgical neuroradiology procedures, generate procedural reports, and participate in short-term and long-term postprocedure follow-up care, including neurointensive care. The continuity of care must be of sufficient duration to ensure that the resident is familiar with the outcome of all endovascular surgical neuroradiology procedures. Residents should serve as consultants under the supervision of staff endovascular surgical neuroradiology practitioners. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record.

The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad spectrum of endovascular procedures in adults, children, and neonates. Specific training should be provided in the following areas:
Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Radiology-Diagnostic)

a. Anatomical and physiologic basic knowledge:
   1) Basic knowledge in arterial angiographic anatomy of the brain, spine, spinal cord, and head and neck.
   2) Venous angiographic anatomy of the brain, spine, spinal cord, and head and neck.
   3) Collateral circulation
   4) Dangerous anastomosis
   5) Cerebral blood flow
   6) Autoregulation
   7) Pharmacology of CNS vasculature
b. Technical aspects of endovascular surgical neuroradiology, including:
   1) Catheter and delivery systems
   2) Embolic agents in cerebral, spinal, and head and neck embolization
   3) Flow-controlled embolization
   4) Complication of cerebral embolization
   5) Flow control between the extracranial and intracranial circulation
   6) Electrophysiology
   7) Provocative testing (pretherapeutic evaluation)
   8) Complications of brain, spine, spinal cord, and head and neck embolization.
   9) Imaging of vascular system
c. Pharmacology
   1) Contrast materials
   2) Provocative testing with anesthetics and sedatives
   3) Anticoagulants
   4) Thrombolytics
   d. Coagulation cascade
e. Brain arteriovenous malformation, spinal cord, arteriovenous fistulas of the brain, spine, spinal cord, head and neck vascular malformations, is chemic stroke, and cerebral aneurysms
   1) Classification
   2) Clinical presentation
   3) Natural history
   4) Epidemiology
   5) Hemodynamic basis
   6) Indications for treatment
   7) Contraindication for treatment
   8) Therapeutic modalities
   9) Combined therapies
f. Tumors of the head, neck, spine, and central nervous system
g. Revascularization for occlusive vascular diseases
   1) Arteriopathie
   2) Atherosclerotic lesions
   3) Techniques of revascularization: balloon angioplasty, thrombolytics, and stenting.
   h. Embolization for epistaxis or other causes of hemorrhage
   i. Invasive functional testing
   j. Balloon test occlusions
3. Conferences and didactic training
   Residents must make daily rounds with the attending faculty during which patient management decisions are discussed and made. Conferences should be organized by the faculty and held to allow discussion of topics selected to broaden knowledge in the field of endovascular surgical neuroradiology. Specifically, teaching conferences should embrace the scope of endovascular surgical neuroradiology as outlined in Section I (Definitions and Objectives) of these Program Requirements. Conferences should include journal clubs, pathology meetings, and neuroanatomy dissection courses related to endovascular surgical neuroradiology.

There must be didactic and interactive conference time, including interdepartmental meetings with neurosurgeons and neuroradiologists. Regular review of all mortality and morbidity related to the performance of endovascular surgical neuroradiology procedures must be documented. Residents must participate actively in these reviews, which should be held at least monthly. Residents should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in endovascular surgical neuroradiology therapy while in training.

VII. Patient Population
The institution's patient population must have a diversity of illnesses from which broad experience in endovascular surgical neuroradiology therapy can be obtained. The case material should encompass a range of neurological diseases, including neurovascular. An adequate variety and number of endovascular surgical neuroradiology procedures must be available for each resident. Each program must perform at least 100 therapeutic endovascular surgical neuroradiology procedures per year. These procedures include the treatment of aneurysms, brain arteriovenous malformations, arteriovenous fistulas of the brain, tumors of the central nervous system, occlusive vascular diseases, revascularization, traumatic injury, maxillofacial vascular malformation, and tumors. In addition, the program must provide adequate training and experience in invasive functional testing.

Each resident must maintain a personal case log, which the program director must certify at the completion of training.

The program director must submit the entire clinical experience of the endovascular surgical neuroradiology program and the residents in the format prescribed by the RRC. The list of procedures and the logs must be made available to the RRC at the time of its review of the core program and the endovascular neuroradiology training program.

The subspecialty program in endovascular surgical neuroradiology must not have an adverse impact on the educational experience of diagnostic radiology, neuroradiology, neurological surgery, or vascular surgery residents in the same institution.

VIII. Equipment and Facilities
Modern imaging/procedure rooms and equipment must be available and must permit the performance of all endovascular surgical neuroradiology procedures. Rooms in which endovascular surgical neuroradiology procedures are performed should be equipped with physiological monitoring and resuscitative equipment. The following state-of-the-art equipment must be available: MRI scanner, CT scanner, digital subtraction angiography equipment, ultrasound, and a radiographic-fluoroscopic room(s) with a tilt table. Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be next to or within procedure rooms. There must be adequate space and facilities for image display and interpretation and for consultation with other clinicians.

The institutions where endovascular surgical neuroradiology training is conducted must include appropriate inpatient, outpatient, emergency, and intensive care facilities for direct resident involvement in providing comprehensive endovascular surgical neuroradiology care.

IX. Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment...
of inquiry and scholarship rests with the teaching staff. While not
all members of a teaching staff must be investigators, the staff as a
whole must demonstrate broad involvement in scholarly activity.
This activity should include
1. active participation of the teaching staff in clinical discussions,
rounds, and conferences in a manner that promotes a spirit of in-
quiry and scholarship. Scholarship implies an in-depth under-
standing of basic mechanisms of normal and abnormal states and
the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and sci-
entific societies, particularly through presentations at the orga-
nizations’ meetings and publications in their journals.
4. participation in research, particularly in projects that are funded
following peer review and/or result in publications or presenta-
tions at regional and national scientific meetings.
5. offering of guidance and technical support (eg, research design,
statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly
activities

X. Research
A subspecialty program should have an investigational component
such that the residents may become familiar with the design, imple-
mentation, and interpretation of clinical research studies. Facilities
should be made available for research activity.

XI. Research Facilities
The institution should provide laboratory facilities to support re-
search projects pertinent to endovascular therapies.

XII. Interchange With Residents in Other Specialties
and Students
Residents should be encouraged to participate in research activities
with residents and staff in other related specialties. They also
should be encouraged to attend and participate in clinical confer-
ces. It is desirable that they participate in the clinical teaching of
neurological surgery and radiology residents and medical students.

XIII. Duty Hours and Conditions of Work
(See Program Requirements for Residency Education in the
Subspecialties of Diagnostic Radiology for details concerning duty
hour requirements.)

XIV. Evaluation
A. Residents
Subspecialty program directors must establish clearly defined pro-
cedures for regular evaluation of residents’ knowledge, skills, and
overall performance, including the development of professional atti-
uDES consistent with being a physician. The assessment must in-
clude cognitive, motor, and interpersonal skills as well as judgment.
The program director, with participation of members of the teach-
ing staff, shall
1. at least semianually evaluate the knowledge, skills, and profes-
sional growth of the residents, using appropriate criteria and
procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on
the basis of evidence of their satisfactory progressive scholarship
and professional growth.
4. maintain a permanent record of evaluation for each resident and
have it accessible to the resident and other authorized person-
nel.
5. provide a written final evaluation for each resident who com-
pletes the program. The evaluation must include a review of the
resident’s performance during the final period of training and
should verify that the resident has demonstrated sufficient pro-
fessional ability to practice competently and independently. This
final evaluation should be part of the resident’s permanent re-
cord maintained by the institution.

B. Faculty
Faculty must be evaluated at least annually to review teaching abili-
ties, commitment to the educational program, clinical knowledge,
and scholarly activities. Residents should participate in these
evaluations.

C. Program
The educational effectiveness of a program must be evaluated in a
systematic manner. In particular, the quality of the curriculum and
the extent to which the educational goals have been met by resi-
dents must be assessed by the subspecialty program director, the
core diagnostic radiology program director, and the Institutional
Review Committee on a regular basis. Written evaluations by resi-
dents should be utilized in this process.

ACGME: June 26, 2000 Effective: June 27, 2000

Program Requirements for
Residency Education in
Musculoskeletal Radiology
(Radiology-Diagnostic)

In addition to complying with the Program Requirements for Resi-
dency Education in the Subspecialties of Diagnostic Radiology, pro-
grams must comply with the following requirements, which in some
cases may exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Subspecialty
The musculoskeletal radiology training program constitutes a
closely supervised experience in the application and interpretation
of all imaging examinations and procedures as they relate to the
analysis of disorders of the musculoskeletal system, including
bones, joints, and soft tissues. The imaging methods and procedures
include, but are not necessarily limited to, routine radiography,
computed tomography, ultrasonography, radionuclide scintigraphy,
magnetic resonance, arthrography, and image-guided percutaneous
biopsy techniques. The objective of training in musculoskeletal
radiology is to provide an organized, comprehensive, supervised, and
progressively responsible full-time educational experience in the
selection, interpretation, and performance of these examinations
and procedures. A further objective is to provide the resident an op-
portunity to develop skills necessary for clinical and/or basic re-
search in the subspecialty of musculoskeletal radiology.

B. Duration of Training
Prerequisite training for entry into a diagnostic radiology subspe-
cialty program should include the satisfactory completion of a diag-
nostic radiology residency accredited by the Accreditation Council
for Graduate Medical Education (ACGME) or the Royal College of
Physicians and Surgeons of Canada (RCPSC), or other training
judged suitable by the program director.

414
II. Faculty Qualifications and Responsibilities

The program director must be certified in diagnostic radiology or radiology by the American Board of Radiology or possess equivalent qualifications.

In addition to the program director, the program must include at least one person experienced in musculoskeletal radiology who has a substantial commitment to the training program. If necessary, other radiologists with expertise in certain imaging methods or procedures may function at least as part-time members of the training program. To ensure adequate supervision of the residents, there must be at least one full-time faculty person available for each two residents in the program.

III. Facilities and Resources

A. Space and Equipment

Modern facilities and equipment and adequate space must be available to ensure an adequate educational experience for the resident. Access to routine radiographic, computed tomographic, scintigraphic, magnetic resonance, and ultrasound equipment must be provided. Adequate space for film display, film interpretation, and consultation with referring physicians must be available, and adequate office space, office supplies, and secretarial help for the conduct of research projects should be provided for musculoskeletal radiology faculty and residents. Assistance with literature searches, editing, statistical tabulation, and photography should be provided.

B. Library

The training program must provide ancillary teaching resources including access to a medical library with a sufficient number of textbooks and journals related to musculoskeletal diseases and electronic literature search capabilities. A musculoskeletal radiology/pathology teaching file must be developed and available for use by the residents. The American College of Radiology teaching file will only partially meet this requirement.

IV. Educational Program

A. Clinical Components

Residents in musculoskeletal radiology must be provided access to a variety of patients encompassing the entire range of disorders of the musculoskeletal system, including articlar, degenerative, metabolic, hematopoietic, infectious, traumatic, vascular, congenital, and neoplastic diseases. The imaging methods and procedures available for training should include routine radiography, computed tomography, ultrasonography, radionuclide scintigraphy, magnetic resonance, arthrography, and image-guided percutaneous biopsy techniques.

The program curriculum must provide clinical experience and didactic sessions encompassing the entire spectrum of musculoskeletal diseases. This must include both the axial and the appendicular skeletons of both adult and pediatric patients. The resident must interpret, under appropriate supervision, diagnostic examinations that include routine radiography, computed tomography, and magnetic resonance. Furthermore, the resident must perform and interpret arthrograms. The program must provide experience with image-guided percutaneous biopsy procedures and exposure to ultrasonography, bone densitometry, and radionuclide scintigraphy as they relate to diseases of the musculoskeletal system. A log must be kept by each resident documenting the types of arthrographic and biopsy procedures that she or he performs. With regard to invasive procedures, residents are to be given graduated responsibility as competence increases; such responsibility should include pre-procedural and post-procedural patient care. Emphasis is placed on close coordination and cooperation with referring physicians, including orthopedic surgeons, rheumatologists, and emergency department specialists, and on establishment of proper imaging protocols to ensure that excessive or inappropriate examinations are not ordered and performed. Access to both inpatients and outpatients is required.

B. Didactic Components

There must be didactic conferences and teaching sessions that provide coverage of musculoskeletal concepts related to anatomy, physiology, pathology, orthopedic surgery, and rheumatology. Attendance and participation in department conferences, such as daily film interpretation sessions, are required. Regularly scheduled interdepartmental conferences in, for example, orthopedic surgery, neurosurgery, and other appropriate surgical specialties; pathology; rheumatology; and oncology are also necessary components of the program. In addition, the training experience should include radiology-oriented conferences with medical students and graduate medical staff. The resident also should be encouraged to attend at least one national meeting or postgraduate course dealing with musculoskeletal radiology during his/her fellowship year.

Although the precise responsibility of the resident will vary from one clinical conference to another, opportunities must exist for active participation in the formulation of a diagnosis and/or the generation of an imaging protocol; such participation is to be used as a means by which the program director and other faculty members judge the resident's progress.

C. Resident Participation in Research

The training period in musculoskeletal radiology should provide sufficient research opportunities for the resident. He or she should be able to participate in the design, performance and interpretation of research studies and have the opportunity to develop competence in critical assessment of investigative techniques. Completion of at least one clinical or basic research investigation during the period of training is encouraged. Laboratory facilities to support research projects should be available in the institution.

D. Interchange With Residents in Other Specialties

The presence of accredited training programs in orthopedic surgery and rheumatology is highly desirable. Shared experiences with residents in orthopedic surgery, rheumatology, pathology, and other appropriate specialties, including surgical subspecialties, are strongly encouraged. When appropriate, supervision and teaching by faculty expert in these additional disciplines should be available.

V. Evaluation

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

Editorial Revision: June 6, 2002

Program Requirements for Residency Education in Neuroradiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, pro-
grants must comply with the following requirements, which may in some cases exceed the common requirements.

I. Introduction

A. Definition and Scope of the Subspecialty
The body of knowledge and practice of neuroradiology comprises both imaging (plain film interpretation, computed tomography, magnetic resonance imaging, ultrasonography, nuclear radiology) and invasive procedures related to the brain, spine and spinal cord, head, neck, and organs of special sense (eyes, ears, nose) in adults and children. Special training and skills are required to enable the neuroradiologist to function as an expert diagnostic and therapeutic consultant and practitioner. In addition to knowledge of imaging findings, the resident must learn the fundamentals of pathology, pathophysiology, and clinical manifestations of the brain, spine and spinal cord, head, neck, and organs of special sense. The program must provide residents with an organized, comprehensive, and supervised full-time educational experience in the selection, interpretation, and performance of neuroradiologic examinations and procedures. The program must also provide residents with opportunities to conduct research in the field of neuroradiology.

The training program must provide the resident with the opportunity to develop, under supervision, progressively independent skills in the performance and interpretation of neuroradiologic imaging studies and invasive procedures. At the culmination of training, the resident should be capable of independent and accurate clinical decision making in all areas of neuroradiology.

B. General Information
The program shall offer 1 year of graduate medical education in neuroradiology. All of the program components specified in the Program Requirements must be offered in the first year, which is the year that is accredited. Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

A. Program Director
The program director must be certified by the American Board of Radiology in diagnostic radiology or radiology, or possess appropriate educational qualifications, and shall have a certificate of Added Qualifications in Neuroradiology. The program director must be a credentialed member of the radiology faculty and must spend at least 80% of his or her clinical and academic time in neuroradiology. The program director shall select and supervise the residents and select other neuroradiology faculty members. The program director shall perform quarterly reviews of the residents and obtain feedback from the residents on the program and the faculty.

B. Faculty
The neuroradiology faculty must include, in addition to the program director, one or more neuroradiologists who spend at least 80% of their time in the practice of neuroradiology. The faculty must provide teaching and supervision of the residents' performance and interpretations of neuroradiologic procedures.

C. Faculty/Resident Ratio
The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in neuroradiology and not to have a negative impact on the core diagnostic radiology program. The minimum number of residents need not be greater than one, but two or more residents are desirable. To ensure adequate supervision and evaluation of a resident's academic progress, the faculty/resident ratio must be at least one full-time faculty person for each resident.

III. Facilities and Resources

A. Equipment and Space
The following equipment, which must be "state of the art," must be available: magnetic resonance scanner, computed tomography (CT) scanner, digital subtraction angiography equipment, a radiographic fluoroscopic room(s) with tiltable table for performing myelography, ultrasound equipment with Doppler capability, and conventional radiographic equipment. Physiological monitoring must be available. There must be adequate facilities adjacent to or within examination rooms, for storing supplies needed for the conduct of invasive neuroradiologic procedures. There must be appropriately trained nurses and technologists for these invasive procedures. A crash cart for emergency ventilation and cardiac life support must be available.

Adequate space for image display, interpretation of studies, and consultation with clinicians must be available. There must be adequate office space and support space for neuroradiology faculty/staff and residents.

The program should provide adequate office space and supplies and secretarial support for the conduct of research projects. Assistance with literature searches, editing, statistical tabulation, and photography should be provided.

B. Laboratory
The institution should provide laboratory facilities to support research projects.

C. Library
There should be ready access to a library of current general medical texts and periodicals. In particular, there should be periodicals and texts in the fields of neuroradiology, diagnostic radiology, head and neck radiology, neurology, neurosurgery, neuroanatomy, physics, neuropathology, otolaryngology, neurophysiology, and orthopedic surgery. Computerized literature search facilities and Internet access must be available. A film-based, web-based, or electronic neuroradiology teaching file containing or providing access to a minimum of 500 cases must be available for use by the neuroradiology residents. The available teaching material should be enhanced with new cases when appropriate.

IV. Educational Program

A. Curriculum
The program must offer the opportunity for residents to perform and interpret noninvasive and invasive diagnostic and interventional procedures under supervision. The procedures shall include diagnostic catheter-based cerebral angiography; other percutaneous minimally-invasive procedures (image-guided biopsies, spinal canal access for myelography, spinal fluid analysis, and medication installation); CT; MRI; MR/CT angiography; ultrasound of the central nervous system (including its vascular structures); plain film radiography related to the brain, head (including organs of special sense), skull base, and neck and spine; and nuclear medicine studies of the central nervous system. MR techniques such as magnetic resonance spectroscopy, functional activation studies, diffusion, and perfusion imaging should be incorporated into the training program. Residents must be given graduated responsibility in the performance and interpretation of the noninvasive and invasive proce-
dures. Responsibility for these procedures should include pre- and postprocedural patient care. The resident must be thoroughly familiar with all aspects of administering and monitoring sedation of the conscious patient. They also must have advanced cardiac life support training and certification.

B. Clinical Components

The program in neuroradiology must provide a sufficient volume and variety of patients with neurological, neurosurgical, ophthalmologic, otolaryngologic, spinal, and other pertinent disorders so that residents gain adequate experience in the full gamut of neuroradiologic examinations, procedures, and interpretations. The neuroradiology training program should provide a minimum number of procedures per year as follows:

1. 2500 total examinations (including plain radiographs, CT, MR, ultrasound, catheter angiograms, and image-guided invasive procedures). Of these 2500 examinations, there should be at least:
   a. 1000 neuroradiological CT scans;
   b. 1000 neuroradiological MR scans.
2. Residents must have participated in and documented the following:
   a. At least 50 catheter-based angiographic procedures.
   b. At least 50 image-guided invasive procedures (CT, MR, or fluoroscopically guided).
   c. Participation in at least five intracranial microcatheter procedures is highly recommended.
3. The 12-month training program must consist of at least:
   a. Four weeks or equivalent dedicated training in pediatric neuroradiology.
   b. Four weeks or equivalent dedicated training in head and neck radiology.
   c. Four weeks or equivalent dedicated training in spine radiology including image-guided procedures.
   d. Six to 8 weeks or equivalent dedicated training in vascular neuroradiology. During this period there should be a special emphasis on catheter neuroangiography. Experience in microcatheter techniques for thrombolysis treatment of acute stroke is strongly recommended. The program must offer the opportunity for residents to perform and interpret noninvasive and invasive diagnostic catheter-based cerebral angiography, other percutaneous minimally invasive procedures (image-guided biopsies, spinal canal access for myelography, spinal fluid analysis, and medication installation), CT, MRI, MR/CT angiography, ultrasound of the central nervous system (including its vascular structures), and plain film radiography related to the brain, head (including organs of special sense), skull base, neck, and spine.
   e. Two to 4 weeks or equivalent dedicated experience performing and interpreting vascular sonography.
   f. Twenty-four to 26 weeks or equivalent dedicated training in general adult diagnostic neuroangiography.

C. Conferences

Residents must participate in one or more weekly departmental conferences in neuroradiology and one or more interdepartmental conferences with allied clinical departments (eg, neurology, neurosurgery, orthopedic surgery, neuropathology, head and neck surgery, and ophthalmology), as well as institutional conferences in clinical neurosciences (eg, grand rounds) that are held at least monthly. Residents should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in neuroradiology while in training.

Residents should be encouraged to present the radiological aspects of cases that are discussed during daily work rounds and in clinical conferences related to allied disciplines such as neurosurgery and the neurological sciences. They should also prepare clinically or pathologically proved cases for inclusion in the teaching file.

There must be daily interpretation sessions requiring residents to reach their own diagnostic conclusions, which must then be reviewed by faculty. Diagnostic reports generated by residents should be closely reviewed for content, level of confidence, grammar, and style. Feedback must be provided and the reports must be signed by a neuroradiology staff physician.

The residents are required to maintain documentation (procedure log) of the invasive cases that they have performed. The program director must review the log with the resident at least quarterly.

Residents should be encouraged to participate in the teaching of diagnostic radiology residents and medical students, including the presentation of at least one didactic lecture.

D. Other Required Components

1. Resident participation in research

The residents should learn the fundamentals of experimental design, performance, and interpretation of results. They should participate in clinical, basic biomedical, or health services research projects and should be encouraged to undertake at least one project as principal investigator. They should submit at least one scientific paper or exhibit to a regional or national meeting. The opportunity also must be provided for residents to develop their competence in critical assessment of new imaging modalities and of new procedures in neuroradiology.

2. Duty hours and conditions of work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

3. Interchange with students and residents in other specialties

Neuroradiology residents should be encouraged to participate in the research projects of staff persons and residents in other specialties. They should attend clinical conferences in other specialties and serve as consultants to these conferences. It is desirable that they participate in the clinical teaching of medical students and also in the preclinical curriculum in subjects such as neuroanatomy and neurophysiology.

V. Evaluation of Residents, Faculty, and Program

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: February 13, 2001 
Effective: January 1, 2002
Editorial Revision: June 6, 2002

Program Requirements for Residency Education in Nuclear Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.
I. Scope and Duration of Training

A. Definition and Scope of the Specialty
Nuclear radiology is defined as a clinical subspecialty of radiology involving imaging by external detection of radionuclides and/or biodistribution by external detection of radionuclides in the body for diagnosis of disease. Residency training programs in nuclear radiology must provide advanced training in the medical uses of radionuclides for in vivo imaging.

A training program in nuclear radiology will be accredited only in those institutions that have an accredited training program in diagnostic radiology.

A program in nuclear radiology will be reviewed and accredited in conjunction with the review and accreditation of the residency program in diagnostic radiology.

B. Duration of Training
Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Institutional Organization
Those aspects of institutional support that pertain to residencies in diagnostic radiology shall also apply to programs in nuclear radiology, eg, administrative support, facilities, and clinical resources.

III. Faculty Qualifications and Responsibilities
The program director is responsible for the instructional program and for supervision of residents. The program director shall be certified by the American Board of Radiology with Special Competence in Nuclear Radiology or by the American Board of Nuclear Medicine or possess suitable equivalent qualifications. It is desirable that faculty members be certified in boards appropriate to those areas in which they are assigned to instruct and supervise residents. They must contribute sufficient time to the program to provide adequate instruction and supervision.

A faculty (nuclear medicine physician)-to-resident ratio of 1:2 should adequately provide for teaching and supervisory responsibilities.

IV. Facilities and Resources
State-of-the-art nuclear imaging equipment should be available for instructional purposes.

V. Educational Program
The educational program must provide for well-balanced and progressive resident participation through examination of a diverse patient population, with continuous teaching and an active research effort in nuclear radiology.

A. Clinical Component
1. The training program shall include graduated study, experience, and responsibility in all facets of nuclear radiological diagnosis, medical nuclear and diagnostic radiological physics, radiobiology, health physics and protection, nuclear medical instrumentation, radiopharmaceutical chemistry and instrumentation, clinical applications of nuclear radiology, and pathology.

2. The program must provide adequate opportunity for a resident to participate in and personally perform a broad range of nuclear radiological procedures.

B. Didactic Components
1. Formal instruction in diagnostic radiologic and medical nuclear physics, radiobiology, and radiopharmaceutical chemistry is required.

2. Appropriate emphasis must be placed on the educational value of teaching rounds and conferences. In addition, there should be frequent interdepartmental teaching conferences.

C. Research
The program should provide an environment in which a resident is encouraged to engage in investigative work with appropriate faculty supervision. Documentation of this environment should be made in the application and indicated by papers published by residents and/or clinical faculty.

D. Teaching File
A teaching file of images referable to all aspects of nuclear radiology must be available for use by residents. This file should be indexed, coded, and currently maintained.

VI. Evaluation
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: February 1990 Effective: July 1, 1997
Editorial Revision: June 6, 2002

Program Requirements for Residency Education in Pediatric Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
The training program in the subspecialty of pediatric radiology constitutes a supervised experience in the pediatric applications and interpretation of radiography, computed tomography, ultrasonography, angiography, interventional techniques, nuclear radiology, magnetic resonance, and any other imaging modality customarily included within the specialty of diagnostic radiology.

The program should be structured to enhance substantially the resident's knowledge of the applications of all forms of diagnostic imaging to the unique clinical/pathophysiologic problems of the newborn, infant, child, and adolescent. The fundamentals of radiology, radiologic physics, and radiation protection as they relate to the infant, child, and adolescent should be reviewed during the pediatric radiology training experience. The program must provide residents direct and progressively responsible experience in pediatric imaging as they advance through training. This training must culminate in sufficiently independent responsibility for clinical decision making such that the program is assured that the graduating resident has achieved the ability to execute sound clinical judgment.

B. Duration of Training
Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a
diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

C. Objectives and Goals
The educational program in pediatric radiology shall meet training objectives so that on completion of the program the resident is able to:
1. Understand the developmental and acquired disease processes of the newborn, infant, child, and adolescent which are basic to the practice of pediatric and adolescent medicine.
2. Perform and interpret radiological and imaging studies of the pediatric patient.
3. Supervise and teach the elements of radiography and radiology as they pertain to infants and children.
4. Understand how to design and perform research (clinical, biomedical, educational, health services).

II. Institutional Organization
A program of pediatric radiology training should function whenever feasible in direct association and/or affiliation with an Accreditation Council for Graduate Medical Education (ACGME) accredited program in diagnostic radiology. Pediatric radiology programs may be conducted in either a children's hospital or a general hospital.

III. Faculty Qualifications and Responsibilities
A. Program Director
The program director must have sufficient academic and administrative experience to ensure effective implementation of these program requirements and should have had at least 5 years of participation as an active faculty member in an accredited pediatric radiology program. The program director must be certified by the American Board of Radiology in radiology or diagnostic radiology or possess equivalent qualifications. The program director must have received the Certificate of Added Qualifications in Pediatric Radiology granted by the American Board of Radiology or possess equivalent qualifications. The director must devote sufficient time to the program to fulfill all of the responsibilities inherent in meeting the educational goals of the program. The program director is responsible for establishing the curriculum as well as procedures for evaluation of the resident's competency. Periodic evaluation of the resident with feedback is required. The program director shall select and supervise the trainees and shall select pediatric radiology program faculty members.

B. Faculty
There should be sufficient qualified professional personnel to constitute a teaching faculty. The faculty should comprise no fewer than three experienced radiologists, including the program director, who work full-time in pediatric radiology and its related subspecialty areas and are able to devote adequate time to the program. The minimum faculty requirement may be met by the program director and two other full-time equivalent (ie, total of three or more individuals) faculty members. Although it is desirable that pediatric radiologists supervise special imaging (ie, angiography, interventional radiology, nuclear radiology, computed tomography, magnetic resonance), instances where they are not expert in an imaging technique, other radiologists who are specialists in that imaging method should be part-time on the pediatric radiology faculty. Because such radiologists are usually not broadly experienced in the discipline and practice of pediatric radiology, pediatric radiologists should participate in the interpretation and correlation of the findings of these special imaging examinations.

A ratio of at least two pediatric radiologists for every resident is essential to provide adequate opportunity for teaching and supervision.

IV. Facilities and Resources
A. Space and Equipment
Modern facilities and equipment in adequate space must be available and functioning to accomplish the overall educational program in pediatric radiology. Diagnostic imaging modalities shall include radiography, computed tomography, ultrasonography, radionuclide scintigraphy, angiography, and magnetic resonance imaging. The department must have a minimum of one radiographic/fluoroscopic room, one ultrasound unit, one angiographic room, one CT scanner, one MR unit, and one nuclear radiology gamma camera. All equipment must be up-to-date. There must be justification for continued use of any equipment that is more than 10 years of age.

In general hospitals that treat patients of all ages, pediatric radiology often is a section of the radiology department, similarly, special imaging services of such departments are separate sections. In such cases, there should be recognition within the special imaging sections of the particular needs of the pediatric radiology program. There should be low-dose roentgenographic/fluoroscopic facilities specifically for children. The availability of all special imaging services for pediatric radiology residents is essential.

Laboratory and pathology services must be adequate to permit residents to enhance their educational experience during the diagnostic imaging and care of patients and obtain timely correlation with diagnostic imaging studies.

B. Inpatient and Outpatient Services
The hospital must have sufficient inpatient and outpatient services in general and subspecialty pediatrics to ensure a broad and in-depth exposure to pediatrics. The pediatric clinical services must be part of the teaching program and should require diagnostic imaging input for many of their patients.

C. Library
Learning resources should include access to an institutional and/or departmental library with current journals and textbooks sufficient to cover the specialty of pediatrics and pediatric subspecialties, radiology, and related fields. The library must contain journals and current textbooks on all aspects of pediatric radiology. The institutional library must have a librarian and facilities for electronic database searches. Moreover, the methods of performing such electronic database searches must be taught to residents. A pediatric radiology teaching file must be available for use by pediatric radiology residents. This teaching file should contain a minimum of 500 cases that are indexed, coded, actively maintained, and continually enhanced with new cases. Availability of the American College of Radiology pediatric learning file or its equivalent is desirable; this only partially meets the teaching file requirements.

D. Patient Population
There should be an ACGME-accredited residency in pediatrics, as well as pediatric medical and surgical subspecialty programs, to provide an appropriate patient population and educational resources in the institution. In addition to full-time pediatricians, there should be one or more pediatric surgeons, one or more pediatric pathologists, as well as a broad range of pediatric medical and surgical subspecialists.

The institution's pediatric population must include patients with a diversity of pediatric illnesses from which broad experience can be gained. The number of pediatric radiology residents in a program at any given time should reflect the patient census to ensure each
trainee of an adequate experience. The program must have sufficient volume and variety of patients to ensure that residents gain experience in the full range of pediatric radiologic examinations, procedures, and interpretations. A reasonable experience is no less than 15,000 pediatric radiologic examinations per year per resident.

V. Educational Program

A. Curriculum

The training should consist of didactic and clinical experiences that encompass the scope of pediatric radiology from the neonate to the adolescent. Every organ system should be studied in the contexts of growth and development, congenital malformations, diseases peculiar to infants and children, and diseases beginning in childhood but causing substantial residual impairment in adulthood. The didactic component should promote scholarship, self-instruction, self-evaluation, teaching, and research activity. It should foster the development of analytic skills and judgment. The clinical component should facilitate skillful technical performance of low radiation dose procedures on all organ systems that are examined in the practice of pediatric radiology. The pediatric imaging experience should include both inpatient and outpatient studies.

Residents must have graded responsibility and supervision in the performance of procedures and the perfection of technical and interpretive skills. It is essential that the pediatric radiology trainee be instructed in common pediatric imaging technical procedures and their indications, limitations, judicious utilization, and risks, including radiation dose considerations. The pediatric radiology resident must also be instructed in the risks and benefits of pediatric sedation; this includes an understanding of the physician’s role in the monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures. Where the program is conducted in a general hospital, the pediatric radiology trainee must have training in imaging examinations of pediatric patients. The scope of a 1-year training program in pediatric radiology shall include all diagnostic imaging applicable to the pediatric patient. The 1-year training program should include no more than 4 weeks’ vacation. The curriculum must include the central nervous, musculoskeletal, cardiopulmonary, gastrointestinal, and genitourinary systems. In each organ system, the effective and appropriate use of imaging modalities, including ultrasound, computed tomography, magnetic resonance, nuclear radiology, and vascular/interventional radiology, should be taught. The resident is responsible for following the imaging workup of the patient and must be substantially involved in the performance and interpretation of examinations that utilize various modalities. Correlation of radiologic findings with the clinical management and outcome aspects of the pediatric patient is essential.

B. Clinical Component

The pediatric radiology training program should provide a minimum number of procedures available per year per resident as follows:

- 300 fluoroscopic procedures
- 300 ultrasound examinations
- 200 body imaging (CT/MR) examinations

The number of these procedures available for the pediatric radiology resident should not have an adverse impact on the education of the diagnostic radiology residents in the same institution.

The pediatric radiology resident must have at least 3 weeks of experience in each of the following specialized areas: pediatric neuroradiology; vascular/interventional radiology; and nuclear radiology. This experience may be obtained through a combination of lectures, conferences, seminars, and involvement as the primary or secondary operator and by observing procedures. Supervised instruction should be provided by physicians with special expertise in those disciplines. It is acceptable to supplement the pediatric experience with adult patients in some specialties, such as vascular and interventional radiology, to enhance teaching. The program must require residents to maintain a logbook and document their training in nuclear radiology, neuroradiology, and vascular/interventional radiology. The logbook should include the patient name, medical record number, and procedure(s) performed. The minimum numbers of procedures per resident performed in these specialized areas of pediatric radiology are as follows:

- 50 pediatric nuclear radiology studies
- 200 neuroimaging studies
- 25 vascular/interventional studies

Residents in pediatric radiology should serve as pediatric radiologic consultants with the supervision and mentoring of faculty pediatric radiologists. The teaching experience should include pediatric- and radiologic-oriented conferences with medical students, residents, medical staff, and health care professionals.

C. Didactic Component

Study of clinical and basic sciences as they relate to radiology and pediatrics shall be a part of the didactic program. Subspecialty conferences, seminars, and academic review activities in pediatric radiology must be regularly scheduled. It is essential that the resident participate in the planning and presenting of conferences. In addition to conferences, study is integrated with the performance and interpretation of roentgenographic and other imaging examinations.

Residents must attend a minimum of 3 departmental conferences per week dedicated to pediatric radiology and participate in 3 or more interdepartmental conferences or rounds per week. When attending the conferences of other specialties, for example, tumor board, morbidity and mortality conference, surgery conference, the pediatric residents should present the radiographic portions of the conferences. The resident must be involved in daily radiology working conferences (daily conferences reviewing radiographs of intensive care units, other inpatient teams, etc). In the course of the 12-month program residents should attend and participate in at least 20 teaching conferences, such as grand rounds, sponsored by pediatric subspecialty departments. A journal club or research club must meet monthly.

D. Resident Policies

1. Supervision

The responsibility or independence given to residents should depend on their knowledge, skills, and experience. Additional personnel must be available within an appropriate time interval to perform or to supervise procedures.

2. Duty Hours and Conditions of Work

Duty hours and night and weekend call for trainees must reflect responsibility for patients and provide for adequate patient care. Residents must not be required regularly to perform excessively difficult or prolonged duties. It is the responsibility of the program director to ensure assignment of reasonable in-hospital duty hours. Residents who are taking night or weekend call must always have assigned faculty who are available for on call coverage.

E. Other Required Components

1. Resident Participation in Research

The training program in pediatric radiology should have a research component that will offer the resident an opportunity to learn the fundamentals of design, performance, interpretation of research studies, and evaluation of investigative methods. Residents should develop competence in critical assessment of in-
Program Requirements for Residency Education in Vascular and Interventional Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty
The unique clinical and invasive nature of practice in vascular and interventional radiology requires special training and skills. The educational program in the subspecialty of vascular and interventional radiology must be organized to provide comprehensive, full-time training and experience in the evaluation and management of patients requiring imaging-guided diagnostic vascular and interventional procedures and a supervised experience in performance of imaging-guided diagnostic methods of treating disease. Vascular and interventional procedures are guided by a number of imaging modalities including fluoroscopy, angiography, computed tomography, ultrasound, magnetic resonance imaging, radionuclide imaging, and other modalities included within the specialty of radiology. The training program must be structured to enhance substantially the resident’s knowledge of the application of all forms of imaging to the performance and interpretation of vascular and interventional procedures.

The program in vascular and interventional radiology must be structured to enhance the resident’s knowledge of the signs and symptoms of disorders amenable to diagnosis and/or treatment by percutaneous techniques. The significance of the symptoms must be understood, as well as the pathophysiology and natural history of the disorders. Residents must know the indications for and contraindications to vascular and interventional procedures and understand the medical and surgical alternatives to those procedures. The vascular and interventional radiologist must have a complete understanding of imaging methods used to guide percutaneous procedures. The resident must become skilled in the technical aspects of percutaneous procedures. The fundamentals of radiation physics, radiation biology, and radiation protection should all be reviewed during the vascular and interventional training experience. In addition, training should provide opportunities for research into new technologies and evaluation of the clinical outcomes of interventional radiology.

B. Duration of Training
Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

C. Faculty/Resident Numbers
The minimum number of residents is one. To ensure an adequate educational experience as well as adequate supervision and evaluation of a resident’s academic progress the faculty-to-resident ratio must not be less than one full-time faculty person for every resident.

II. Program Director/Faculty

A. Program Director
The program director must be certified by the American Board of Radiology in diagnostic radiology or radiology and have a Certificate of Added Qualifications in Vascular and Interventional Radiology from the American Board of Radiology or possess equivalent qualifications.

B. Faculty
There should be sufficient qualified professional personnel to constitute a teaching faculty. The faculty should comprise at least two full-time vascular and interventional radiologists, including the program director. While the expertise of any one faculty member may be limited to a particular aspect of vascular and interventional radiology, the training program must provide experience that includes all aspects of vascular and nonvascular interventional radiology. The faculty must provide didactic teaching and direct supervision of residents’ performance in the clinical patient management, procedural, interpretative, and consultative aspects of vascular and interventional radiology. The faculty must demonstrate commitment to the subspecialty of vascular interventional radiology. Such commitment includes membership in professional societies, publications in the field, and/or a minimum of 30 hours of CME Category 1 credit per year.

(See Program Requirements for the Subspecialties of Diagnostic Radiology for additional program director and faculty requirements.)
III. Facilities and Resources

A. Space and Equipment
Modern imaging/procedure rooms and equipment in adequate space must be available to permit the performance of all vascular and interventional radiologic procedures. Imaging modalities in the department should include fluoroscopy, angiography, computed tomography, ultrasonography, magnetic resonance imaging, and radionuclide scintigraphy. Fluoroscopic equipment should be high resolution and have digital display with postprocedure image processing capability. Rooms in which vascular and interventional procedures are performed must be equipped with physiologic monitoring and resuscitative equipment. Suitable recovery and patient holding areas should be available. Adjacent to or within procedure rooms, there should be facilities for storing catheters, guide wires, contrast materials, embolic agents, and other supplies. There must be adequate space and facilities for image display, image interpretation, and consultation with other clinicians. There must be adequate office space and support space for vascular and interventional radiology faculty or staff and residents.

B. Patient Population
The institution's patient population must have a diversity of illnesses from which a broad experience in vascular and interventional radiology can be obtained. There must also be an adequate variety and number of interventional procedures for each resident. Each resident must document his/her direct participation in a minimum of 500 vascular and interventional procedures that cover the entire range of the specialty. The procedures should be recorded in a personal case log that should be reviewed periodically with the program director. Clinical experience may be supplemented by training affiliations to other institutions.

C. Library
Teaching resources must include a medical library with access to a variety of textbooks and journals in radiology, vascular and interventional radiology, and related fields. A coded vascular and interventional radiology teaching film file is desirable. The resident should have access to computerized literature search facilities.

D. Support Services
Pathology and medical laboratory services and consultation must be regularly and conveniently available to meet the needs of patients, as determined by the medical staff. Services should be available each day throughout the entire 24 hours. At least one qualified medical technologist must be on duty or available at all times. Diagnostic laboratories for the noninvasive assessment of peripheral vascular disease also must be available. Nursing support should be readily available, particularly if conscious sedation might be administered.

E. Research Facilities
The institution should provide laboratory and ancillary facilities to support research projects. These laboratory facilities and research opportunities may be made available to vascular and interventional radiology residents through cooperative arrangements with other departments or institutions.

IV. The Educational Program

A. Clinical Components
The training program curriculum must include didactic and clinical experiences that encompass the full clinical spectrum of vascular and interventional radiology. Residents must have the opportunity to carry out all of the following under close, graded responsibility and supervision: clinical preprocedure evaluation of patients, interpretation of preliminary diagnostic studies, consultation with clinicians on other services, performance of vascular and interventional procedures, generation of procedural reports, and delivery of both short- and long-term follow-up care. The continuity of care must be of sufficient duration to enable the resident to obtain appropriate feedback regarding the management of patients under his/her care.

Both vascular and nonvascular interventional procedures, excluding the intracerebral vascular system, must be included in the training program. Examples of vascular procedures include but are not limited to arteriography, venography, lymphography, angioplasty and related percutaneous revascularization procedures, embolotherapy, transcatheter infusion therapy, intravascular foreign body removal, and percutaneous placement of endovascular prostheses such as stent grafts and inferior vena cava filters and insertion of vascular access devices and catheters. Examples of nonvascular procedures include, but are not limited to, percutaneous imaging-guided biopsies; percutaneous gastroscopy; percutaneous nephrostomy; ureteral stenting and other transcatheter genitourinary procedures for diagnosis and treatment of infections, obstruction, and fistula; percutaneous transhepatic and transhepatic biliary procedures; percutaneous drainage for diagnosis and treatment of infections and other fluid collections; and miscellaneous percutaneous imaging-guided procedures such as ablation of neoplasms and cysts. Residents must have specific clinical time dedicated to the performance and interpretation of vascular ultrasound studies, magnetic resonance angiograms, and CT angiograms.

The responsibility or independence given to residents must depend on an assessment of their knowledge, manual skill, and experience. In supervising residents during vascular and interventional procedures, faculty members should reinforce the understanding gained during residency training of x-ray generators, image intensifiers, film, screen-film combinations, film changers, film processing, ultrasonography, computed tomography, and other imaging modalities. Residents must be provided with instruction in the use of needles, catheters, and guide wires and must be directly supervised and given graduated responsibility in the performance of procedures as competence increases. A thorough understanding of the clinical indications, risks, interpretation, and limitations of vascular and interventional procedures is essential to the practice of vascular and interventional radiology. Residents must be instructed in these areas. Residents should also be instructed in proper use and interpretation of laboratory tests and in methods that are adjunctive to vascular and interventional procedures, such as use of physiologic monitoring devices, noninvasive vascular testing, and noninvasive vascular imaging. There should be specific instruction in the clinical aspects of patient assessment, patient treatment, planning, and patient management related to vascular and interventional radiology. There also should be instruction in the use of analgesics, antibiotics, and other drugs commonly employed in conjunction with these procedures. The residents must be thoroughly familiar with all aspects of administering and monitoring sedation of the conscious patient. They also must have advanced cardiac life support training.

Residents should serve as consultants under the supervision of staff vascular and interventional radiologists. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record. Reports for the medical record generated by residents should be closely reviewed by faculty for accuracy of content, grammar, style, and level of confidence. The vascular/interventional
residents should also assist and train diagnostic radiology residents in the performance and interpretation of procedures.

B. Didactic Components
There shall be scheduled intradepartmental conferences as well as conferences with related clinical departments in which residents participate on a regular basis. These should include one or more specific weekly departmental conferences and at least one interdisciplinary conference per week at which attendance is required. In particular, interdepartmental conferences with the surgical specialties should be an important teaching component. The resident’s teaching experience should include conferences with medical students, graduate medical staff, and allied health personnel. Scheduled presentations by the resident during these conferences should be encouraged.

Clinical and basic sciences as they relate to radiology and vascular and interventional radiology should be part of the didactic program. This should include but not be limited to the anatomy, physiology, and pathophysiology of the hematological, circulatory, respiratory, gastrointestinal, genitourinary, and musculoskeletal systems. Relevant pharmacology, patient evaluation and management skills, and diagnostic techniques also should be addressed.

There must be documented regular review of all mortality and morbidity related to the performance of interventional procedures. Residents must participate actively in this review, which should be held not less than monthly. Residents should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in interventional radiology while in training. Participation in local or national vascular and interventional radiology societies should be encouraged. Residents should be encouraged to present the radiologic aspects of cases that are discussed in multidisciplinary conferences. They also should prepare clinically or pathologically proven cases for inclusion in the teaching file.

C. Other Required Components
1. Resident participation in research
   The residents should learn the fundamentals of experimental design, performance, and interpretation of results. They should participate in clinical, basic biomedical or health services research projects and should be encouraged to undertake at least one project as principal investigator. They should submit at least one scientific paper or exhibit to a regional or national meeting. The opportunity also must be provided for residents to develop their competence in critical assessment of new imaging modalities and of new procedures in vascular and interventional radiology.

2. Scholarly activity
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning scholarly activity requirements.)

3. Duty hours and conditions of work
   (See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

V. Evaluation
(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

VI. Board Certification
The Residency Review Committee will consider as one measure of a program’s quality the performance of its graduates on the examination of the American Board of Radiology for the Certificate of Added
Program Requirements for Residency Education in Radiation Oncology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Radiation oncology is that branch of clinical medicine concerned with the causes, prevention, and treatment of cancer and certain nonneoplastic conditions utilizing ionizing radiation. Radiation oncologists are an integral part of the multidisciplinary management of the cancer patient and must collaborate closely with physicians in related disciplines and these related physicians' roles in the management of the patient.

The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology and to be caring and compassionate in the treatment of patients. To accomplish this goal, adequate structure, facilities, faculty, patient resources, and educational environment must be provided.

B. Duration and Scope of Education
Resident education in radiation oncology must include 5 years of accredited, clinically oriented graduate medical education. The first year of postgraduate clinical training must be spent in internal medicine, family practice, obstetrics/gynecology, surgery or surgical specialties, pediatrics, a categorical radiation oncology year, or a transitional year program. This clinical experience must then be followed by 4 years focused in radiation oncology. The PG-1 year must include at least 9 months of direct patient care in medical and/or surgical specialties other than radiation oncology.

No fewer than 36 months of the 4-year program must be spent in clinical radiation oncology. In addition, the program must provide a 2-month rotation in medical oncology, to include adult and pediatric patients, and exposure to oncologic pathology and diagnostic imaging by a 1-month rotation for each discipline. The medical oncology requirement may be met by documented attendance at regularly scheduled multidisciplinary conferences (at least 4 hours per month during the clinical rotations). The pathology and diagnostic imaging requirements may be satisfied through multidisciplinary conferences if pathology and imaging material for both pediatric and adult patients are shown and discussed (at least 1 hour per month during the clinical rotations for each discipline). The remaining months must allow for in-depth experience in individually selected areas applicable to clinical radiation oncology, as described in Section V.A.2, Clinical Curriculum. A research component, either clinical or basic laboratory research, is desirable.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. The administration of the institution sponsoring the program in radiation oncology must provide funding for space, equipment, staff, nonprofessional personnel, and residents. It must assist the program director in teaching and recruiting faculty, as well as in selecting, evaluating, and dismissing residents whose performance is unsatisfactory.

2. Education in radiation oncology must occur in an environment that encourages the exchange of knowledge and experience among residents both in the program and in other oncology specialties within the sponsoring institution. There should be other Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs, including internal medicine and general surgery, in the institution.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. The preponderance of the educational experience must take place in the parent institution. Outside institutions may participate on an affiliated or integrated basis.

a. The program may establish an affiliated relationship with another institution for the purpose of limited rotations. Affiliated institutions must provide additional resources and experience and must not be added primarily for the purpose of meeting service needs.

1) The program director must obtain prior approval from the RRC when the outside rotation totals more than 3 months.

2) Arrangements for rotations should not be made with institutions that at such a distance from the parent institution as to make resident attendance at rounds and conferences difficult.

3) Rotations away from the primary and integrated institution may not exceed a total of 6 months over the course of the 4 years of radiation oncology.

b. An institution is considered integrated when the program director (a) appoints the members of the faculty and is involved in the appointment of the chief of service at the integrated institution, (b) determines all rotations and assignments of residents, and (c) is responsible for the overall conduct of the educational program in the integrated institution. There must be a written agreement between the parent institution and the integrated institution stating that these provisions are in effect; this agreement must be approved by the RRC prior to implementation. Rotations to integrated institutions are not limited in duration.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should include:

a. Identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and V.LA of the Program Requirements;

b. outline the educational goals and objectives to be attained by the resident during the assignment and specify the num-
Program Requirements for Residency Education in Radiation Oncology

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Presence of Fellows and Other Students
The presence of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation, as well as for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated by this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including the ability to organize and direct the teaching program, maintain a quality teaching staff, and provide a significant commitment of time and effort to the residency program.
   b. be certified in Radiation Oncology by the American Board of Radiology or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. be licensed to practice medicine in the state(s) where the institution that sponsors the program is located (certain federal programs are exempted)
   A complete curriculum vitae of the program director shall be filed with the executive director of the RRC at the time of appointment and updated with each review of the program by the RRC.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Educational and Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.
   
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications

1. The physician faculty must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by the American Board of Radiology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program.
   a. The program must provide a minimum of four full-time-equivalent faculty radiation oncologists who devote their professional time to the program for the teaching of clinical radiation oncology.
   b. In addition, the faculty must include one full-time radiation biologist or cancer biologist, who must also be on-site, for the teaching of radiation and cancer biology and one full-time faculty medical physicist, who also must be on-site, for the teaching of radiation physics.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administrative and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
C. Didactic Components
Conferences and teaching rounds must provide for progressive resident participation. There must be adequate frequency of conferences, with attendance by residents, radiation oncologists, and other staff. Adequate conference room and audiovisual facilities must be provided.

The clinical and basic sciences must be taught through regularly scheduled lectures, case presentations, conferences, and discussions relevant to the practice of radiation oncology. The training program must provide curricula for the teaching of basic sciences essential to training in radiation oncology, including radiation and cancer biology and medical physics. The curriculum in medical physics must include didactic lectures and laboratory demonstrations of radiation safety procedures, calibration of radiation therapy machines, the use of the computer for treatment planning, the construction of treatment aids, and the safe handling of sealed and unsealed radionuclides. The radiation and cancer biology curriculum must include didactic lectures on all aspects of radiation effects on normal and neoplastic tissues and the fundamental biology of the causes, prevention, and treatment of cancer. The program also must familiarize the resident with medical statistics, through an organized program of lectures or conferences; oncologic pathology, with special emphasis on neoplasia and radiation effects; and diagnostic imaging.

There must be didactic instruction in the potential value and limitations of other oncologic disciplines, such as medical oncology (both adult and pediatric), surgical oncology and the various surgical specialties, and gynecologic oncology, which play a role in the management of the patient. This will be accomplished by attendance at multidisciplinary and departmental conferences.

There must be intradepartmental clinical oncology conferences, including new patient conferences, weekly chart reviews, problem case conferences, continuous quality improvement, morbidity and mortality, physics, dosimetry, radiation and cancer biology, and journal review.

D. Clinical Components
1. Clinical Resources
To ensure adequate numbers and variety of patients for resident training, at least 600 patients must receive external beam irradiation yearly in the parent institution or integrated program, and the number of patients treated with external beam irradiation by each resident must be no fewer than 150 per year (determined by the number of patients simulated), or a minimum of 450 during the clinical radiation oncology rotations. A resident should not treat more than 250 patients with external beam irradiation in any 1 year. Only cases for which the resident has primary responsibility may be counted.

2. Clinical Curriculum
The program must provide the resident with the opportunity to gain in-depth knowledge of clinical radiation oncology, including the indications for irradiation and special therapeutic considerations unique to each site and stage of disease. The resident must be trained in standard radiation techniques as well as in the use of treatment aids and treatment planning to optimize the distribution of the radiation dose. The principles of normal tissue tolerance to radiation and tumor dose-response must be taught. The use of combined modality therapy and altered fractionation schemes should be part of the clinical curriculum. Teaching in pain management and palliative care should be provided.

The clinical core curriculum shall include experience with lymphomas and leukemias; gastrointestinal, gynecologic, genitourinary, breast, soft tissue and bone, skin, head and neck, lung, pediatric, and central nervous system tumors; and treatment of benign diseases for which radiation is utilized. In addition, the curriculum must provide instruction in the physics, radiation and cancer biology, and clinical applicability of the following areas: radiosurgery, intraoperative radiation therapy, three-dimensional conformal treatment planning and delivery, radioimmunotherapy, unsealed sources, total body irradiation as used in stem cell transplantation, total skin irradiation, high- and low-dose rate brachytherapy, hyperthermia, kilovoltage irradiation, plaque therapy, particle therapy, intravascular brachytherapy, and any others that may be developed as they apply to the core curriculum.

The resident also must be trained in the use of external beam modalities, including megavoltage irradiation, electron beam, simulation using conventional and/or CT simulators to localize anatomy, and computerized treatment planning. The faculty must ensure that the resident personally performs technical procedures, including treatment setups as well as intracavitary and interstitial placement of radiation sources.

The resident must perform no fewer than five interstitial implants in at least five patients, perform ten intracavitary implants in at least five patients, and observe an additional five interstitial implants in at least five patients and ten intracavitary implants in at least five patients during the course of training.

Residents must treat no fewer than 12 pediatric patients of whom a minimum of 9 have solid tumors.

Follow-up of the irradiated patients by the resident, including pediatric patients, on an inpatient or outpatient basis is a required part of resident training and must be demonstrated by the program to ensure that residents have the opportunity to learn about the problems of recurrent and disseminated tumors and of late aftereffects and complications of radiation therapy.

3. Resident Logs
a. The resident must keep a detailed, well-organized, and accurate log of these procedures for semianual review by the program director.

b. The program director must:
1) Review the logs with all residents at least semianually to ensure accuracy and to verify that the case distribution meets the standards specified.
2) Provide documentation of these discussions for the resident's record maintained by the institution.
3) Submit at the RRC's request the resident's logs of patients irradiated, procedures performed, and observed, and modalities used.

E. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and
Program Requirements for Residency Education in Radiation Oncology

provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. Resident Investigative Project

During their training, residents will be required to complete an investigative project under faculty supervision. This may take the form of biological laboratory research, clinical research, medical physics research, or the retrospective analysis of data from treated patients. The results of such projects shall be suitable for publication in peer-reviewed scholarly journals or presentation at scientific meetings.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided during all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements D.1.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution’s GMEC is required.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include

a. the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge,
practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. mechanisms for providing regular and timely performance feedback to residents that includes at least:
   1) written semianual evaluation that is communicated to each resident in a timely manner and
   2) the maintenance of a record of evaluation for each resident that is accessible to the resident.

c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The review should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

   The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The RRC will use program data for the most recent 5- and 10-year periods and will take into consideration notable improvements or declines during the period considered. Poor performance will be cited if the number of candidates passing both the written and oral board examinations on the first opportunity is consistently at or below the 25th percentile of all programs in the nation.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification
Residents who plan to seek certification by the American Board of Radiology should communicate with the office of the Board to ascertain the current requirements for acceptance as a candidate for certification.

Editorial revisions: March 4, 2003
ACGME: June 2002  Effective: January 2003
Common Program Requirements: July 1, 2003
Program Requirements for Residency Education in Surgery

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
The goal of a surgical residency program is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a board-certified specialist. The education of surgeons for the practice of general surgery encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge, and maturity in the acquisition of surgical judgment. The educational program should include the fundamentals of basic science as applied to clinical surgery, including: the elements of wound healing, homeostasis, hematologic disorders, oncology, shock, circulatory physiology, surgical microbiology, respiratory physiology, gastrointestinal physiology, genitourinary physiology, surgical endocrinology, surgical nutrition, fluid and electrolyte balance, metabolic response to injury including burns, musculoskeletal biomechanics and physiology, immunobiology and transplantation, applied surgical anatomy, and surgical pathology.

B. Duration and Scope of Education
Five years of graduate training in surgery following graduation from a medical school accredited by the Liaison Committee for Medical Education (LCME) is required for the acquisition of the necessary knowledge, technical skill, and judgment. Each resident must be notified in writing of the length of the program prior to admission to the program. All years must be in an accredited program under the guidance of the program director in surgery, regardless of assignments to other disciplines.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions (defined as any institution to which residents rotate for an assigned experience).
1. The program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its equivalent, and must be classified as general hospitals. These institutions, by definition, must include facilities and staff for a variety of services, including radiology and pathology.
2. There must be at least one additional residency program, in internal medicine or pediatrics or family practice whose residents rotate through the same integrated institution(s) as the surgery residents.

B. Participating Institutions (defined as any institution to which residents rotate for an assigned experience)
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).

3. Program letters of agreement must be developed for each participating and integrated institution that provides an educational experience for a resident that is 1 month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:
   a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D and V.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies and procedures that will govern resident education during the assignment.

4. Integrated Institutions
   a. Institutions may be integrated with the sponsoring institution through an integration agreement that must additionally specify that the program director must
      1) appoint the members of the teaching staff at the integrated institution
      2) appoint the chief or director of the teaching service in the integrated institution
      3) appoint all residents in the program
      4) determine all rotations and assignments of both residents and members of the teaching staff.
   b. As a general rule, integrated institutions must be in close geographic proximity to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular documented basis in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.

5. Prior approval must be obtained from the RRC for
   a. a portion of the chief year to be spent at a participating institution
   b. participating institutions where each resident will be assigned for 6 months or more, as well as for all integrations
   c. educational assignments requiring 1 year or more in total spent away from the sponsoring or integrated institution(s).

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education, such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.
1. Residency positions must be allocated to one of three groups: categorical, designated preliminary, and nondesignated preliminary.
   a. Categorical residents (C) are accepted into the residency program with the objective to complete the entire surgery program, ie, normally 5 clinical years, assuming satisfactory performance.
   1) At each level, the number of categorical PG1, PG2, PG3, and PG4 positions shall not exceed the number of approved chief residency positions.
   2) Modest variations, not to exceed a 10% increase in the total number of categorical positions, may be permitted on a temporary basis only.
   b. Designated preliminary residents (DP) are accepted for 1, 2, or 3 years prior to continuing their education in another surgical or nonsurgical specialty or subspecialty program.
   1) Letters of commitment must be on file for each of these residents.
   2) The number of designated preliminary positions shall not be specifically limited, as long as the number of residents does not exceed the educational capacity of the surgical program.
   c. Nondesignated preliminary residents (NDP) are those accepted into the general surgical program, ie, for 1 or 2 years, who at the time of recruitment have not determined further residency training.
   1) The number of nondesignated preliminary positions in the PG1 and PG2 years combined shall not exceed 200% of the number of categorical chief residents.
   2) Documentation of these residents' continuation in graduate medical education must be provided.
   3) Exceptions to the number of nondesignated preliminary positions will require not only adequate documentation of continuing in graduate medical education in another program, but will also clear evidence of educational benefit to the overall program.
   d. Both temporary and permanent increases in resident complement must be approved in advance by the RRC. A permanent increase in categorical resident positions may be requested only in conjunction with a site visit. Any increase in the resident complement must be justified in terms of the educational goals of the program.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transfer resident, including an assessment of competence in the six areas described in section V.B prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.
1. All fellows and other students in both ACGME accredited and non-accredited programs in the sponsoring and integrated institutions that might affect the experience of the general surgery residents must be identified, eg, vascular surgery, oncologic surgery, head and neck surgery, critical care, trauma, endoscopy, gastroenterology, transplantation, pediatric surgery, and endocrine surgery. The relationship of these fellow(s) to the residents in the general surgery program must be detailed.
2. A chief resident and a fellow must not have primary responsibility for the same patients.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership. The term of appointment, as a normal rule, must be for at least the duration of the program plus 1 year, ie, a minimum of 6 years.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in general surgery by the American Board of Surgery or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.
   d. be licensed to practice medicine in the state where the institution that sponsors the program is located.
   e. demonstrate scholarly activity in at least 1 of the areas listed in section V.C. 1. a-d. of this document.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
   a. Devoting his/her principal effort to the program's management and administration, as well as to teaching, research, and clinical care limited to the sponsoring or integrated institution.
   b. Designating other well-qualified surgeons to assist in the supervision of the residents so that in addition to the program director for each approved chief residency position, there is at least one additional geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff.
   c. Assigning clinical rotations and staff appointments of attending surgeons on the teaching services for the sponsoring and all integrated institutions.
   2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
   3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
   4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and
6. Procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of participating institution(s) as specified in section II. B of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
   1. The physician faculty must
      a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
      b. be certified in general surgery by the American Board of Surgery or possess qualifications judged by the RRC to be acceptable.
      c. be appointed in good standing to the staff of an institution participating in the program.
   2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
   1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
   2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
   3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section IV.C.1.

E. Other Program Personnel
   The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
   The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
   1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
      a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
      b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
      c. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
   The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:
   1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Surgical residents must:
      a. demonstrate manual dexterity appropriate for their training level.
      b. be able to develop and execute patient care plans appropriate for the resident's level.
   2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Surgical residents are expected to:
      a. critically evaluate and demonstrate knowledge of pertinent scientific information.
   3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Surgical residents are expected to:
      a. critique personal practice outcomes.
      b. demonstrate a recognition of the importance of lifelong learning in surgical practice.
   4. Interpersonal and Communication Skills that result in effective information exchange and collaboration with patients, their families, and other health professionals. Surgical residents are expected to:
      a. communicate effectively with other health care professionals.
      b. counsel and educate patients and families.
      c. effectively document practice activities.
   5. Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Surgical residents are expected to:
      a. maintain high standards of ethical behavior.
      b. demonstrate a commitment to continuity of patient care.
      c. demonstrate sensitivity to age, gender and culture of patients and other health care professionals.
   6. Systems-Based Practice as manifested by actions that demonstrate an awareness of and response to the larger context and system of health care and effectively call on system resources to provide optimal care. Surgical residents are expected to:
      a. practice high quality, cost effective patient care.
b. demonstrate a knowledge of risk-benefit analysis.
c. demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

C. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings; for example, case reports or clinical series.
   d. The scholarship of integration: a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
   e. Documented leadership in major medical specialty organizations.
   f. Mentorship of junior faculty, residents, and fellows.
2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.
3. Documentation of scholarly activities
   a. While not all members of a teaching staff can be investigators, clinical and/or basic science research must be ongoing in the department of surgery of the sponsoring institution(s). The staff as a whole must document active involvement in all phases of scholarly activity as defined above to be considered adequate.
   b. Adequate documentation of scholarly activities by the program director and the teaching staff at the sponsoring and integrated institutions is required at the time of the site visit. Staff activity at participating institutions cannot account or substitute for the educational environment of the sponsoring and integrated institutions.
   c. Research on the part of residents also is not a substitute for the involvement of the program director and teaching faculty.
4. The participation of residents in clinical and/or laboratory research is encouraged.

D. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt policies to prevent and counteract the potential negative effects.
   d. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. Although senior residents require less direction than junior residents, even the most senior must be supervised.
   e. A fellow may not supervise chief residents.
2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient). Duty hours must be limited to 40 hours per week, averaged over a four-week period, inclusive of scheduled academic activities.
   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided between all daily duty periods. This should consist of a 10-hour time period provided between all daily duty periods, and after in-house call.

3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
   c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The resident should evaluate the patient before surgery.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
5. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

E. Educational Components
1. Academic Component: The written course of study should reflect careful planning with evidence of a cyclical presentation of core specialty knowledge, including teaching in critical thinking, design of experiments, and evaluation of data; and technological advances that relate to surgery and the care of patients with surgical diseases.

a. Conferences should be scheduled to permit the residents to attend on a regular basis. Participation by both residents and teaching staff must be documented.

b. The following types of conferences must exist within a program:
   1) A weekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies.
   2) A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to surgery in general; sole reliance on textbook review is inadequate.

3) Regular, organized, clinical teaching such as Grand Rounds, ward rounds, and clinical conferences.

2. Clinical Component
   Operative skill is essential and can be acquired only through personal experience and training. The program must provide for sufficient operative experience to educate qualified surgeons, taking into account individual capability and rate of progress.

a. The 5-year clinical program should be organized as follows:
   1) No more than 12 months may be devoted to education in a single surgical discipline other than the principal (essential) components of surgery
   2) No more than 6 months may be allocated to nonsurgical clinical disciplines such as internal medicine, pediatrics, gastroenterology, anesthesiology, or surgical pathology
   3) At least 54 months must be clinical surgery, with experience in endoscopy, surgical intensive care, and emergency care included in this category
   4) Thirty-six (36) of the 54 months must include the principal (essential) components of general surgery

b. The volume and variety of the operative experience must ensure a sufficient number and distribution of complex cases, as determined by the RRC, for the achievement of adequate operative skill, surgical balance, and experience for each resident in the

1) principal (essential) components of general surgery, ie, abdomen; alimentary tract, breast, skin and soft tissues, the comprehensive management of trauma, burns, and emergency surgery; endocrine system; head and neck surgery; surgical critical care; and the vascular system

2) secondary components of general surgery, ie, anesthesiology, burn management, cardiothoracic surgery, endoscopy, gynecology, neurosurgery, orthopedics, pediatric surgery, plastic surgery, transplant surgery, and urology

c. A resident is considered to be the surgeon when he or she can document a significant role in the following aspects of management: determination or confirmation of the diagnosis, provision of preoperative care, selection and accomplishment of the appropriate operative procedure, direction of the postoperative care, and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is inadequate.

d. Numbers of Operative Cases
   1) While the total number of major operations to be performed by each resident is not specified, the RRC will consider the range of 500 to 1000 major cases as acceptable in aggregate for all 5 years, including 100 to 300 major cases in the chief year.

2) The operative experience for any 1 resident in excess of 450 cases for the chief year or 1,500 cases for all 5 years must be justified by the program director.

e. When operative experience justifies a teaching role, residents should act as teaching assistants and should list such cases for the fourth and fifth years only.

f. The Chief Year
   1) The program must commit the chief clinical year to the principal (essential) components of general surgery at the sponsoring or integrated institution(s). Primary responsibility for surgical specialty cases of patients on a general surgical service is permissible.

2) The majority of the 12 months of the chief year must be served in the final year of the program. To take advantage of a unique educational opportunity in a program during a resident's final year, a portion of the chief year may be
served in the next to the last year, provided it is not earlier than the fourth clinical year and has been approved in advance by the RRC.)

3) Not more than 4 months may be devoted exclusively to any 1 principal (essential) component of general surgery.

4) With prior approval of the RRC, assignment to a pediatric surgical service may be acceptable under the following conditions:
   i. The resident's experience in the principal (essential) components of general surgery is adequate
   ii. The resident is responsible for the preoperative, operative, and postoperative care of the pediatric surgical patient
   iii. The volume and complexity of cases are appropriate for a chief resident.

g. Additional Components

1) Defined experience with a variety of rigid and flexible endoscopic procedures, particularly proctosigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, laparoscopy, and operative choledochoscopy, as well as experiences in other relevant diagnostic and therapeutic techniques including laryngoscopy, bronchoscopy, and fine-needle aspiration.

2) Defined experience with evolving diagnostic and therapeutic methods, such as: laser applications; investigations and manipulations of the distal common bile duct (including sphincterotomy); steroiotoic breast biopsy; sentinel lymph node biopsy techniques; physiologic testing and evaluation of the gastrointestinal tract; non-invasive diagnostic evaluation of the vascular system and invasive vascular interventional techniques; ultrasonography of the head and neck, breast, abdomen (including laparoscopic intra-abdominal); and endorectal ultrasound.

3) Experience in an emergency room and in intensive care units to enable residents to manage patients with severe and complex illnesses and with major injuries requiring critical care.

4) Management of patients (on surgical services) who may or may not require surgical intervention eg, patients with pancreatitis, portal hypertension, multiple trauma, immunosuppression, and to acquire skill in such nonoperative management.

h. Outpatient Responsibilities

Residents must be provided with at least 1 day each week of outpatient experience during assignments in the primary components of surgery. Each resident should have the opportunity to examine patients preoperatively, consult with the attending surgeon, participate in the operation and in the immediate postoperative care until release from the facility, and to see patients personally in an outpatient setting and consult with the attending surgeon regarding follow-up care.

VI. Evaluation of Residents

A. Resident Evaluation

I. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. The evaluations must be related to goals and objectives for each program assignment. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least
      1) written semiannual evaluation that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the residents performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the residents permanent record maintained by the institution.

3. Although each program is encouraged to develop its own cognitive testing instruments, the American Board of Surgery (ABSITE) Examination is considered a highly desirable test of surgical knowledge. These test results should not be the sole criterion of resident knowledge and should not be used as the sole criterion for promotion to a subsequent PG level.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program, the program director or designee, no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent 5-year period, 90% of the graduates must pass the qualifying and certifying examinations on the first attempt.
VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.
C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

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Program Requirements for Residency Education in Surgery

I. General Information
A. A residency education program in a subspecialty of general surgery is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
Subspecialty education is a component in the continuum of the education process and must be in addition to the requirements for complete residency education in general surgery. Ordinarily the subspecialty education will follow completion of an accredited general surgery residency program.
B. Residency education programs in the subspecialties of general surgery may be accredited only in institutions that either sponsor a residency education program in general surgery or pediatric surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or are integrated by formal agreement into such programs. The subspecialty programs will be approved only as an administratively integrated part of the approved core program in general surgery. Rotations to affiliated institutions can be approved for a period not exceeding 25% of the total program; adequate educational justification for such rotations must be provided to the RRC prior to implementation.
The description and regulations governing affiliated and integrated institutions in the Program Requirements for Residency Education in General Surgery also apply to the subspecialty programs of surgery.
C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the general surgery residents in the core program.

II. Program Director and Teaching Staff
Subspecialty education programs must provide a scholarly environment for acquiring the necessary cognitive and procedural clinical skills essential to the practice of the specific subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program. It is also imperative that appropriate resources and facilities be present. Service obligations must not compromise educational goals and objectives.

A. Program Director
There must be a single program director responsible for the program.
1. Qualifications of the Program Director:
The subspecialty program director must be a surgeon who is qualified to supervise and to educate residents appropriately in the specific subspecialty.
a. The director must either be certified in the subspecialty by the American Board of Surgery or possess equivalent qualifications, as determined by the RRC.
b. The director must have an appointment in good standing to the medical staff of an institution participating in the program.
c. The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
2. Responsibilities of the Program Director:
It is the responsibility of the subspecialty program director to support the residency education program by devoting his/her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:
a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
e. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
f. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
g. Preparation of an accurate statistical and narrative description of the program.

B. Teaching Staff
1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching
abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel
Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Educational Principles
The principles of education enumerated in the Program Requirements for Residency Education in General Surgery are also applicable to the subspecialty programs.

A. The program directors for both the subspecialty and the core programs, as well as the institution itself, are responsible for ensuring that adequate facilities and resources are available to achieve the educational objectives.

B. A postgraduate residency must provide advanced education so that the residents can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound surgical judgment, and research creativity. The technical component must provide appropriate opportunity for the residents to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

C. The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while assuring that undue stress and fatigue among residents are avoided. It is the program director’s responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. It is desirable that residents’ work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Different specialties and different rotations may require different working hours and patterns. A distinction must be made between on-call time in the hospital and on-call availability at home vis-a-vis actual hours worked. The ratio of hours worked and on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility.

D. During the on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in nonevaluative activities that can be discharged properly by other personnel.

IV. Educational Components
Subspecialty programs must include the following educational components:

A. A sufficient number of patients must be available to assure appropriate inpatient and outpatient experience for each subspecialty resident, without adversely affecting the experience of residents in the general surgery core program. There must be adequate responsibility for continuity of care, to include prehospital and posthospital experience.

B. Subspecialty conferences, including review of all current complications and deaths; seminars; and clinical and basic science instruction must be regularly scheduled. Active participation of the subspecialty resident in the planning and the production of these meetings is essential.

C. A resident must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. There must be close interaction between the core residency program in general surgery and the subspecialty program. Lines of responsibility for the general surgery residents and the subspecialty resident must be clearly defined. It is imperative that the educational program for the subspecialty resident not adversely affect the education of the general surgery residents, either in terms of operative experience or patient responsibility. In particular, the following are noted:

1. A subspecialty surgical resident may be a teaching assistant for residents other than general surgery chief residents.

2. Unless explicitly allowed by the Program Requirements for Residency Education in the specific subspecialty of general surgery, a chief resident in general surgery and a subspecialty resident may not have primary responsibility for the same patients.

The subspecialty resident should maintain a close working relationship with residents and fellows in general surgery and in other disciplines such as radiology, pathology, medicine, and pediatrics.

E. A subspecialty program must offer supervised training to assure the acquisition of the necessary preoperative, operative, and postoperative skills integral to the subspecialty discipline. Instruction and experience must be sufficient for the residents to acquire an understanding of the common procedures of the subspecialty, their indications, risks, and limitations.

F. Adequate and appropriate supervision of subspecialty residents must be provided at all times in accord with their level of experience and expertise.

V. Program Research and Scholarly Activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity.

This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth exploration of scientific, scholarly, or educational topics in which residents are involved.
Program Requirements for Residency Education in the Subspecialties of General Surgery

I. Introduction

A. Definition and Scope of the Specialty
1. Surgical critical care deals with complex surgical and medical problems in critically ill surgical patients. Institutions sponsoring graduate educational programs in surgical critical care must provide the educational, clinical, and administrative resources to allow residents to develop advanced proficiency in the management of critically ill surgical patients, to develop the qualifications necessary to supervise surgical critical care units, and to conduct scholarly activities in surgical critical care. The educational program must be an integral part of and enhance an accredited core program in general surgery.
2. Completion of at least 3 clinical years in an accredited graduate educational program in the disciplines of general surgery, neurosurgery, urology, or obstetrics and gynecology is a prerequisite. A subspecialty educational program in surgical critical care is in addition to the requirements for critical care education set forth in the Program Requirements for these core programs. There should be an institutional policy governing the educational resources committed to critical care programs and ensuring cooperation of all involved disciplines.
3. Residents in one of the surgical disciplines listed in Section I.A.2 who enter the program prior to completing a residency must have a categorical residency position in their specialty available to them on satisfactory completion of the critical care fellowship.

B. Duration and Scope of Training
1. Graduate education in surgical critical care shall be 12 months, of which 2 months may be elective rotations. Those 12 months must be devoted to advanced educational and clinical activities related to the care of critically ill patients and to the administration of critical care units.
2. A surgical critical care program must include primary educational activities in a surgical critical care unit with pediatric and/or adult patients, located in an institution that has been approved by the Residency Review Committee (RRC) for surgery as an integrated institution (as defined in the Program Requirements for General Surgery) with a core general surgery or pediatric surgery residency program.

VI. Evaluation

A. Residents
Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

The program director, with participation of members of the teaching staff, shall:
1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

The provision of a written final evaluation is required for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Program Director
The subspecialty program director should be evaluated annually by the director of the core general surgery program regarding teaching, scholarly activities including research productivity, patient care activities, and administrative capabilities.
III. Faculty Qualification and Responsibilities

A. Program Director
1. The critical care training program must be under the direction of a surgeon who is certified in surgical critical care by the American Board of Surgery or judged by the RRC to possess appropriate educational qualifications and documented experience in surgical critical care.
2. The program director of the critical care program must be the director or co-director of one or more of the critical care units in which the clinical aspects of the critical care program take place, and he or she must be personally involved in clinical supervision and teaching of general surgery and surgical critical care residents in that unit.
3. The program director shall have administrative responsibility for the surgical critical care educational program and shall appoint all residents and teaching staff to the program and determine their duties.

B. Responsibilities of the Program Director
It is the responsibility of the critical care program director to support the residency education program by devoting his/her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:
1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
5. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
6. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
7. Preparation of an accurate statistical and narrative description of the program.

C. Faculty
1. In the teaching environment of the surgical critical care unit, it is recognized that the teaching staff in surgery, medicine, pediatrics, obstetrics and gynecology, anesthesiology, and other disciplines may all be involved in the care of specific patients. Therefore, a collegial relationship must exist between the surgical director of the critical care educational program and the teaching staff to enhance the educational opportunities for all residents and trainees.
2. The teaching staff must be specifically qualified in the care of critically ill surgical patients and must provide the program
director with regular evaluations of the residents. At least one surgeon qualified in surgical critical care must be appointed to the teaching staff for every surgical critical care resident enrolled in the program.

3. The teaching staff must have real and demonstrated interest in teaching and set an example for residents by documented engagement in scholarly pursuits, to include (1) participation in their own continuing education in surgical critical care, (2) participation in regional and national surgical scientific societies, and (3) demonstration of an active interest in research as it pertains to critical care problems.

4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Other Program Personnel
Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Working Environment and Hours
A. The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while assuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. Residents' work schedules must be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Different specialties and different rotations may require different working hours and patterns. A distinction must be made between on-call time in the hospital and on-call availability at home or at other locations.

B. During the on-call hours, residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in non-educational activities that can be discharged properly by other personnel.

V. Facilities and Resources
The surgical critical care program must function in a unit that has sufficient numbers of knowledgeable personnel and the necessary equipment to care for critically ill surgical patients.

A. Personnel should include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.

B. The critical care unit must be located in a designated area within the hospital, constructed and designed specifically for the care of critically ill patients.

C. Equipment and personnel in the critical care unit should be centrally concentrated to provide efficient and expeditious operation.

D. There should be a supporting laboratory available to provide complete and prompt laboratory evaluation.

E. The objectives of a surgical critical care program can be achieved only when the program is based within an institution that has an accredited residency program in general surgery. It is desirable for the institution to have accredited residencies in the surgical specialties and in disciplines that particularly relate to surgery, such as internal medicine, radiology, pathology, and anesthesiology.

F. Conveniently located and adequate space for conferences and study is essential.

G. The average daily census for each surgical critical care unit to which the residents are assigned shall permit a resident-to-patient ratio of one resident to five patients. The qualified surgical faculty-to-critical care resident ratio shall be at least one to one. These ratios are sufficient to provide an adequate clinical and supervisory base. When more than one critical care program exists in an institution, it will be the responsibility of the institution to coordinate interdisciplinary requirements and to ensure that each resident meets the Program Requirements for Residency Education in Critical Care in their primary discipline (e.g., medicine, anesthesiology, etc).

H. To provide sufficient breadth in patient exposure, a critical care program that averages a daily census of at least 10 patients is required.

I. The record-keeping system must maintain the records of patients in the critical care unit as retrievable parts of the hospital chart, so they can be available for evaluation.

J. Library
1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VI. The Educational Program
A. Curriculum Overview
The program must provide the opportunity for residents to acquire advanced knowledge of the following aspects of critical care, particularly as they relate to the management of patients with hemodynamic instability, multiple system organ failure, and complex coexisting medical problems:

1. Cardiorespiratory resuscitation
2. Physiology, pathophysiology, diagnosis, and therapy of disorders of the cardiovascular, respiratory, gastrointestinal, genitourinary, neurologic, endocrine, musculoskeletal, and immune systems, as well as of infectious diseases
3. Metabolic, nutritional, and endocrine effects of critical illness
4. Hematologic and coagulation disorders
5. Critical obstetric and gynecologic disorders
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The critical care program director should be evaluated annually by the director of the core general surgery program regarding teaching performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

VIII. Evaluation

A. Residents

Critical care program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

The program director, with participation of members of the teaching staff, shall:

1. At least semi-annually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Program Director

The critical care program director should be evaluated annually by the director of the core general surgery program regarding teaching, scholarly activities including research productivity, patient care activities, and administrative capabilities.

C. Program

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the program director, the core general surgery program director, and the Institutional Review Committee.
Program Requirements for Residency Education in Hand Surgery (Surgery)

I. Introduction

A. Definition of the Specialty
Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.

B. Scope of Education
1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization

A. Sponsoring Institution
The program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty, financial resources; and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions
1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents
1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities
The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director
A single program director must be responsible for the program.

1. Qualifications of the program director
a. Requisite and documented clinical, educational, and administrative abilities and experience.
b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
d. Appointment in good standing to the medical staff of an institution participating in the program.
e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.

2. Responsibilities of the program director
a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
c. Select and supervise the faculty and other program personnel at each participating institution.
d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients.

Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must
1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
2. communicate each evaluation to the resident in a timely manner;
3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.

f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.

h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.

i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.

j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.

k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.

l. Advise applicants of the prerequisite requirements of the appropriate specialty board.

m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.

n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including:
1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair; and
2. changes in administrative structure that affect the status of the parent department in the institution.

o. Obtain prior RRC approval for the following changes in the program:
1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
2. any change in the approved resident complement of the program; and
3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.

2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.

6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include:

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (eg, research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.
IV. Facilities and Resources

A. Inpatient Facilities
1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.
2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities
Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities
1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. The Educational Program

A. Program Design
1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component
1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.
2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
   a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
   b. Fingertip injuries
   c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
   d. Tendon transfer and tendon balancing
   e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuraoma, transpositions, and nerve decompressions
   f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
   g. Bone grafts
   h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
   i. Pollicization or ray transfer
   j. Foot to hand transfer
   k. Tumors, benign and malignant
   l. Dupuytren's contracture
   m. Replantation, revascularization
   n. Amputations
   o. Fasciotomy, deep incision and drainage for infection, and wound debridement
   p. Congenital deformities, including syndactyly and others
   q. Management of upper extremity vascular disorders and insufficiencies
   r. Foreign body, implant removal
   s. Thermal injuries
   t. Arthroscopy
   u. Upper extremity pain management

C. Didactic Components
1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery. Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.
3. A list of the conferences should be maintained and available for review at the time of the site visit.
4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.
7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision
1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours
1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more than every third
Program Requirements for Residency Education in Pediatric Surgery (Surgery)

I. General Characteristics of Accredited Programs
A. A residency program in pediatric surgery is an educational experience of at least two years designed to develop advanced knowledge and skills in the fundamental areas of surgery related to infants and children. The goal is to prepare residents to function as qualified practitioners of pediatric surgery at the high level of performance expected of board-certified specialists. The educational components of the program, therefore, must be of the highest priority. Residents must be provided adequate time and sufficient facilities for study. While every program carries a commitment of service to patients, the service responsibilities must support and not detract from the educational activities.

B. Inasmuch as pediatric surgery is a discipline of great breadth and is often consultative in nature, the program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent and classified as general hospitals or children's hospitals. These institutions, by definition, must include facilities and staff for a variety of services, including radiology and pathology. There must be at least one additional residency program in pediatrics whose residents rotate through the same integrated institutions as the pediatric surgical residents.

C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the general surgery residents in the core program.

II. Institutional Organization
A. Requirements of Sponsoring Institution
In addition to the essentials outlined in the institutional requirements, institutions with an approved training program in pediatric surgery must have the following characteristics:

1. There shall be inpatient pediatric surgical admissions adequate to provide educational experience for the program. Intensive care units for both infants and older children are essential.

2. Pediatric surgical outpatient care sessions must meet on a regular basis. They shall include inpatient evaluation of ambulatory patients with surgical conditions as well as both short-term and ongoing follow-up management of these patients.

3. An emergency department in which infants and children can be efficiently managed 24 hours a day is essential. The pediatric surgical staff will ordinarily serve as consultants for this department. The pediatric surgical service must direct the care of all patients with traumatic or thermal injuries involving multiple organ systems.

4. To provide the necessary breadth of experience, an accredited residency training program in pediatrics is required within the primary institution. Residency programs or other equivalent clinical expertise in other specialties, particularly radiology and pathology, are highly desirable.

5. The department of radiology must have one or more staff with training, interest, competence, and experience in the radiologic evaluation of infants and children. The department should be staffed and organized to permit efficient and complete evaluation of patients 24 hours a day. The department should be furnished and equipped to provide up-to-date imaging capability, including such procedures as ultrasonography and computerized scanning. Facilities for nuclear medicine, magnetic resonance imaging, and other imaging modalities may be necessary.

B. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.

C. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by the American Board of Surgery. The RRC may consider this information as part of the overall evaluation of the program.

VI. Evaluation
A. Resident Evaluation
The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation
1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.

C. Program Evaluation
1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.

2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by the American Board of Surgery. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification
Residents who plan to seek hand surgery certification as administered by the American Board of Surgery should communicate with the secretary of the board to ascertain the current requirements for acceptance as a candidate for certification.

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Program Requirements for Residency Education in Pediatric Surgery (Surgery)
imaging, and interventional radiography should be available within the institution.

6. The department of pathology should have one or more staff with special training, interest, competence, and experience in pediatric pathology. The department should provide efficient and expert surgical pathology service, and surgical pathology consultation must be available at all times. The department of pathology must participate in the pediatric surgical education program, including the conduct of appropriate conferences at which the current surgical pathology material is presented and discussed. These conferences must be attended by both staff and residents of the pediatric surgical service.

7. Within the department of anesthesia there must be anesthesiologists with special training, interest, competence, and experience in the anesthesia of infants and children. The number of such anesthesiologists must be consistent with the volume of surgical cases in the pediatric age group.

8. The institutional library must contain a representative and authoritative collection of books and journals on pediatric surgery, pediatrics, general surgery, other surgical specialties, radiology, and the basic sciences. The library shall be managed and supervised by a well-qualified medical librarian. The Index Medicus must be part of the library, and access to computerized literature search facilities is highly desirable.

B. Participating Institutions

An institution that cannot provide sufficient resources and clinical experience within its own facilities may make arrangements with other institutions through formal written agreements to provide additional resources and experience. All such agreements are subject to approval by the RRC, either as indicated below in items 2. and 4. or at the time of program review.

1. Institutions may be affiliated with the parent institution through an affiliation agreement, which must cover the areas specified in the Institutional Requirements. Affiliated institutions must promote the educational goals of the program rather than simply enlarging the program and must not be added primarily for the purpose of meeting service needs.

2. Rotations not to exceed 3 months may be spent at affiliated institutions at the discretion of the program director during the first year of training. These rotations will be evaluated by the RRC for Surgery at the next full review. Rotations outside the parent and affiliated institutions exceeding 3 months may be made only with prior approval of the RRC. In no circumstance may rotations at affiliated institutions exceed a total of 6 months of the 24-month training period.

3. Institutions may be integrated with the parent institution through an integration agreement that must specify—in addition to the institutional requirements—that the program director of the parent institution (1) appoint the members of the teaching staff at the integrated institution, (2) appoint the chief or director of the teaching service in the integrated institution, (3) appoint all residents in the program, and (4) determine all rotations and assignments of both residents and members of the teaching staff. As a general rule, institutions integrated with parent hospitals must be in such close geographic proximity as to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality review on a regularly documented basis in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.

4. Prior approval must be obtained from the RRC for all integrations.

III. Teaching Staff

The staff responsible for the organization and performance of the pediatric surgical program must be well qualified and diversified, so as to represent the many facets of pediatric surgery.

A. Program Director

The program director must be dedicated to and actively engaged in surgical education and must be responsible for the proper conduct of the educational activities of the program. The program director must:

1. Be institutionally based and be appointed for at least the duration of the program plus 1 year.
2. Be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
3. Be qualified in surgery, certified by the American Board of Surgery, and hold a current Certificate of Special Qualifications in Pediatric Surgery or have equivalent qualifications.
4. Be responsible for rotations and staff appointments of attending surgeons on the teaching services.
5. Make resident appointments and assignments and be responsible for the proper conduct of the educational activities, particularly for the supervision and direction of the residents.
6. Provide complete and accurate program information forms and resident operative records to the Residency Review Committee (RRC) so that an appropriate assessment of the program can be made.
7. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
8. Designate other well-qualified surgeons to assist in the supervision of the resident staff so that, in addition to the program director, for each approved chief residency position there is at least one geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff.
9. Provide residents with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
10. Implement fair procedures as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
11. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

B. Other Teaching Staff

1. The teaching staff must include, at a minimum, one other pediatric surgeon who possesses the qualifications listed for the program director in III.A.3.
2. The key staff members must be appointed for a period long enough to ensure continuity in the supervision of the program. They must be formally organized and meet regularly. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program
effectiveness in achieving them. At least one resident representative should participate in these reviews.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. It is essential that the members of the teaching staff provide exemplary models to the trainees by their dedication to patient care and education. Participation and productivity in scholarly pursuits by the teaching staff is a required attribute of an accredited program.

5. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. Adequate documentation of scholarly activity on the part of the program director and the teaching staff at the parent and integrated institutions must be submitted at the time of the program review.

Documentation of scholarly activity is based on:

a. Participation in continuing surgical education.

b. Participation in regional or national surgical scientific societies.

c. Presentation and publication of scientific studies.

d. Demonstration of an active interest in research as it pertains to their own special surgical interests. The RRC will consider documented involvement in the following as indicators of the commitment of the staff to research:

1. Projects that are funded following peer review
2. Publications in peer-reviewed journals
3. Presentations at national and regional scientific meetings
4. Research protocols that have been approved by appropriate institutional committees or other organizations

While not all members of a teaching staff can be investigators, clinical and/or basic science research must be ongoing in the department of pediatric surgery of the parent and integrated institution(s). Research on the part of residents is not a substitute for the involvement of the program director and teaching staff. The staff as a whole must document active involvement in all phases of scholarly activity as defined above to be considered adequate to conduct a program of graduate education in pediatric surgery.

6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

IV. Duration of Training

A. Before beginning a residency in pediatric surgery, each resident must have satisfactorily completed a program in general surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada. He or she must be admissible to examination by the American Board of Surgery (or its equivalent) or be certified by that board.

B. The residency program in pediatric surgery must be accredited for 2 years, 18 months of which must be devoted to clinical pediatric surgery. The remaining required 6 months may be devoted to related clinical disciplines designed to enhance the educational experience or may be devoted to scholarly activities. The last 12 months of the clinical training must be at the chief pediatric surgical resident level with a high degree of responsibility for patient management, including semi-independent operative experience under appropriate supervision.

V. Scope and Content of Program

A. The residency program must provide advanced education so that the residents can acquire special skill and knowledge in pediatric surgery. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound surgical judgment, and research creativity. The technical component must provide appropriate opportunity for the residents to acquire the operative and other psychomotor skills required for the practice of this subspecialty.

B. The program must provide both clinical experience and education in the fundamental areas of surgery related to infants and children.

1. Residents must be given responsibility for surgical management so that they may attain detailed knowledge of congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal system and other abdominal organs; of the blood and vascular system; of the integument; of the diaphragm and thorax, exclusive of the heart; of the endocrine glands; of the gonads and reproductive organs; and of the head and neck.

2. In addition, an opportunity for similar experience in traumatic conditions of the abdomen, chest, head and neck, and extremities must be provided. Particularly, the resident must have sufficient experience to become expert in the management of children who have sustained injuries to multiple organs. The resident also must have sufficient opportunity to manage on the surgical service patients who may or may not require surgical intervention and to acquire skill in such nonoperative management.

3. The resident also should have sufficient exposure in endoscopy to become competent in endoscopy of the airway and gastrointestinal tract, including laryngoscopy, bronchoscopy, esophagoscopy, and gastroduodenoscopy. Experiences in lower intestinal endoscopy, laparoscopy, and cystoscopy are desirable as well as the study and performance of new and evolving endoscopic techniques.

4. The resident must gain adequate understanding of the principles and operative experience in the management of the more common problems in urologic surgery.

5. The resident must have the opportunity to gain adequate knowledge of the basic principles of cardiothoracic surgery; gynecology, neurologic surgery, orthopedics, otolaryngology, anesthesia, vascular surgery, transplant surgery, and the management of burns. While rotations on these services are highly desirable, the program may enable the resident to acquire an understanding of the principles of these subspecialties by a structured curriculum that adequately deals with these surgical areas.

6. The resident must gain experience and competence in the complete care of the critically ill infant or child, including the following: (a) cardiopulmonary resuscitation, (b) management of patients on respirators, (c) invasive monitoring techniques and interpretation, (d) nutritional assessment and management, and (e) competence in the recognition and management of clotting and coagulation disorders.

C. The program must provide a course or structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to pediatric surgery, to include but not be limited to embryology; genetics; wound healing; hemostasis and blood
disorders; immunobiology; transplantation; and physiology and pathology of the circulatory, respiratory, gastrointestinal, genitourinary, and endocrine systems. Similarly, the program must provide appropriate education in fluid and electrolyte balance, nutrition, infection, metabolic response to injury, and anesthesiology.

D. The program must incorporate structured educational activities on a regular basis, to include:
1. Teaching rounds with bedside teaching conducted by the surgical staff.
2. Regular teaching conferences, held at least twice monthly, to include pediatric surgical grand rounds, morbidity and mortality conferences, and radiology conferences.
3. Other relevant multidisciplinary conferences, including surgical pathology and tumor conferences.
4. During the senior year, the residents are to be given the opportunity for personally organizing the more formal of the pediatric surgical conferences, including pediatric surgical grand rounds and the mortality and morbidity conferences. They also shall be directly responsible for a significant share of the presentations and discussions at these conferences.

E. The program must provide adequate supervision of the residents. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. Although they require less direction than junior residents, even the most senior residents must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon, who is ultimately responsible for a patient's care, based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

To ensure the fulfillment of these responsibilities, the following principles of supervision must be operative within a training program:
1. Supervision of residents must be specified in the bylaws, policies, procedures, rules, and/or regulations of the department.
2. Evidence that adequate supervision exists within a program must be provided to the site visitor at the time of program review in the form of signed notes in the patient charts and/or other such records, as well as through personal interviews of residents.
3. Proper supervision must not conflict with progressively more independent decision making on the part of the resident; thus, the degree of supervision may vary with the clinical circumstances and the training level of the resident. However, to exercise their responsibilities properly, members of the teaching staff always must be immediately available for consultation and support.

F. The residents must participate in outpatient activities, an integral component of the program. In the surgical outpatient facility, the residents must have the opportunity to evaluate patients, make appropriate provisional diagnoses, initiate diagnostic procedures, and form preliminary treatment plans. In addition and of particular importance, residents must have the opportunity for outpatient follow-up care of surgical patients. This care shall include not only the short-term evaluation and progress of patients who have had recent surgical problems or procedures but also the opportunity to see patients on a long-term basis, particularly those who have had operations for major congenital anomalies or neoplasms. An effective mechanism for follow-up must be provided for all patients, whether seen in clinics or private office settings. The program must document a satisfactory mechanism for follow-up care by the residents.

G. The program director must establish an environment that is optimal both for resident education and for patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. During these on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services must be such that residents do not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

H. To meet the requirements of direct and responsible patient management, it is essential that those patients whose primary problem is surgical be on the pediatric surgical service and be directly managed by the surgical staff. Appropriate consultation with specialists such as neonatologists and intensivists is strongly encouraged. It is emphasized, however, that newborns with surgical conditions, as well as surgical patients requiring intensive care, must be on the pediatric surgical service where the care is the responsibility of the surgical staff.

I. Residents should have significant teaching responsibilities for more junior house officers and medical students assigned to the service and should also share in the development and the presentation of the formal teaching conferences. The resident's effectiveness as a teacher shall be a part of his or her overall evaluation.

J. Residents may be given the opportunity to engage in scholarly activities.

VI. Patient Volume
To be approved for training in pediatric surgery, an institution must provide an adequate number and variety of pediatric surgical patients
A. The general pediatric surgical service should perform a minimum of 800 operations per year.
B. The chief resident must be provided with a broad and varied experience; each is expected to be responsible for at least 250 pediatric surgical operations under supervision during this year.
C. The operative experience of the residents must include a sufficient number of neonatal cases to ensure the opportunity to acquire adequate experience, knowledge, and competence in the conditions falling under this category; there also should be an adequate number of major solid tumor procedures.
D. When previous personal operative experience justifies a teaching role, residents may act as teaching assistants and list such cases in the appropriate manner.

VII. Evaluation
A. The performance of each house officer must be evaluated by the teaching staff at least every 6 months; it is required that input from other departments or services involved in the training of the residents be included in this evaluation. Records documenting the 6-month evaluations must be maintained.
B. Prior to advancement to the senior or chief resident level of supervision and semi-independent patient management and operative experience, a resident must clearly demonstrate acquisition
of basic knowledge in pediatric surgery. An objective test for this purpose is required. While each program may utilize its own testing mechanism, an excellent instrument is the annual In-training Examination in Pediatric Surgery. In addition to measuring the cognitive capability of the resident, the program also must have a system by which to measure the level of the resident's clinical qualifications as he or she progresses through the program. The program must establish a system of evaluation that clearly documents the progress of each resident in meeting the cognitive and clinical goals of the program.

C. A written final evaluation for each resident who completes the program must be provided. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

D. The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents of the teaching staff and the program should be utilized in this process.

E. A program will be judged on the quality of educational experience provided to the residents. One measure of the quality of a program is the performance of its graduates with respect to the American Board of Surgery examinations for Certification of Special Qualification in Pediatric Surgery. Graduates of ACGME-approved programs are expected to complete this process successfully. A program will be judged deficient unless during the most recent 5-year period at least 60% of its graduates pass the qualifying and certifying examinations on the first try.

VIII. Special Information
All questions concerning the examination for Certification of Special Qualifications in Pediatric Surgery should be addressed to the Secretary, American Board of Surgery, Inc.

ACGME: June 1993  Effective: January 1998

Program Requirements for Residency Education in Vascular Surgery (Surgery)

I. Introduction

A. Definition and Scope of the Specialty
1. Graduate training programs in vascular surgery should be designed to provide the educational resources appropriate for the development of proficiency in the diagnosis and treatment of diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those components intrinsic to the heart and intracranial vessels. The foregoing definition describes what is hereinafter referred to as the vascular system. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

2. The training of surgeons for the practice of vascular surgery encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge and maturity, and acquisition of surgical judgment regarding the vascular system.

3. The goal of a vascular surgery residency program is to prepare residents to function as a qualified practitioner of vascular surgery at the high level of performance expected of a board-certified specialist; the educational components of the program, therefore, must be of the highest priority. Residents must be provided adequate time and sufficient facilities for study and be assured of a rotation schedule that provides an equivalent educational opportunity for each resident. While every graduate education program carries with it a commitment of service to patients in the institution, the service responsibilities must support and not detract from the educational activities.

B. Types of Programs
Subspecialty education in vascular surgery is a component in the continuum of the education process and must be in addition to the requirements for complete residency education in general surgery. Appropriate education and training in vascular surgery may be attained through two types of programs:

1. A vascular surgery residency that follows the completion of an accredited residency program in general surgery.

2. A vascular surgery residency that is a component of an accredited cardiothoracic surgery program, in which patient material is adequate to fulfill the requirements of both areas of training. Specialized training in vascular surgery as part of an accredited cardiothoracic surgery program is in addition to the 2-year requirement for completion of standard cardiothoracic surgery program.

C. Duration of Training
The vascular surgery program must be of sufficient duration to allow residents to acquire an advanced level of skill in the diagnosis and treatment of vascular diseases. The program shall not be less than 12 months in duration and shall be exclusively devoted to vascular surgery. It shall be in addition to the training required for certification in either general surgery or thoracic surgery. Any program that extends clinical training beyond these minimum requirements must present a clear educational rationale consonant with the program requirements and objectives for residency training. The program director must obtain approval of the RRC prior to implementation and at each subsequent review of the program. Prior to entry into the program, each resident must be notified in writing of the required length of training.

D. Number of Approved Residency Positions
The number of positions in the training program must be approved by the RRC. This number will include all residents who are appointed for a full academic year in the training program. Any request for changes in the resident complement must be justified in terms of the educational goals of the program.

E. Interaction with General Surgery Residents
Lines of responsibility for general surgery residents and vascular surgery residents must be clearly defined when both rotate in the same institution. Ideally, the roles of general and vascular surgery residents should complement each other for a mutual educational benefit in terms of operative experience, patient responsibility, and faculty interaction. The following are noted in particular:

1. A vascular surgery resident may be a teaching assistant for residents other than general surgery chief residents.

2. Although a vascular surgery resident and a chief resident in general surgery may function together on a service with the same junior residents, they may not have primary responsibility for the same patients.

In addition, general surgery and vascular surgery program directors should confer and agree about proposed changes in either
II. Institutional Requirements

A. Sponsoring Institution
1. As much as vascular surgery is a discipline of great breadth and is often consultative in nature, the program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent and classified as general hospitals. These institutions, which by definition must include facilities and staff for a variety of services, including radiology and pathology, must also have a demonstrated commitment to graduate medical education and research.
2. Residency education programs in vascular surgery may be accredited in institutions that sponsor accredited residency programs in general surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited general surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.

B. Participating Institutions
An institution that cannot provide sufficient resources and clinical experience within its own facilities may make arrangements with other institutions through formal written agreements to provide additional resources and experience. All such agreements are subject to approval by the RRC, for either affiliated or integrated institutions, as indicated below.
1. Institutions may be affiliated with the parent institution through an Affiliation Agreement, which must cover the areas specified in the Institutional Requirements of the ACGME. Affiliated institutions must promote the educational goals of the program rather than simply enlarge the program and must not be added primarily for the purpose of meeting service needs.
2. Rotations to affiliated institutions can be approved for a period not exceeding 3 months; adequate educational justification for such rotations must be provided to the RRC prior to implementation.
3. Institutions may be integrated with the parent institution through an Integration Agreement that must specify—in addition to the Institutional Requirements—that the program director of the parent institution (1) appoint the members of the teaching staff at the integrated institution, (2) appoint the chief or director of the teaching service in the integrated institution, (3) appoint all residents in the program, and (4) determine all rotations and assignments of both residents and members of the teaching staff. As a general rule, institutions integrated with parent hospitals must be in close geographic proximity to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular documented basis in a central location. If the institutions are geographically remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.

C. Vascular Service
1. The institution, department, or service accredited to conduct a program of graduate education in vascular surgery must be able to provide a sufficient number and variety of vascular surgery patients to ensure that residents have an adequate exposure to a wide spectrum of lesions of the vascular system.
2. To provide an effective training program, a vascular surgery service must be organized as an identifiable unit, even though it is within the framework of a larger administrative entity such as a department of surgery or general surgery or thoracic surgery. It is highly desirable that all patients with vascular disease who are available for teaching purposes be admitted to this unit so that the patients may be centralized and utilized most efficiently for teaching.
3. Privileges on the vascular surgery teaching service should be granted to surgeons only with the understanding that their patients are to be available for coordinated graduate education of residents.

III. Teaching Staff
The establishment of an inquiring and scholarly environment in the parent and integrated institution(s) is the primary responsibility of the teaching staff in a vascular surgery training program. Only in such a milieu can residents develop the facility for critical analysis and further growth potential necessary to a lifetime of self-education after the completion of formal residency training. The teaching staff responsible for the direction and execution of the program must be well qualified to create and maintain such an environment and be of sufficient diversity of interest that the many facets of vascular surgery are represented. There must be a single program director responsible for the program. The program director and teaching staff must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to these goals.

A. Qualifications of the Program Director
1. Documented qualification in vascular surgery, requisite administrative abilities and experience, and dedication to surgical education and scholarship, as evidenced by his or her curriculum vitae.
2. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
3. Certification in vascular surgery by the American Board of Surgery, or suitable equivalent qualifications as determined by the RRC.
4. Appointment in good standing to the medical staff of the parent or one of the integrated institutions participating in the program.
5. Appointment for at least 3 years. Persons appointed or elected for short duration or in an honorary capacity cannot serve as program directors.

B. Responsibilities of the Program Director
1. Support the residency training program by devoting his or her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the parent or integrated institution(s).
2. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
3. Designate other well-qualified surgeons to assist in the supervision of the resident staff, but maintain continuous responsibility and authority for administrative and teaching policies of the service.
4. Be responsible for rotations and staff appointments of attending surgeons on the teaching services in the parent and in all integrated institutions.
5. Select residents for appointment to the program in accordance with institutional and departmental policies and procedures, make resident assignments, and be responsible for the proper conduct of the educational activities; namely, for their...
supervision, direction, and administration in all participating institutions.

6. Provide residents with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

7. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

8. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified as further described in Section IV.B.

9. Provide complete and accurate program information forms and resident operative records to the RRC so that an appropriate assessment of the program can be made.

C. Other Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise the residents in the program. In addition to the program director, for each approved residency position there must be at least one geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff. Surgeons with teaching responsibilities should be certified by the American Board of Surgery or possess suitable equivalent qualifications, as determined by the RRC. At a minimum, one surgeon on the teaching staff, in addition to the program director must be certified in vascular surgery by the American Board of Surgery, or have suitable equivalent qualifications as determined by the RRC. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. The teaching staff must include members with diverse expertise to meet the needs of the training program. All members of the staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. A resident representative should participate in these reviews.

5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Faculty Scholarly Activity

1. Scholarly activity of the faculty at the parent and integrated institutions is of paramount importance to the program. Staff activity at affiliated institutions cannot substitute for this effort. Adequate documentation of scholarly activity on the part of the program director and the teaching staff at the parent and integrated institutions must be submitted at the time of the program review.

2. Documentation of scholarly activity is based on participation in continuing surgical education; participation in regional or national surgical scientific societies; presentation and publication of scientific studies; and demonstration of an active interest in research as it pertains to their own special surgical interests.

3. Commitment of the faculty to research will be judged based on projects that are funded following peer review; publications in peer-reviewed journals; presentations at national and regional scientific meetings; and research protocols that have been approved by appropriate institutional committees or other organizations.

4. While not all members of a teaching staff can be investigators, clinical and/or basic science research must be ongoing in vascular surgery at the parent and integrated institution(s). Research on the part of residents is not a substitute for the involvement of the program director and teaching staff. The staff as a whole must document active involvement in all phases of scholarly activity as defined above if they are to be considered adequate to conduct a program of graduate education in vascular surgery.

E. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Environment and Resources

A. Library

1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

B. Working Environment and Hours

1. Graduate education in vascular surgery requires a commitment to continuity of patient care. This continuity of care must take precedence—without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.

2. The program director must establish an environment that is optimal both for resident education and for patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. A distinction must be made between on-call time in the hospital and on-call availability at home and their relation to actual hours worked. The ratio of hours worked to on-call time will...
Program Requirements for Residency Education in Vascular Surgery

Program Requirements for Residency Education in Vascular Surgery. The following are the Program Requirements for Residency Education in Vascular Surgery.

A. Curriculum
1. The curriculum for the vascular surgery program should encompass the entire vascular system as defined in section I.A.1. Clinical, surgical, laboratory, and basic science curricula developed by the Association of Program Directors in Vascular Surgery are useful in this regard. Instruction in each area should be associated with relevant patients whenever possible. However, if direct patient exposure is not possible in some specific areas, instructional materials must be provided to ensure adequate education in all areas.
2. The program must provide instruction and require residents to become knowledgeable in the fundamental sciences, including anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions.
3. Residents must be provided with progressive senior surgical responsibilities in the total care of vascular surgery patients, including preoperative evaluation, therapeutic decision making, operative experience, and postoperative management. The focus of the program is clinical education; research, laboratory, and nonvascular clinical assignments should be related to this focus.
4. Residents must acquire familiarity with special diagnostic techniques for the management of vascular lesions. It is essential that residents have an acquaintance with the methods and techniques of angiography and competency in the interpretation of angiographic findings. Residents must also have experience in the application, interpretation, and limitations of noninvasive vascular diagnostic techniques.
5. Residents must have the opportunity to provide consultation with faculty supervision. They should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. These teaching experiences should correlate with biometric knowledge and the clinical aspects of vascular surgery.
6. Continuity of primary responsibility for patient care must be taught in a longitudinal way and include ambulatory care; inpatient care; referral and consultation; utilization of community resources.
7. The program must provide teaching in critical thinking, design of experiments, and evaluation of data as well as in technological advances that relate to vascular surgery and the care of patients with vascular diseases. The program must encourage participation by the residents in clinical and/or laboratory research and make appropriate facilities available.

B. Volume and Complexity of Operative Experience
1. Operative skill is essential for surgeons and can be acquired only through personal experience and training. The program must provide sufficient operative experience to train qualified vascular surgeons, taking into account individual capability and rate of progress. A sufficient number and distribution of complex cases, as determined by the RRC, must be provided for the achievement of adequate operative skill and surgical judgment.
2. Residents must be afforded the opportunity to have chief or senior resident responsibilities in the operative management of patients who require the wide range of reconstructive and nonreconstructive vascular procedures within the scope of vascular surgery. This must include experience in endovascular procedures. Chief or senior operative experience is defined as activity in the course of which the resident functions as the operating surgeon or performs the technical portions of the operation. Residents should perform a minimum of 100 major vascular reconstructive procedures that reflect an adequate representation of current trends in the spectrum of surgical care of vascular diseases. Operative experience in excess of 450 total cases, however, must be justified by the program director who must also ensure that the operative experience of individual residents in the same program is comparable.
3. When previous personal operative experience justifies a teaching role, vascular surgery residents may act as teaching assistants for general surgery residents, provided these general surgery residents are not in their chief residency year.
4. A resident is considered to be the surgeon when he or she can document a significant role in all of the following aspects of management: determination or confirmation of the diagnosis, provision of preoperative care, selection and accomplishment of the appropriate operative procedure, direction of the postoperative care, and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is inadequate, and such cases will not be approved by the RRC as meeting educational requirements.

C. Supervision
1. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of residents involved in the care of that patient. Judgments on the delegation of this responsibility to vascular surgery residents must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.
2. Supervision of residents must be specified in the bylaws, policies, procedures, rules, and/or regulations of the department, which must not be less demanding than those of the institution.
3. Evidence that adequate supervision exists within a program must be provided to the site visitor at the time of program review in the form of signed notes in the patient charts and/or other such records, as well as through personal interviews of residents.
4. Proper supervision must not conflict with progressively more independent decision making on the part of the residents; thus, the degree of supervision may vary with the clinical circumstances and the experience of each resident. However, to exercise their responsibilities properly, members of the teaching staff always must be immediately available for consultation and support.

D. Outpatient Responsibilities
To be adequate, a program must document both inpatient and outpatient activities. Outpatient activities constitute an essential com-
ponent of adequate experience in continuity of patient care. These activities should be conducted in such a way that residents have an opportunity to examine patients preoperatively, have ample opportunity to consult with the attending surgeon regarding operative care, and have an opportunity to participate in the operation and in the immediate postoperative care until release from the facility. To participate in post-hospital care, residents have the responsibility for seeing patients personally in an outpatient setting and consulting with the attending surgeon regarding follow-up care. As a guideline, approximately 1 day per week should be devoted to these outpatient activities.

E. Educational Conferences
Educational conferences must be adequate in quality and quantity to provide a review of vascular surgery as well as recent advances. The conferences should be scheduled to permit the residents to attend on a regular basis. Participation by both residents and teaching staff must be documented. Active participation by vascular surgery residents in the planning and production of these conferences is essential.

The following types of conferences must exist within a program:
1. At least biweekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant
2. A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery; sole reliance on textbook review is inadequate
3. Regular organized clinical teaching, such as ward rounds and clinical conferences
4. A regular review of recent literature, such as a journal club format

VI. Evaluation

A. Evaluation of Residents
1. There must be adequate, ongoing evaluation of the knowledge, competency, attitudes, and performance of the residents. Written evaluation of each resident's knowledge, skills, professional growth and performance, using appropriate criteria and procedures, must be accomplished at least semiannually. This assessment must include cognitive, motor, and interpersonal skills, as well as surgical judgment. Evaluations must be communicated to residents in a timely manner.
2. The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
3. The program director and faculty are responsible for provision of a written evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
4. A system for documentation of residents' experiences must be utilized to monitor the educational experience and to provide documentation for future hospital privileges.

B. Evaluation of the Program and Faculty
The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. All teaching faculty must also be evaluated on a regular basis, including teaching ability, availability, attitudes, scholarly contributions, interpersonal skills, and communication abilities. Written evaluations by residents of the program and faculty should be utilized in this process. Resident feedback should be anonymous if feasible, and under no circumstance should it result in any negative program or faculty response directed toward the residents. In addition, internal review of the program should be conducted by the Institutional Review Committee on a regular basis.

C. Other Evaluation Tools
A program must strive for the highest possible quality of educational experience for the residents; it will be judged on this basis. One measure of the quality of a program is the performance of its graduates with respect to the American Board of Surgery certification process. Graduates of ACGME-accredited programs are expected to complete this process successfully. At a minimum, for the most recent 5-year period, 60% of the graduates must have passed the qualifying and certifying examinations in vascular surgery on their first attempt.

ACGME: June 1999 · Effective: January 2000
Program Requirements for Residency Education in Thoracic Surgery

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty
Thoracic surgery encompasses the operative and perioperative care and the critical care of patients with pathologic conditions within the chest. This includes the surgical care of coronary artery disease; cancers of the lung, esophagus, and chest wall; abnormalities of the great vessels and heart valves; congenital anomalies of the chest and heart; tumors of the mediastinum; diseases of the diaphragm and management of chest injuries.

B. Duration and Scope of Education
1. Before admission to a thoracic surgery residency program, the resident must have documented completion of a general surgery residency program accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program required for the acquisition of the necessary knowledge, judgment, and technical skills in the specialty is 2 years. Any program extended beyond these minimum requirements must present a clear educational rationale consistent with these program requirements and must be approved in advance by the RRC.
3. Prior to admission to the program, each resident must be notified in writing of the length of the program.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
1. The sponsoring institution must ensure an administrative and academic structure that provides for educational and financial resources dedicated to the needs of the program, i.e., appointment of teaching faculty and residents, support for program planning and evaluation, ensuring sufficient ancillary personnel, provision for patient safety and the alleviation of resident fatigue.
2. Library services, including electronic retrieval of information, and a collection of appropriate texts and journals should be readily available at all clinical sites.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. Assignments of four months or more to any participating institution must be prior-approved by the RRC.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC). Multiple, abbreviated assignments among several institutions or simultaneous assignments to more than 1 institution are not acceptable.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is 1 month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D, V.A, and V.D. of these Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies and procedures that will govern resident education during the assignment.

4. Integrated Institutions
A formal, written integration agreement is required that specifies, in addition to the points under II.B.3 above, that the program director:
   a. appoints the members of the teaching staff at the integrated institution,
   b. appoints the chief or director of the teaching service in the integrated institution,
   c. appoints all residents in the program, and
   d. determines all rotations and assignments of both residents and members of the teaching staff

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education, such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching. A minimum of 1 thoracic surgery resident must be appointed in each year to provide for sufficient peer interaction.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education. Such verification must include documentation of the resident's operative experience.
D. Appointment of Fellows and Other Students
The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in Thoracic Surgery by the American Board of Thoracic Surgery or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair, or any additional program change that may significantly alter the educational experience for the residents, including integration with another institution.
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. the addition or deletion of major participating institution(s) or integration, as specified in section II.B.2 of this document.
   b. change in the approved resident complement.
   c. change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in Thoracic Surgery by the American Board of Thoracic Surgery or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, including documented participation in the undergraduate curriculum. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.C.
4. One designated cardiothoracic faculty member should be responsible for coordinating multidisciplinary clinical conferences and organizing instruction and research in general thoracic surgery.

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core spe-
Program Requirements for Residency Education in Thoracic Surgery

Specialty knowledge supplemented by the addition of current information.

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

   Residents are expected to: develop and execute patient care plans, demonstrate technical ability, use information technology, and evaluate diagnostic studies.

2. **Medical knowledge** about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

   residents are expected to: know current medical information, and critically evaluate scientific information.

3. **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

   residents are expected to: demonstrate the ability to practice lifelong learning, analyze personal practice outcomes, and use information technology to optimize patient care.

4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.

   residents are expected to: communicate with other health care professionals, counsel and educate patients and families, maintain appropriate records documenting practice activities and outcomes, and to function as a team member and/or leader.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

   residents are expected to: maintain high standards of ethical behavior; demonstrate continuity of care, i.e., preoperative, operative and postoperative; demonstrate sensitivity to age, gender, culture and other differences; and demonstrate honesty, dependability and commitment.

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

   residents are expected to: practice cost-effective care without compromising quality, promote disease prevention, demonstrate risk-benefit analysis, and know how different practice systems operate to deliver care.

C. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings of, for example, case reports or clinical series.
   d. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

3. Although a protected research assignment is not permitted during the program, resident participation in scholarly activities should be encouraged.

D. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. **Supervision of Residents**

   a. All patient care must be supervised by qualified faculty.

      The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. **Duty Hours**

   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

   b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

   d. Adequate time for rest and personal activities must be provided. This should consist of a 16-hour time period between all daily duty periods, and after in-house call.
3. On-Call Activities
The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Because the program of thoracic surgery education is demanding, moonlighting is strongly discouraged.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III.D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

E. Education Component

1. Academic component: The educational program must be designed to provide a broad academic experience in pulmonary, esophageal, mediastinal, chest wall, diaphragmatic, and cardiovascular disorders in all age groups.

   a. The program director is responsible for providing separate and regularly-scheduled teaching conferences, mortality and morbidity conferences, rounds, and other educational activities in which both the thoracic surgery faculty and the residents attend and participate.

   b. Conferences should be under the direction of qualified thoracic surgeons and other faculty in related disciplines.

   c. Records of attendance must be kept and must be available for review by the site visitor.

2. Clinical component: The program director is responsible for providing an organized written plan and a block diagram for the clinical assignments to the various services and institutions in the program.

   a. The objectives for each assignment should be written, well defined, and distributed to the residents and the faculty.

   b. The clinical assignments should be carefully structured to ensure that graded levels of responsibility, continuity in patient care, a balance between education and service, and progressive clinical experiences are achieved for each resident.

   c. The resident must have the opportunity, under supervision, to:

      1) provide preoperative management, including the selection and timing of operative intervention and the selection of appropriate operative procedures;

      2) provide postoperative management of thoracic and cardiovascular surgical patients;

      3) provide critical care of patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not operative intervention is required;

      4) correlate the pathologic and diagnostic aspects of cardiothoracic disorders demonstrating skill in diagnostic procedures, ie, bronchoscopy and esophagoscopy; and to interpret appropriate imaging studies, ie, ultrasound, computed tomography, roentgenographic, radionuclide, cardiac catheterization, pulmonary function, and esophageal function studies; and

      5) demonstrate knowledge in the use of cardiac and respiratory support devices.

   d. The minimum operative experience of each resident must include:

      1) an annual average of 125 major operations from those listed on the program information forms,

      2) an adequate distribution of categories and complexity of procedures to ensure each resident a balanced and equivalent operative experience,

      3) the categories of procedures must include but are not limited to: the lungs, pleura, and chest wall; esophagus, mediastinum, and diaphragm; thoracic aorta and great vessels; congenital heart anomalies, valvular heart diseases, and myocardial revascularization,

      4) additional experiences should include: cardiac pacemaker implantation; mediastinoscopy, pleuroscopy, and flexible and rigid esophagoscopy and bronchoscopy.

NB: The program director and residents should note that the ABTS may have specific guidelines for adequate operative experience.
Program Requirements for Residency Education in Thoracic Surgery

e. Credit for operative experience may be documented when the resident:
   1) participated in the diagnosis, preoperative planning, and selection of the operation for the patient;
   2) performed those technical manipulations that constituted the essential parts of the patient's operation;
   3) was substantially involved in postoperative care; and
   4) was supervised by responsible faculty/teaching staff.

f. Assignments to nonsurgical areas, i.e., cardiac catheterization, and esophageal or pulmonary function labs, may not exceed a total of 3 months during the clinical program and may not occur in the chief year.

g. The chief year must be spent in integrated institutions for the program. Exceptions require advance approval by the RRC. During this year, the resident must assume senior responsibility for the pre-, intra-, and post-operative care of patients with thoracic and cardiovascular disease.

3. Outpatient responsibilities constitute an essential component for providing adequate experience in continuity of patient care.
   a. The resident should have an opportunity to examine the patient preoperatively, to consult with the attending surgeon regarding operative care, and to participate in the surgery and postoperative care.
   b. Outpatient care activities include resident responsibility for seeing the patient personally in an outpatient setting and, as a minimum in some cases only, consulting with the attending surgeon regarding the follow-up care rendered to the patient in the doctor's office.
   c. The policies and procedures governing pre-hospital and post-hospital involvement of the residents must be documented. Documentation of this process must be available to the site visitor at the time of program review.

4. Permission for performing an autopsy should be sought in all deaths, to include the appropriate review of autopsy material by teaching staff and residents.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that include at least
      1) written semiannual evaluation that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
   c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process. Because of the small resident cohort in each program, assurance that the content of resident evaluations does not adversely affect resident progression is required.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII.

Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

A. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

B. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to the resident during the duration of such a project.

Addition of Common Requirements: Effective July 1, 2003
Minor revision: August 2001  ACUOME: September 2001
Competencies Effective: July 1, 2002
Editorial revision: January 2003  Effective: July 1, 2003
Program Requirements for Residency Education in Urology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition of the Specialty
Urology is the medical and surgical specialty involving disorders of the genitourinary tract, including the adrenal gland. Specialists in this discipline must demonstrate the knowledge, skill, and understanding of the pertinent basic medical sciences. Residency programs must educate physicians in the prevention of urologic disease, and in the diagnosis, medical and surgical treatment, and reconstruction of neoplasms, deformities, and injuries.

B. Duration and Scope of Education
Each program must document the following sequence of requirements in the 60-month program of postgraduate medical education: 12 months of general surgery in a program accredited by the ACGME that comprises the pre-urology year, to be followed by 36 months of clinical urology that includes the final 12 months of chief residency with appropriate clinical responsibility, under supervision, and in institutions approved as a part of the urology residency program. The additional 12 months of education must be comprised of general surgery or urology or in fields directly related to urology.

II. Institutional Support

A. Sponsoring Institution
One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties’ needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).

a. The RRC considers four participating institutions or fewer as optimal to promote educational and peer activities. Due to the importance of peer interaction, experiences outside the sponsoring institution should not be assigned to a single resident.

b. Assignments to institutions distant from the sponsoring institution are to be considered an exception; such affiliations must be justified and must provide educational experiences otherwise not available in the program.

c. A single resident should not be assigned to a participating institution unless special resources or opportunities are offered at that institution that are not available otherwise in the educational program.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the director, letters are not necessary. The agreements should:

a. identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D and V.A of the Program Requirements;

b. outline the educational goals and objectives to be attained by the resident during the assignment;

c. specify the period of resident assignment;

d. establish the policies and procedures that will govern resident education during the assignment.

4. There must be adequate space and equipment for the educational program, including meeting rooms and classrooms with audiovisual and other educational aids; office space for staff; diagnostic, therapeutic, and research facilities; and resident access to outpatient facilities, clinic, and office space for preoperative evaluation and postoperative follow-up. Library services should include the electronic retrieval of information from medical databases.

a. Technologically current diagnostic and treatment facilities such as, cystoscopy, imaging with biopsy, imaging with percutaneous access to the kidney, ultrasound with biopsy, endourology, laparoscopy, laser, and urodynamics equipment should be present. The use of video imaging for educational purposes is desirable.

b. An extracorporeal shock wave lithotripsy facility must be available for resident education in the treatment of urinary calculi.

III. Resident Appointment

A. Eligibility Criteria
The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents
The RRC for Urology will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education, such as the quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Programs may not graduate more residents in any given year than the number of residents approved by the RRC. Any change in the number of residents by year or any change in the total number of residents, whether permanent or temporary, must receive prior approval of the RRC. Requests for changes in the resident complement of a program must include a strong educational rationale. A vacancy in a resident complement, if filled, must be at the same level in which the vacancy occurs, unless otherwise approved by the RRC.

C. Resident Transfer
To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B, prior to acceptance into the program. A program director is required to provide verification of residency education for any
residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students
1. The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed urology residents.
2. Any program with fellows must submit a clear statement of the areas of education, clinical responsibilities, and duration of the educational program. This impact statement must be supplied to the RRC at the time of the site visit. A log, grouped by procedure, that details the operative experience of the fellow must be submitted with the urology resident logs at the time of the site visit.

IV. Faculty
The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must:
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
   b. be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
   c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director
1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Grievance procedures and due process: the program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievance and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions and performance or learning and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B.2 of this document.
   b. Change in the approved resident complement.
   c. Change in the format of the educational program.
   On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
7. Compiling annually an accurate statistical and narrative description of the program as requested by the RRC. The log must include a comprehensive record of the number and types of operative procedures performed by each resident completing the program and all of the procedures in which the resident was either surgeon or assistant surgeon, and it must be signed by both the resident and the program director as a statement of its accuracy. The log must include ambulatory or outpatient procedures performed by the resident in office practice or ambulatory facilities. This information must be provided in the format and form specified by the RRC.
8. Prior to admission, the program director must notify each resident in writing of the required length of the educational program. The required length of the educational program may not be changed without mutual agreement with the resident unless there is a significant break in his or her educational program or the resident requires remedial education. All changes to the length of the educational program for any resident must be approved in advance by the RRC.

C. Faculty Qualifications
1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified in the specialty by the American Board of Urology or possess qualifications judged by the RRC to be acceptable.
   c. be appointed in good standing to the staff of an institution participating in the program.
   d. To provide the greatest depth of knowledge in a variety of subjects, the faculty should possess special knowledge in all of the urological domains: extracorporeal shock wave lithotripsy, impotence, infertility, female urology; geriatric urology, infectious disease; laparoscopy, neurourology; obstructive disease; oncology; pediatric urology; renovascular disease; sexual dysfunction, renal transplantation; trauma; and urodynamics.
   e. Besides the program director, there must be a minimum of two clinical urology faculty committed fully to the educational objectives of the residency program who devote sufficient time to the supervision and teaching of the residents. A faculty-to-resident ratio of at least 1.2 in the total program is required. The program director may be counted as one of the faculty in determining the ratio. The program director must notify the RRC if the number of clinical urology faculty members drop below 2, or if the ratio falls below 1.2 and remains below that level longer than 1 year.
   f. There must be a qualified urologist (the local site director) appointed by and responsible to the program director in each geographically separate institution. This urologist must be responsible for the education of the residents and must supervise the educational activities of the urology faculty in that institution. The urology director at each participating institu-
tion must have the majority of his or her clinical responsibilities based at that institution.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities
1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.C.1

E. Other Program Personnel
The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program
The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process.

A. Role of Program Director and Faculty
1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by:
   a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
   b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
   c. providing residents with direct experience in progressive responsibility for patient management.

B. ACGME Competencies
The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Scholarly Activities
1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

D. Resident Duty Hours and the Working Environment
Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
2. Duty Hours

Program Requirements for Residency Education in Urology
Program Requirements for Residency Education in Urology

a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.

c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D. l.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

E. Didactic Component

1. The didactic conferences must include a combined morbidity and mortality conference for all participating hospitals, urological imaging, urological pathology, and journal review.

2. Urologic core knowledge must include: adrenal disease and endocrinology, andrology, calculus disease, endourology, extracorporeal shock wave lithotripsy, impotence, infertility, female urology; geriatric urology, infectious disease; laparoscopy, neurourology; obstructive disease; onology: pediatric urology, renovascular disease; sexual dysfunction, renal transplantation; trauma; and urodynamics.

3. A list of the conferences must be maintained and available for review at the time of the site visit. The list should include the names of those attending, the subjects discussed, and the principal speaker.

4. Conferences must be well attended by both residents and faculty, and such attendance should be documented. A faculty member must supervise each conference.

F. Clinical Component

1. A sufficient number and variety of inpatient and ambulatory adult and pediatric patients with urologic disease must be available for resident education.

2. Generally equivalent and adequate distribution of operative urologic procedures among the residents must be demonstrated. Significantly unequal experience in volume and/or complexity of operative procedures among the residents demonstrates noncompliance with these requirements.

3. Graded responsibility: The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.

4. Progressive patient management: The program must provide the residents with experience in direct and progressively responsible patient management as they advance through the program. The resident should have responsibility under supervision for the total care of the patient, including initial evaluation, establishment of diagnosis, selection of appropriate therapy, implementation of therapy, and management of complications.

5. Continuity of patient care: The resident must participate in the continuity of patient care through preoperative and postoperative clinics and inpatient contact. When residents participate in preoperative and postoperative care in a clinic or private office setting, the program director must ensure that the resident functions with an appropriate degree of responsibility.

462
VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
   a. the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. mechanisms for providing regular and timely performance feedback to residents that includes at least
      1) written semiannual evaluation that is communicated to each resident in a timely manner and
      2) the maintenance of a record of evaluation for each resident that is accessible to the resident
   c. a process involving use of assessment results to achieve progressive results in residents’ competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the mid-point of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual, written, confidential evaluations by the residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
   a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and the program are jointly responsible for the quality of education offered to residents for the duration of such a project.

ACGME: June 1996 Effective: July 1997
Editorial Revision: January 2000
General Competencies: July 1, 2001
Common Program Requirements: July 1, 2003

Program Requirements for Residency Education in Pediatric Urology (Urology)

I. Scope of Education

A. Subspecialty education in pediatric urology involves all aspects of congenital anomalies, childhood-acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence. The subspecialty education in pediatric urology must provide an experience of sufficient level for the pediatric urology resident to acquire advanced skills in the management of congenital anomalies and pediatric urologic problems.

B. Duration of Education

To be accredited, pediatric urology programs must contain 1 continuous clinical year taken subsequent to the completion of an accredited residency in urology.

II. Institutional Organization

A pediatric urology educational program can be provided only in conjunction with an Accreditation Council for Graduate Medical Education (ACGME)-accredited urology residency program. The institution sponsoring the pediatric urology program must provide a sufficient volume and variety of pediatric urology experience to meet the needs of the pediatric urology resident without compromising the quality of resident education in general urology. The pediatric urology program must be centered at a children’s hospital or a medical center with pediatric medical, surgical, and radiologic subspecialties. The sponsoring institution of the pediatric urology program may seek a complementary affiliation with other institutions that offer significant educational opportunities to the residency program.

III. Faculty Qualifications and Responsibilities

The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.
A. Program Director
There must be a single program director responsible for the program. The program director should be based at the institution where the education occurs and must be dedicated to, and actively engaged in, pediatric urology education.

1. Qualifications of the program director
   a. Requisite and documented clinical, educational, and administrative abilities and experience in all aspects of pediatric urology
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)
   c. Certification by the American Board of Urology or suitable equivalent qualifications and qualifications and experience in the practice of pediatric urology
   d. Appointment in good standing to the medical staff of an institution participating in the program

2. Responsibilities of the program director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty members. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of residents’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
   g. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
   h. Preparation of an accurate statistical and narrative description of the program as requested by the review committee.

B. Faculty
1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all pediatric urology residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
5. The faculty should evaluate at least annually the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of supervision of residents.

C. Other Program Personnel
Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Faculties and Resources
A. To be considered for accreditation, the institution should have the following resources available for resident education: a broad spectrum of urologic diseases; a sufficient volume and broad variety of pediatric urology surgical procedures consisting of 200 major, 500 intermediate, and 100 minor procedures per year; and 2,000 pediatric urologic outpatient visits per year, including urology subspecialty clinics. Representative examples of these classifications include:
   - Minor: circumcision, meatalotomy, diagnostic endoscopy, percutaneous aspiration or tube insertion; Intermediate: therapeutic endoscopy, inguinal surgery > 2 years, distal hypospadias (no urethroplasty), diagnostic laparoscopy; Major: all abdominal surgery, flank surgery, hypospadias, laparoscopic surgery, valve ablation, inguinal surgery < 2 years.

B. Diagnostic facilities should include body imaging equipment suitable for the care of pediatric patients.

C. Program research and scholarly activity
Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

1. Scholarly activity
   a. active participation of the faculty in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

b. participation in journal clubs and research conferences.

c. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals.

d. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
C. Pediatric Urology Resident Duty Hours

The same resident duty hours and supervision requirements apply to pediatric urology residents as provided in the Program Requirements for Residency Education in Urology.

VI. Evaluation

The pediatric urology program must have an ongoing assessment of the following components of the educational program: resident performance, faculty performance, and program objectives.

A. Pediatric Urology Resident Evaluation

The program director, with participation of members of the faculty, shall

1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.

B. Program and Faculty Evaluation

The educational effectiveness of the program and faculty must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Confidential, written evaluations by residents should be utilized in this process.

VII. Board Certification

Individuals should communicate with the Executive Secretary of the American Board of Urology regarding the status of requirements for certification.

ACGME: September 1998 Effective: January 1999
**Program Requirements for the Transitional Year**

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Purpose of a Transitional Year

The objective of the transitional year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specific specialty. The transitional year is not meant to be a complete graduate education program in preparation for the practice of medicine.

The transitional year must be designed to fulfill the educational needs of medical school graduates who

1. have chosen a career specialty for which the categorical program in graduate medical education has, as a prerequisite, 1 year of fundamental clinical education, which may also contain certain specific experiences for development of desired skills; or
2. have not yet made a career choice or specialty selection and desire or need to acquire at least 1 year of fundamental clinical education, which may also contain certain nonclinical research.

3. are planning to complete graduate education program in preparation for the practice of medicine.

B. Duration and Content of Program

1. The duration of the transitional year program must be 1 year (12 calendar months).
2. At least 24 weeks of each resident's curriculum must be provided by a discipline or disciplines that offer fundamental clinical skills, that is, emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics or surgery.
3. Other rotations should be a minimum of 4 weeks in duration to ensure reasonable continuity of education and patient care.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. The transitional year program must be offered by an institution and its affiliate(s) conducting two or more Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs, in good standing. Two of these accredited programs must be designated as sponsors of the transitional year program. One of the sponsors must be in a discipline that provides fundamental clinical skills training. Those disciplines considered to provide these experiences are emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery. (See V.D.2, Skill Development)
2. Together the sponsors must provide at least 25% of each resident's clinical experience.
3. The program director or a designee from each of the sponsors must participate in the organization of the didactic curriculum components of the program.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
   a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
   b. outline the educational goals and objectives to be attained by the resident during the assignment;
   c. specify the period of resident assignment;
   d. establish the policies that will govern resident education during the assignment.

C. Institutional Coordination Committee

1. An institutional coordination committee (ICC) must be appointed and have major responsibility for conducting and monitoring the activities of the transitional year program. The ICC may be a freestanding committee or may be a subcommittee of the Graduate Medical Education Committee (GMEC). The ICC should be convened by the parent institution at least four times a year. The membership of this committee should be composed of but not limited to the transitional year program director, the program directors (or designees) of disciplines regularly included in the curriculum, the program directors (or designees) of each program sponsor, a resident member nominated by his or her peers, and the chief executive officer (CEO) (or designee in hospital administration) of the parent institution. The CEO or the designee must not be the transitional year program director.
2. The responsibilities of the committee must include the following:
   a. To recommend to the governing body of the sponsoring institution policies that establish the educational content of the transitional year and the allocation of resources for the effective conduct of the program.
   b. To ensure that the quality of medical care provided by transitional year residents is equivalent to that expected of first-year residents in other ACGME-accredited programs within the institution.
   c. To monitor the impact of the transitional year program on the categorical residents' programs to ensure that there is no compromise of the educational resources. This includes monitoring the adequacy of the number of patients, variety of
Illnesses, educational materials, teaching/attending physicians, and financial support.

d. To review at least twice a year the evaluations of the transitional year residents’ performance and the residents’ assessment of the components of the transitional year, including the faculty.

e. To ensure that the educational opportunities provided transitional year residents are within acceptable standards of medical care and are equivalent to those provided first-year residents in the categorical programs in which the transitional year residents participate.

f. To ensure that the quality of education provided by the nonaccredited components of the program is reasonably comparable to that provided to the first-year residents in accredited programs.

g. To approve the curriculum of each transitional year resident, which has been planned with the transitional year program director in accordance with the individual needs of the residents and the Program Requirements of the Transitional Year.

h. To ensure that the transitional year program undergoes a periodic internal review in accordance with the general institutional requirements.

i. To maintain records documenting the committee’s activities for each of the above requirements and to have copies of these records available for transmission to the Transitional Year Review Committee.

j. To review ACGME letters of accreditation for program sponsors and to monitor areas of noncompliance.

D. Support Facilities/Departments

1. Pathology, radiology and nuclear medicine facilities must exist in the parent and affiliated institutions. These disciplines must be directed by qualified physicians who are committed to medical education and to providing competent instruction to the transitional year residents when patients require these diagnostic and/or therapeutic modalities.

2. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements and select the residents for appointment to the program in accordance with institutional policies and procedures.

B. Number of Residents

The Transitional Year Review Committee will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. A program should have at least four residents in training to foster a sense of identity for the transitional year residents and to provide appropriate peer interaction during all phases of the transitional year program. Program applications will be reviewed for assurance that there is an appropriate balance between the number of transitional year residents in training and the educational resources available to them.

2. Any proposed change in the number of transitional year residents must receive prior approval by the Transitional Year Review Committee. Programs that consistently fail to fill the designated number of approved positions may be asked to reduce the number offered, but to no fewer than four residents.

3. Residents who have successfully completed 12 months of transitional year training are not eligible to receive additional credit for subsequent rotations taken.

C. Resident Transfer

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide continuity of leadership for a minimum of 3 years.

A. Qualifications of the Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. The process by which the program director of the transitional year program is appointed must be consistent with the policies for the appointment of other program directors in the sponsoring institution.

2. The program director must

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including the ability to devote the time required for program development, implementation, administration, and supervision.

b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee.

c. be appointed in good standing and based at the primary teaching site.

d. be licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempt.)

B. Responsibilities of the Program Director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program.
This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the Transitional Year Review Committee as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).

3. Promptly notifying the executive director of the Transitional Year Review Committee, using ADS, of a change in program director as well as of changes in the accreditation status of sponsoring programs when they occur.

4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.

5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

6. Obtaining prior approval of the Transitional Year Review Committee for changes in the program that may significantly alter the educational experience of the residents, for example:
   a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
   b. Change in the approved resident complement for those specialties that approve resident complement.
   c. Change in the format of the educational program.

   On review of a proposal for a major change in a program, the Transitional Year Review Committee may determine that a site visit is necessary.

7. Maintaining records of (1) all residents appointed to the transitional year program; (2) the transitional year objectives, curriculum content offered by the program, and the curriculum undertaken by each resident; (3) the performance evaluations; (4) the residents' subsequent training or other professional activities.

   Tracking of graduates must be accomplished either until the transitional year graduate enters a formal medical educational program or for at least 5 years following graduation. A record of these graduates must be available for review.

C. Faculty Qualifications

1. The physician faculty must
   a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
   b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee.
   c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. The teaching and supervision of transitional year residents must be the same as that provided residents in the participating categorical programs.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, must coordinate the educational experiences within the separate categorical programs and participating disciplines. He/she is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

3. providing residents with direct experience in progressive responsibility for patient management.

4. counseling transitional year residents in the development of a curriculum appropriate to their individual learning needs and career goals.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical knowledge about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. _Interpersonal and communication skills_ that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. _Professionalism_, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. _Systems-based practice_, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. _Didactic Components_

1. The curriculum should include a broad range of clinical and biomedical problems and discussions of moral, ethical, legal, social, and economic issues.

2. All disciplines participating in the transitional year program must provide planned educational experiences for transitional year residents which should include:
   - morbidity and mortality conferences,
   - journal review,
   - seminars,
   - presentation of specialty topics, and
   - grand rounds.

   Attendance should be monitored and documented.

D. _Clinical Components_

1. The transitional year program must be designed to meet the educational needs of the residents. Service obligations of the sponsoring institution must be secondary to the transitional year educational objectives.

2. _Skill Development_
   a. The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. Residents must be given the responsibility for decision making and for direct patient care in all settings, subject to review and approval by senior residents and attending physicians, to include the planning of care, and the writing of orders, progress notes and relevant records.
   b. To acquire fundamental clinical skills, the transitional year resident should have developed the following competencies before completion of the transitional year:
      1) obtain a complete medical history
      2) perform a complete physical examination
      3) define a patient's problems
      4) develop a rational plan for diagnosis, and
      5) implement therapy based on the etiology, pathogenesis, and clinical manifestations of various diseases.
   c. Educational experiences must ensure development not only of cognitive and procedural/technical skills but also of humane qualities that enhance interactions between the physician and the patients/patients' families.

3. _Electives_
   a. The transitional year resident must have no fewer than 8 weeks of electives, which may not include vacation time. Elective rotations should be determined by the educational needs of the individual resident.
   b. A maximum of 8 weeks may be designated for nonclinical patient care experience, eg, research, administration, and computer science.

4. _Emergency Medicine_
   a. The transitional year residents must have at least a 4-week rotation (minimum of 140 hours) in emergency medicine under the supervision of qualified teaching staff within the sponsoring or an affiliated institution.

b. The transitional year residents must have the opportunity to participate in the evaluation and management of the care of all types of patients who present to an institution's emergency department.

5. _Ambulatory Care_
   a. The transitional year residents must have at least 140 hours of documented experience in ambulatory care other than that acquired in the emergency department. This experience may consist of a 1-month block or be divided into lesser periods of time to ensure a total of 140 hours.
   b. Outpatient experience must be obtained from ambulatory experiences provided by family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery at the sponsoring or affiliated institution(s)/sites.

6. _Outside Rotations_

   Rotations may be taken away from the institution and its affiliates provided that there is educational justification for the outside rotations and that the following policies are met:
   a. No more than 8 weeks of transitional year rotations may be taken away from the institution and its affiliates.
   b. Outside required rotations must be taken in an ACGME-accredited program.
   c. Outside rotations not part of ACGME-accredited programs must be designated as electives. The program director must provide a complete description of the experience, to include curriculum objectives, resident responsibilities, and the faculty assigned for supervision.
   d. Outside rotations must be evaluated by the residents, and the performance of each resident must be evaluated by the respective faculty. Evaluations are to be reviewed and kept on file by the program director.
   e. The program director must give consideration to the resident's liability coverage and state licensing requirements prior to approving the rotation.

E. _Scholarly Activities_

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
   a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
   b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
   c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
   d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, eg, research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.
F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
   a. All patient care must be supervised by qualified faculty.
      The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
      1) At least 24 weeks of each transitional year resident's rotation must be on clinical services where the transitional year resident works directly with more-senior residents who are supervised by attending faculty in ACGME-accredited programs.
      2) The responsibility or independence given to the transitional year residents by the supervising physician for the care of patients should depend on the residents' knowledge, manual skills, experience, the complexity of the patients' illnesses, and the risk of procedures that residents perform.
   b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
   c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
   b. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinical, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
   c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
      3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception
   The Transitional Year Review Committee will not grant exceptions for up to 10% of the 80-hour limit, to individual programs.

VI. Evaluation

A. Resident Evaluation
   1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:
      a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
b. mechanisms for providing regular and timely performance feedback to residents by the faculty of the participating discipline on each resident's completion of a rotation in that discipline that includes at least
1) a written evaluation at least three times a year that is communicated to each resident in a timely manner and
2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

2. Outcome assessment
a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
c. If more than 20% of the transitional year graduates, when averaged over 5 years, do not enter a Graduate Medical Education program, such will be considered as evidence that a program is not achieving its essential objectives and may be cause for an adverse accreditation action.

VII. Experimentation and Innovation
A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
Section III
Accredited Graduate Medical Education Programs

Introduction
This section of the Directory contains a list of graduate medical education (GME) programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Programs are listed by specialty under the state and city of the sponsoring institution (refer to sample, below). Listed under the program name is the institution that sponsors the residency program, followed by the major participating institution(s), if any, which are recognized by at least one ACGME Residency Review Committee (RRC) as providing a major portion of required GME. Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the Directory.

Listings contain the program director’s name and program address, telephone and fax numbers, and e-mail address. Additional information on each program includes the ACGME-accredited length of the program and number of ACGME approved/offered positions. (Note: The published program length reflects the length approved by the RRC. The program may require or offer additional years; these data are included in FREIDA Online, at www.ama-assn.org/go/freida, and the GME Library on CD-ROM.)

The program identification number appears at the bottom of each listing; the first three digits of this number indicate the specialty/subspecialty code (see “Specialties/Subspecialties with ACGME Program Requirements,” p 475) and the next two the state code.

Sample Listing
Title of the Program
Sponsor: The program’s sponsoring institution
The program’s major participating institution(s) (if any)
Prgm Director: Name
Address
City, state, zip code
Telephone number, fax number
E-mail address
Length: Program length
ACGME Approved/Offered Positions:
Program ID: 000-00-00-000

The Role of the ACGME
The population of programs listed in Section III is set by the ACGME, which shares with the AMA information about accreditation actions and other changes through regular electronic data transfers.

The Directory, as the official list of ACGME-accredited programs, generally reflects accreditation actions completed by December of the previous year. The data published in this edition were transferred from the ACGME to the AMA on January 20, 2004. Readers are reminded that accreditation actions and related changes can alter the ACGME program population on a daily basis and that the Directory serves only as a “snapshot” of this population at a given moment. For updated information on ACGME-accredited programs, consult the ACGME Web site at www.acgme.org.

Preventive Medicine Programs
The preventive medicine programs listed in Section III include programs that offer areas of specialization in aerospace medicine, general preventive medicine, occupational medicine, and public health and general preventive medicine.
Introduction

Transitional Year Programs
Transitional Year programs are available for physicians seeking broad clinical experience before entering GME in their chosen field or for physicians who have not yet decided on a medical specialty.

Combined Specialty Programs
Combined specialty programs (listed in Appendix A) have been approved by each respective specialty board; resident physicians completing these programs are eligible for board certification. Neither the ACGME nor the Residency Review Committees accredit combined programs; they accredit each specialty program separately. Information in the combined program list was provided by specialty boards and through the National GME Census. Applicants to combined specialty programs are encouraged to review requirements for admission to the certification process of each board in Appendix B of the Directory.

Restricted-entry GME Programs

US Armed Services Programs
In most cases, only persons enrolled in the US Armed Services are eligible for appointment to residency positions at US Army, Navy, and Air Force hospitals and teaching institutions. These programs are identified in Section III with the text US Armed Services Program.

Centers for Disease Control and Prevention Programs
GME programs at the Centers for Disease Control and Prevention (CDC) are usually open only to CDC physicians.

Programs on Probation
The Directory may include programs that are on probation. For information on a program's current accreditation status, contact the ACGME, 515 N State St/Ste 2000, Chicago, IL 60610; 312 464-4920; 312 464-4098 Fax; www.acgme.org.

Disclaimer
It is the AMA's understanding that all institutions listed in the Graduate Medical Education Directory are required by law to include the phrase "EEO, M/F/D/V" on any information distributed for public view.

Parker J Palmer Award
In February 2001, the ACGME established the Parker J. Palmer Courage to Teach Award to recognize outstanding GME program directors. Criteria for selection include a demonstrated commitment to education with evidence of successful mentoring, program development, and improvement. The ACGME will recognize ten outstanding program directors each year with the award. For more information, see www.acgme.org.

Sources for Additional Information
The Graduate Medical Education Directory Companion: An Insider's Guide to Selecting a Residency Program, which is published annually, and FREIDA Online (Fellowship and Residency Electronic Interactive Database Access), an Internet database available through the AMA home page at www.ama-assn.org/go/freida, are two additional sources of information on GME programs.
### Specialties/Subspecialties with ACGME Program Requirements

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*T = Graduate year 1 positions available  
N = No GY1 positions available  
S = Some programs may offer GY1 positions. 

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300 PTH 3 | 4 | Y | 152 | Pathology-Anatomic and Clinical |
301 SP | 1 | N | 20 | Selective Pathology |
305 BBK | 1 | N | 48 | Blood Banking/Transfusion Medicine |
306 PCH | 1 | N | 3 | Chemical Pathology |
307 PCP | 1 | N | 86 | Cytopathology |
310 POP | 1 | N | 40 | Forensic Pathology |
311 HMP | 1 | N | 75 | Hematology |
314 MM | 1 | N | 12 | Medical Microbiology |
315 NP | 2 | N | 28 | Neuroanatomy |
316 PP | 1 | N | 28 | Pediatric Pathology |
320 PD | 3 | Y | 202 | Pediatrics |
321 ADL | 3 | N | 25 | Adolescent Medicine |
323 CCP | 3 | N | 58 | Pediatric Critical Care Medicine |
324 PEM | 3 | N | 43 | Pediatric Emergency Medicine |
325 PDC | 3 | N | 48 | Pediatric Cardiology |
326 PDE | 3 | N | 62 | Pediatric Endocrinology |
327 PHO | 3 | N | 60 | Pediatric Hematology/Oncology |
328 PN | 3 | N | 40 | Pediatric Nephrology |
329 NPM | 3 | N | 97 | Neonatal-Perinatal Medicine |
330 PDD | 3 | N | 46 | Pediatric Pulmonology |
331 PPR | 3 | N | 23 | Pediatric Rheumatology |
332 PG | 3 | N | 21 | Pediatric Gastroenterology |
333 PSM | 1 | N | 8 | Pediatric Sports Medicine |
335 PDI | 3 | N | 60 | Pediatric Infectious Diseases |
336 DEP | 3 | N | 19 | Developmental-Behavioral Pediatrics |
340 PN | 3 | 4 | S | 34 | Physical Medicine and Rehabilitation |
341 PMP | 1 | N | 7 | Pain Management |
345 SCI | 1 | N | 19 | Spinal Cord Injury Medicine |
346 RPM | 1 | N | 0 | Pediatric Rehabilitation Medicine |
360 PS | 2 | 25 | 5 | S | 87 | Plastic Surgery |
361 CPS | 1 | N | 5 | Craniofacial Surgery |
363 HSP | 1 | N | 13 | Hand Surgery |
380 GMP | 1 | 123 | S | 2 | Preventive Medicine: |
380 UM | 1 | N | 1 | Preventive Medicine: |
380 PTX | 2 | N | 3 | Preventive Medicine: |
400 P | 4 | Y | 182 | Psychiatry |
401 ADP | 1 | N | 47 | Addiction Psychiatry |
402 PPN | 1 | N | 0 | Pain Management |
405 CHP | 2 | N | 114 | Child and Adolescent Psychiatry |
406 PPP | 1 | N | 42 | Forensic Psychiatry |
407 PYG | 1 | N | 59 | Geriatric Psychiatry |
409 PFM | 1 | N | 0 | Psychosomatic Medicine |
420 DR | 4 | S | 103 | Radiology-Diagnostic |
421 AR | 1 | N | 10 | Abdominal Radiology |
422 BSN | 1 | N | 2 | Endovascular Surgical Neuroradiology |
423 RNR | 1 | N | 88 | Neuroradiology |
424 PDR | 1 | N | 40 | Pediatric Radiology |
425 NR | 1 | N | 20 | Nuclear Radiology |
426 MSR | 1 | N | 10 | Musculoskeletal Radiology |
427 VHR | 1 | N | 103 | Vascular and Interventional Radiology |
429 CTR | 1 | N | 1 | Cardiothoracic Radiology |
430 RO | 4 | N | 77 | Radiation Oncology |
440 GS | 5 | Y | 253 | Surgery-General |
442 CCS | 1 | N | 81 | Surgical Critical Care |
443 HSS | 1 | N | 3 | Hand Surgery |
445 PDS | 2 | N | 30 | Pediatric Surgery |
450 VS | 12 | S | 94 | Vascular Surgery |
460 TS | 2 | 8 | N | 91 | Thoracic Surgery |
480 U | 3 | 4 | S | 123 | Urology |
485 UP | 1 | N | 16 | Pediatric Urology |
499 TY | 1 | Y | 122 | Transitional Year |

7,940 Total
Abdominal Radiology (Radiology-Diagnostic)

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Pgm Director: Deborah A Baumgarten, MD, MPH
1304 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-3900 Fax: 404 778-4296
E-mail: dbaumga@emory.edu
Length: 1 Yr
Program ID: 421-12-31-002

Illinois
Chicago
University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Abraham H Dachman, MD
5841 S Maryland Avenue, MC 2096
Chicago, IL 60637
Tel: 773 702-6200 Fax: 773 702-1161
Length: 1 Yr
Program ID: 421-16-13-006

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Pgm Director: Jonathan B Krouskal, MD, PhD
One Deaconess Road
Boston, MA 02215
Tel: 617 754-2519 Fax: 617 754-2545
Length: 1 Yr
Program ID: 421-24-21-003

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Pgm Director: Stuart G Silverman, MD
76 Francis Street
Boston, MA 02115
Tel: 617 732-6329 Fax: 617 732-6317
Length: 1 Yr
Program ID: 421-24-31-010

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Pgm Director: David M Hoagh, MD
300 First Street, SW
Rochester, MN 55905
Tel: 507 284-0440 Fax: 507 266-4735
E-mail: sorenson.tammy@mayo.edu
Length: 1 Yr
Program ID: 421-26-31-004

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Pgm Director: Alla Rosenblit, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718 926-5506 Fax: 718 926-4854
Length: 1 Yr
Program ID: 421-36-21-001

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Pgm Director: Harris L Cohen, MD
Health Sciences Center, Level 4 - Room 120
Stony Brook, NY 11794
Tel: 631 444-7345 Fax: 631 444-7588
Length: 1 Yr
Program ID: 421-36-21-009

North Carolina
Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: Robert E Rechteld, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2471 Fax: 336 710-0655
Length: 1 Yr
Program ID: 421-36-12-005

Pennsylvania
Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
HUP, 1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-3466 Fax: 215 349-5627
Length: 1 Yr
Program ID: 421-41-13-008
Addiction Psychiatry (Psychiatry)

California

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Jeffrey N Wilkins, MD
3333 Crenshaw Bou Jane
Los Angeles, CA 90010
Tel: 310 725-7777
Fax: 310 725-7778
E-mail: wilkins@eshs.org
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 401-08-11-061

UCLA Medical Center Program
Sponsor: UCLA Medical Center
Prgm Director: David Feinberg, MD, MBA
1083 30th Medical Plaza
670 Westwood Boulevard
Los Angeles, CA 90095
Tel: 310 825-0538
Length: 1 Yr
Program ID: 401-08-21-047

San Francisco

University of California (San Francisco)/Veterans Affairs Medical Center Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital (Medical Center)
UCSF Med Grt/Langley Porter Psychiatric Hosp and Clinics
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Peter Burgo, MD, MS
4150 Clement Street
San Francisco, CA 94121
Tel: 415 221-8110
Fax: 415 750-6021
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 401-08-13-048

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Jonathan R Ritvo, MD
777 Bannock Street
Denver, CO 80204
Tel: 303 392-3163
Fax: 303 392-5184
E-mail: jritvo@dbhca.org
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 401-08-21-006

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine Institute of Living
Prgm Director: Joyce A Timley, MD
265 Farmington Avenue 
4106
Farmington, CT 06030
Tel: 860 675-8348
Fax: 860 675-1346
E-mail: meitlsl@psychiatry.uconn.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 401-08-21-021

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Connecticut Mental Health Center
Veterans Affairs Medical Center (West Haven)
Prgm Director: Iomene L Petrakis, MD
950 Campbell Avenue
Bldg 1, E East
West Haven, CT 06516
Tel: 203 932-5711
Fax: 203 937-4791
Length: 1 Yr
ACGME Approved/Offered Positions: 6
Program ID: 401-08-21-016

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Camilo Martin, MD
1001 SW Archer Road
Gainesville, FL 32608
Tel: 352 376-1611
Fax: 352 376-4170
E-mail: martinec@ufl.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 401-11-21-043

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida, Inc
Prgm Director: Lauren D Williams, MD
1605 NW 9th AV
Miami, FL 33136
Tel: 305 243-4644
Fax: 305 243-2580
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 401-11-21-029

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Prgm Director: Elle M Francis, MD
13000 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813 972-7665
Fax: 813 978-2868
E-mail: Elle.Francis@med.usf.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 401-11-21-034

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Karen Dresler, MD
1102 Medical Drive, NE
Atlanta, GA 30303
Tel: 404 712-4111
Fax: 404 252-4643
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 401-12-21-050

Hawaii

Honolulu

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Queen's Medical Center Tripler Army Medical Center
Prgm Director: William Hasting III, MD
1566 Lusitana Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2600
Fax: 808 586-2840
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 401-14-21-030

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Seth Eisenberg, MD
440 E Ontario
Suite 7-247
Chicago, IL 60611
Tel: 312 926-1988
Fax: 312 926-1172
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 401-14-21-009

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Ravenwood Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Paul W Harris, MD
Department of Psychiatry (MC 915)
912 South Wood Street
Chicago, IL 60612
Tel: 312 966-7387
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 401-16-21-012
Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Richard L. Budworth Veterans Affairs Medical Center
William N. Wishard Memorial Hospital

Prgm Director: Alan D Schmeizer, MD
Department of Psychiatry
111 W 10th Street, IN 46202
Tel: 317 274-1224 Fax: 317 274-1248

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-17-21-030

Kansas

Kansas City

University of Kansas School of Medicine Program

Sponsor: University of Kansas School of Medicine
Dwight T Eisenhower Veterans Affairs Medical Center

Prgm Director: Jan Campbell, MD
3901 Rainbow Boulevard
Kansas City, KS 64109
Tel: 913 588-6413 Fax: 913 588-6414

Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 401-18-31-053

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine

Prgm Director: Arthur D Meyer, MD
10150 Lagrange Road
Louisville, KY 40223
Tel: 502 253-7154 Fax: 502 253-7060
E-mail: advadorm@belkouts.net

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-30-21-038

Maryland

Baltimore

University of Maryland/Sheppard Pratt Program

Sponsor: University of Maryland Medical System Veterans Affairs Medical Center (Baltimore)
Walter P Carter Mental Health Center

Prgm Director: Joseph G Liberto, MD
Department of Psychiatry
701 W Pratt Street
Baltimore, MD 21201
Tel: 410 338-3672 Fax: 410 338-1749

Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 401-25-21-002

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: John A Kester, MD
55 Cauesway Street
Boston, MA 02114
Tel: 617 288-1022 Fax: 617 288-1121

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-24-21-019

Massachusetts General Hospital/McLean Hospital Program

Sponsor: Massachusetts General Hospital
Brimham and Women's Hospital
McLean Hospital
Prgm Director: David R Gafsonfriend, MD
Addiction Research Program
388 Commonwealth Avenue, Lower Level
Boston, MA 02215
Tel: 617 585-7493 Fax: 617 585-7456
E-mail: dgafsonfriend@partners.org

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-34-31-037

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Kirk J Brower, MD
600 East Eisenhower Parkway
Suite 2A

Ann Arbor, MI 48109
Tel: 734 936-0560 Fax: 734 936-0277
E-mail: malerek@umich.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-25-21-022

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center Veterans Affairs Medical Center (Detroit)
Prgm Director: Susan M Stinnett, MD
Psychiatry & Behavioral Neurosciences
2701 E Jefferson Avenue
Detroit, MI 48207
Tel: 313 993-0670

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-25-21-038

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Scott L McNaught, MD

FSA201A West
3250 Riverside Avenue
Minneapolis, MN 55454
Tel: 612 477-4025 Fax: 612 725-5891
E-mail: scottlmn@umn.net

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-26-21-003

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
St Mary's Hospital of Rochester
Prgm Director: Virginia E Hofmann, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-0356 Fax: 507 284-4485
E-mail: mgmcm.roc.mn.psychiatry@mayo.edu

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-38-21-031

Missouri

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
Research Mental Health Services: North Star Program
Swepg Parkwyk Treatment Center
Western Missouri Mental Health Center
Prgm Director: John S Munro, MD
600 East 22nd Street
Kansas City, MO 64108
Tel: 816 513-4127 Fax: 816 512-4119
E-mail: munmruz@mail.dshs.state.mo.us

Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 401-20-21-045

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital Veterans Affairs Medical Center (White River Junction)
Prgm Director: Amy A Wallace, MD
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 256-9363 Fax: 603 256-2936

Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-32-21-014

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ Robert Wood Johnson Medical School Robert Wood Johnson University Hospital UMDNJ University Behavioral Healthcare Veterans Affairs New Jersey Health Care System
Prgm Director: Douglas Ziedonis, MD, MPH
675 Hoos Lane, CBRC D140
Piscataway, NJ 08854
Tel: 732 255-4807 Fax: 732 235-4277
E-mail: ziedonis@umdnj.edu

Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-33-21-041
New Mexico
Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine Veterans Affairs Medical Center (Albuquerque)
Program Director: Marcello Mariglia, MD
Department of Psychiatry, Family Practice Building, 4th Fl
2400 Tijeras NE
Albuquerque, NM 87131
Tel: 505 272-9130 Fax: 505 272-9221
Length: 1 Yr
Program ID: 401-34-22-052

New York
Bronx

Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program
Sponsor: Bronx- Lebanon Hospital Center
Prgm Director: JohnQuadella, MD
1276 Fulton Avenue
5th Floor
Bronx, NY 10468
Tel: 718 540-6133 Fax: 718 540-6356
E-mail: ouwou@einstein.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-35-31-YR7

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University Jacobi Medical Center Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Merrill Herman, MD, PhD
Department of Psychiatry and Behavioral Sciences 1300 Morris Park Ave Shefer 403
Bronx, NY 10461
Tel: 718 430-8080 Fax: 718 430-8087
E-mail: mherman@montefiore.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-35-31-023

Manhasset

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital St John's Episcopal Hospital-South Shore Prgm Director: Robert Hirsch, MD
400 Community Drive
Manhasset, NY 11030
Tel: 516 562-3010
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-35-31-007

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center Prgm Director: Pramod Singh, MD
1st Ave at 16th Street
8 Bernstein
New York, NY 10003
Tel: 212 420-3198 Fax: 212 674-3938
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-35-31-010

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine Mount Sinai Medical Center Veterans Affairs Medical Center (Bronx)
Prgm Director: Martin Brooker, MD
One Gustave Levy Place, Box 1230
New York, NY 10029
Tel: 212 658-8789 Fax: 212 609-5817
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-35-31-046

New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Columbia Campus) New York State Psychiatric Institute
Prgm Director: Frances B Levin, MD
1651 Riverside Drive, Unit 60
New York, NY 10032
Tel: 212 543-6018 Fax: 212 543-6018
E-mail: fblevin@nypres.columbia.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 401-35-31-032

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Cornell Campus) New York Presbyterian Hospital-Payne Whitney Clinic
Prgm Director: Ann B Reeder, MD
411 East 68th Street
New York, NY 10021
Tel: 212 740-1558
E-mail: a.berger@nypres.columbia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-35-31-018

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Prgm Director: Marc Galanter, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-8880 Fax: 212 263-8256
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 401-35-31-090

Ohio
Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Walter Podolski, MD
231 Albert Sabrin Way
Cincinnati, OH 45267
Tel: 513 655-3100 Fax: 513 487-6046
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 401-38-31-013

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Prgm Director: Christina M Delos Reyes, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 644-3450 Fax: 216 844-1703
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-38-31-309

Oklahoma
Oklahoma City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Richard P Yuchtman, MD
5920 Stanton & Young Boulevard
WY 3440
Oklahoma City, OK 73104
Tel: 405 271-6731 Fax: 405 271-8632
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-35-31-040

Oregon
Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Prgm Director: R Dale Walker, MD
3131 SW Sam Jackson Park Road, GH 156
Portland, OR 97239
Tel: 503 494-3257 Fax: 503 494-3225
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-34-31-042

Pennsylvania
Philadelphia

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital Prgm Director: Ronald Senota, MD
1201 Chestnut Street, 16th Floor
Philadelphia, PA 19107
Tel: 215 363-2542
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 401-41-52-044

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Veterans Affairs Medical Center (Philadelphia) Prgm Director: Charles P O'Brien, MD
3900 Chestnut Street
Philadelphia, PA 19104
Tel: 215 622-5200
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 401-41-21-011

South Carolina
Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine MUSC Medical Center Prgm Director: Kathleen T Ready, MD, PhD Center for Drug & Alcohol Programs 67 President Street PO Box 256661 Charleston, SC 29425
Tel: 843 792-2625 Fax: 843 792-2698
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 401-45-21-014
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<th>State</th>
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<td>Tennessee</td>
<td>Nashville</td>
<td>Vanderbilt University Program</td>
<td>Sponsor: Vanderbilt University Medical Center Psychiatric Hospital at Vanderbilt</td>
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<td></td>
<td></td>
<td>Prgm Director: Peter R Martin, MD</td>
<td>Tel: 615 222-3527  Fax: 615 222-0175</td>
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<td>Prgm Director: John Talmaiage, MD</td>
<td>Tel: 214 857-6035  Fax: 214 857-0002</td>
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<td>San Antonio</td>
<td>University of Texas Health Science Center at San Antonio Program</td>
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<td>Prgm Director: Kenneth L Mathews, MD</td>
<td>Tel: 210 567-5400  Fax: 210 567-0041</td>
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<td>Virginia Commonwealth University Health System Program</td>
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<td>Prgm Director: Elizabeth F McCance-Katz, MD, PhD</td>
<td>Tel: 804 828-3351  Fax: 804 828-3386</td>
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<td>University of Washington Program</td>
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<td>Prgm Director: Andrew J Sanoc, MD</td>
<td>Tel: 206 764-2782</td>
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<td>Program ID: 401-54-21-005</td>
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<tr>
<td>Adolescent Medicine (Pediatrics)</td>
<td>Alabama</td>
<td>Birmingham University of Alabama Medical Center Program</td>
<td>Sponsor: University of Alabama Hospital Children's Hospital of Alabama</td>
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<td>Prgm Director: Marsha S Sturdevant, MD</td>
<td>Tel: 205 694-0283  Fax: 205 975-7907</td>
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<tr>
<td>California</td>
<td>Los Angeles</td>
<td>Children's Hospital Los Angeles Program</td>
<td>Sponsor: Children's Hospital Los Angeles</td>
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<td>Prgm Director: Curtin W Nair, MD</td>
<td>Tel: 323 600-3450  Fax: 323 913-3891</td>
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<td>San Francisco</td>
<td>University of California (San Francisco) Program</td>
<td>Sponsor: University of California (San Francisco) School of Medicine</td>
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<td>Prgm Director: Charles E Irvin Jr, MD</td>
<td>Tel: 415 476-2184  Fax: 415 476-6106</td>
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<td>Colorado</td>
<td>Denver</td>
<td>University of Colorado Program</td>
<td>Sponsor: University of Colorado School of Medicine Children's Hospital (The)</td>
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<td>Prgm Director: Catherine Stevens-Simon, MD</td>
<td>Tel: 303 861-6133  Fax: 303 837-3962</td>
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District of Columbia

Washington
Children’s National Medical Center/George Washington University Program
Sponsor: Children’s National Medical Center
Program Director: Tomas J Silber, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-3606 Fax: 202 884-9630
Length: 3 Yrs
Program ID: 321-10-21-020

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: Robert W Blum, MD, PhD
Suite 200 McNamara Center
200 Oak St SE
Minneapolis, MN 55455
Tel: 612 626-2829 Fax: 612 626-2194
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 321-26-21-022

Florida

Miami
Miami Children’s Hospital Program
Sponsor: Miami Children’s Hospital
Program Director: Lorena M Siqueira, MD
3100 SW 62nd Avenue
Miami, FL 33155
Tel: 305 686-5883 Fax: 305 740-5064
Length: 3 Yrs
Program ID: 321-11-22-081

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Program Director: Donald F Ore, MD
Riley Outpatient Garage, Room 070
575 N West Drive
Indianapolis, IN 46202
Tel: 317 274-8912 Fax: 317 274-0138
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-17-21-098

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Howard J. Adler Jr, MD, MPH
500 N Wolfe Street, Park 307
Baltimore, MD 21287
Tel: 410 655-2910 Fax: 410 655-4070
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-23-21-097

Massachusetts

Boston
Children’s Hospital/Boston Medical Center Program
Sponsor: Children’s Hospital
Program Director: S Jean Emmanuel, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-1710 Fax: 617 738-0185
E-mail: jean.emmanuel@childrens.harvard.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 321-34-21-002

Pennsylvania

Philadelphia
Children’s Hospital of Philadelphia Program
Sponsor: Children’s Hospital of Philadelphia
Program Director: Donald F Schwarz, MD
9th Floor
34th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 501-1402 Fax: 215 501-3050
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-41-21-015

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Richard E Kreipe, MD
601 Elmwood Avenue, Box 560
Rochester, NY 14642
Tel: 585 275-7844 Fax: 585 656-0168
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 321-35-12-013

Ohio

Cincinnati
Cincinnati Children’s Hospital Medical Center of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children’s Hospital Medical Center
Program Director: Michael G Spigarelli, MD, PhD
Division of Adolescent Medicine (ML-4000)
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-8597 Fax: 513 636-1129
E-mail: michael.spigarelli@cchmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 321-38-18-082

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Barbara Cromer, MD
2500 MetroHealth Medical Center
Cleveland, OH 44109
Tel: 216 778-2643 Fax: 216 778-8840
Length: 3 Yrs Program ID: 321-38-18-082

New York

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Elizabeth M Alderman, MD
Department of Pediatrics
111 East 210th Street NW647
Bronx, NY 10467
Tel: 718 920-6614 Fax: 718 920-5289
E-mail: ealderman@montefiore.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-35-21-008

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children’s Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children’s Hospital at Long Island Jewish Med Ctr
Schneider Children’s Hospital at North Shore University Hosp
Program Director: Martin M Fisher, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 465-3276 Fax: 516 465-5269
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 321-36-21-010

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Sharon M Edwards, MD
320 East 84th Street, 2nd Floor
New York, NY 10128
Tel: 212 423-2900 Fax: 212 423-2920
E-mail: sharon.edwards@mountsinai.org
Length: 3 Yrs Program ID: 321-35-11-012
Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children’s Hospital
Program Director: Albert C Hergenroeder, MD
6621 Fannin St, CC510.01
Houston, TX 77030
Tel: 713-306-3860 Fax: 713-510-8689
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-48-21-016

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Program Director: William L Risser, MD, PhD
Dept of Pediatrics
PO Box 20708
Houston, TX 77225
Tel: 713-568-5700 Fax: 713-568-5633
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-48-21-003

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (ABTC)
Program Director: Elizabeth Stafford, MD
Attn: Col Stafford
2200 Bergquist Dr, Ste 1
Lackland AFB, TX 78236
Tel: 210 916-1740 Fax: 210 916-1740
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 321-48-12-024
US Armed Services Program

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children’s Hospital and Regional Medical Center
Program Director: Mark S Smith, MD
5080 Sand Point Way NW, 48-1
Box 5371
Seattle, WA 98105
Tel: 206 987-3828 Fax: 206 987-3899
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-55-21-027

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
Program Director: James J Burns, MD
PO Box 8214
Morgantown, WV 26506
Tel: 304 293-7381 Fax: 304 293-1241
E-mail: jburns@hsc.wvu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 321-55-31-029

Adult Reconstructive Orthopaedics
(Orthopaedic Surgery)

California

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Program Director: David J Schuman, MD
300 Pasteur Drive, B-144
Stanford, CA 94305
Tel: 650 733-1800
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 261 05-21-016

Illinois

Chicago

University of Chicago Program

Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital
Program Director: Henry A Finn, MD
Louis A Weiss Memorial Hospital
4646 N Marine Drive
Chicago, IL 60640
Tel: 773-564-5888 Fax: 773-564-5886
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 261-16-21-012

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School Veterans Affairs Medical Center (Minneapolis)
Program Director: Khaleel J Saleh, MD
3450 Riverside Avenue S, R200
Minneapolis, MN 55454
Tel: 612 273-1477 Fax: 612 273-7099
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 261-30-21-025

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Program Director: David G Lewallen, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3316 Fax: 507 284-5599
E-mail: hanson.natalie16@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 261-26-21-015

New York

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleda Health System (Buffalo General Hospital)
Program Director: Kenneth A Krackow, MD
Buffalo General Hospital
100 High Street E 216
Buffalo, NY 14203
Tel: 716 850-1256 Fax: 716 850-4896
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 261-85-21-035

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Program Director: Peter D McCann, MD
Beth Israel Medical Center
170 East Ede Avenue at 75th Street
New York, NY 10128
Tel: 212 937-9710 Fax: 212 717-4490
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 261-85-21-039

Hospital for Special Surgery/Cornell Medical Center Program

Sponsor: Hospital for Special Surgery
Program Director: Eduardo A Salvidi, MD
535 East 70th Street
New York, NY 10021
Tel: 212 697-4230 Fax: 212 774-3769
E-mail: academictraining@hss.edu
Length: 1 Yr
Program ID: 261-85-21-003

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Program Director: Chitrangani S Ranawat, MD
130 East 77th Street
William Black Hall, 11th Floor
New York, NY 10021
Tel: 212 434-4700 Fax: 212 434-2368
E-mail: orthopedics@mindspring.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 261-85-31-024

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Louis U Bigliani, MD
622 West 168th Street PH 11
New York, NY 10032
Tel: 212 305-8188
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 261-85-21-010

Pennsylvania

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Program Director: William J Horack, MD
111 S 14th Street
Philadelphia, PA 19107
Tel: 215 655-1500
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 261-41-31-006
University of Pennsylvania Program  
Sponsor: University of Pennsylvania Health System  
Prgm Director: Jonathan P Garino, MD  
38th & Market Streets  
2 Cupp Pavilion  
Philadelphia, PA 19104  
Tel: 215 349-8792  
Fax: 215 349-5800  
Length: 1 Yr  
Program ID: 261-41-21-001  

Allergy and Immunology

Alabama

Birmingham

University of Alabama Medical Center Program  
Sponsor: University of Alabama Hospital  
Prgm Director: Susan E Crockett, MD  
5010 Centre Avenue  
Pittsburgh, PA 15232  
Tel: 412 362-4900  
Fax: 412 362-4120  
E-mail: crockett@umich.edu  
Length: 1 Yr  

Program ID: 261-41-21-023

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program  
Sponsor: La Jolla  
Prgm Director: Bruce L Zuraw, MD  
10666 North Torrey Pines Road  
La Jolla, CA 92037  
Tel: 858 822-3334  
Fax: 858 822-4333  
E-mail: mowl@scripps.edu  
Length: 2 Yrs  

Program ID: 260-05-21-109

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program  
Sponsor: Kaiser Permanente Southern California  
Prgm Director: Michael S Kaplan, MD  
1515 W Vermont Avenue  
Los Angeles, CA 90012  
Tel: 213 733-8500  
Fax: 213 733-8446  
Length: 2 Yrs  

Program ID: 260-05-13-009

UCLA Medical Center Program  
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine  
Prgm Director: Adrian M Casillas, MD  
10832 Le Conte Avenue, SS-175 CHS  
Los Angeles, CA 90095  
Tel: 310 825-3718  
Fax: 310 206-8107  
E-mail: casillas@mednet.ucla.edu  
Length: 2 Yrs  

Program ID: 260-05-13-009

University of Southern California/LAC+USC Medical Center Program  
Sponsor: University of Southern California/LAC+USC Medical Center  
Prgm Director: Craig Allen Jones, MD  
1801 E Manual, RM 101  
Los Angeles, CA 90033  
Tel: 213 236-8811  
Fax: 213 236-5049  
E-mail: craigjones@delphi.net  
Length: 2 Yrs  

Program ID: 260-05-21-005

VA Greater Los Angeles Healthcare System Program  
Sponsor: VA Greater Los Angeles Healthcare System  
Prgm Director: William R Krausmeyer, MD  
13301 Wilshire Blvd  
Los Angeles, CA 90073  
Tel: 310 268-9011  
Fax: 310 268-4712  
E-mail: william.krausmeyer@med.va.gov  
Length: 2 Yrs  

Program ID: 260-05-21-109

Orange

University of California (Irvine) Program  
Sponsor: University of California (Irvine) Medical Center  
Prgm Director: David L Mihara, MD  
9264 University Blvd  
Irvine, CA 92660  
Tel: 949 824-8333  
Fax: 949 824-8382  
Length: 2 Yrs  

Program ID: 260-05-21-004

Sacramento

University of California (Davis) Health System Program  
Sponsor: UC Davis Health System  
Prgm Director: Stephen J Linker, MD  
One Shields Ave; TB 192  
Davis, CA 95616  
Tel: 530 752-9999  
Fax: 530 752-9947  
Length: 2 Yrs  

Program ID: 260-05-21-048

San Diego

University of California (San Diego) Program  
Sponsor: University of California (San Diego) Medical Center  
Prgm Director: Stephen J Linker, MD  
9264 University Blvd  
Irvine, CA 92660  
Tel: 949 822-4121  
Fax: 949 824-3110  
Length: 2 Yrs  

Program ID: 260-05-21-066

Stanford

Stanford University/University of California (San Francisco) Program  
Sponsor: Stanford University Hospital  
Prgm Director: Lucille Salter Packard Children's Hospital at Stanford  
University of California (San Francisco) Medical Center  
Prgm Director: Pedro C Villan, MD  
Allergy & Immunology Fellowship Training Program  
505 Parnassus Avenue, Box 0130  
San Francisco, CA 94143  
Tel: 415 476-0767  
Fax: 415 476-8720  
E-mail: svillan@stanford.edu  
Length: 2 Yrs  

Program ID: 260-05-21-116

Graduate Medical Education Directory 2004-2005  
483
Accredited Programs in Allergy and Immunology

Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
National Jewish Ctr for Immunology and Respiratory Medicine
Prgm Director: Richard W Weber, MD
1400 Jackson Street
Denver, CO 80206
Tel: 303 398-1455 Fax: 303 398-1806
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-07-31-086

University of Colorado Program A
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
The National Jewish Ctr for Immunology and Respiratory Medicine
Prgm Director: Andrew H Liu, MD
1400 Jackson Street
Denver, CO 80206
Tel: 303 398-1455 Fax: 303 370-2201
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-07-31-010

Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Philip W Askenase, MD
33 Cedar Street
PO Box 208013
New Haven, CT 06520
Tel: 203 784-4143 Fax: 203 784-3229
E-mail: martin.avallone@yale.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 020-08-21-099

Florida

St Petersburg
University of South Florida (All Children's) Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
Prgm Director: Nuttapon Tangsumanakong, MD
801 Sixth Street South
St Petersburg, FL 33701
Tel: 727 767-4470 Fax: 727 767-8542
E-mail: tangsumon@allkids.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-11-21-106

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Prgm Director: Richard F Lockey, MD
James A Haley Veterans Hospital
13000 Bruce B Downs Blvd (1111D)
Tampa, FL 33612
Tel: 813 972-7631 Fax: 813 910-4041
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 020-11-21-003

Georgia

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Prgm Director: Dennis B Ownby, MD
Allergy-Immunology Section, BG 1019
1120 15th Street
Augusta, GA 30912
Tel: 706 721-3531 Fax: 706 721-3537
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-12-21-013

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Paul A Greenberger, MD
Division of Allergy-Immunology
777 E North St, # 14018
Chicago, IL 60611
Tel: 312 695-4000 Fax: 312 695-4144
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 020-16-31-016

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Anita Gower, MD
Rush Medical College
1735 W Harrison Street, Suite 117
Chicago, IL 60612
Tel: 312 942-6286 Fax: 312 563-2201
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 020-16-21-109

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Daniel J Stechschulte, MD
Rush University Medical Center
1111 S 3rd Street South
Iowa City, IA 52242
Tel: 319 358-6887 Fax: 319 358-8280
E-mail: Daniels@iowa.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 020-18-21-061

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Daniel J Stechschulte, MD
Room 4035 Wesley
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6008 Fax: 913 588-2878
E-mail: kansasmed@kumc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-19-21-117

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Prem Kumar, MD
Departments of Medicine & Pediatrics
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-5122 Fax: 504 588-5144
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-21-21-070

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Laurianne G Wild, MD
Department of Medicine
1430 Tulane Avenue SL-57
New Orleans, LA 70112
Tel: 504 588-5578 Fax: 504 584-3896
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-21-31-017

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center University Hospital
Tulane University Hospital and Clinics
Prgm Director: Sani L Baha, MD, PhD
1601 Kings Highway
PO Box 30892
Shreveport, LA 71130
Tel: 318 675-7935 Fax: 318 675-8815
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-21-21-060

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: N Franklin Adkinson Jr, MD
560 Hopkins Bayview Circle
Baltimore, MD 21224
Tel: 410 550-2307 Fax: 410 550-2325
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-23-21-094

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: bryan L Martin, DO
Allergy-Immunology Service
6000 Georgia Avenue, NW
Washington, DC 20017
Tel: 202 782-0461 Fax: 202 782-7063
E-mail: bryan.martin@washington.army.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-10-06-087

US Armed Services Program
Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Edward M. Zaratsian, MD
1 Ford Place, B 8
Detroit, MI 48202
Tel: 313-967-2631 Fax: 313-876-3094
Length: 2 Yrs AGME Approved/Offered Positions: 6
Program ID: 020-25-11-002

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children’s Hospital of Michigan
Detroit Recruiting Hospital and University Health Center
Veterans Affairs Medical Center (Detroit)
Program Director: Elisabeth Secord, MD
Division of Immunology, Allergy & Rheumatology
3000 Buchbinder Blvd
Detroit, MI 48201
Tel: 313-745-4456 Fax: 313-983-8909
Length: 2 Yrs AGME Approved/Offered Positions: 3
Program ID: 020-23-21-071

St. Louis

St. Louis University School of Medicine
Sponsor: St. Louis University School of Medicine
Cardinal Glennon Children’s Hospital
St. Louis University Hospital
Program Director: Mark S. Dykewicz, MD
1402 S. Grand Blvd. - R209
St. Louis, MO 63104
Tel: 314-977-8816 Fax: 314-977-8816
Length: 2 Yrs AGME Approved/Offered Positions: 3
Program ID: 020-28-21-019

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St. Louis Children’s Hospital
Program Director: H. James Wedner, MD
660 South Euclid Avenue, Campus Box 8122
St. Louis, MO 63110
Tel: 314-454-7977 Fax: 314-454-7130
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-28-21-065

Nebraska

Omaha

Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJO)
Ehring Bergquist Hospital
Program Director: Thomas B. Casale, MD
501 N 30th St
Suite 5550
Omaha, NE 68131
Tel: 402-280-5400 Fax: 402-280-4115
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-30-21-088

New Jersey

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-Hospital System
Veterans Affairs New Jersey Health Care System
Program Director: Leonard Biesky, MD
Division of Allergy & Immunology
90 Bergen Street, Suite 6700
Newark, NJ 07103
Tel: 973-972-2702 Fax: 973-972-2707
Length: 2 Yrs AGME Approved/Offered Positions: 6
Program ID: 020-33-11-040

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Program Director: Arve Babenstein, MD
1625 Bleecker Avenue, Suite 101
Bronx, NY 10461
Tel: 718-405-9550 Fax: 718-405-9532
Length: 2 Yrs AGME Approved/Offered Positions: 4
Program ID: 020-35-21-054
Accredited Programs in Allergy and Immunology

Brooklyn
Long Island College Hospital Program
Sponsor: Long Island College Hospital
Program Director: Arlene T Schmidt, MD
539 Hicks Street
New York, NY 11201
Tel: 718 780-4073 Fax: 718 780-1493
Program ID: 020-35-11-041

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Alan S Josephson, MD
450 Clarkson Avenue, Box 50
Brooklyn, NY 11203
Tel: 718 278-3198 Fax: 718 278-1931
E-mail: ajosephson@uoa.com
Program ID: 020-35-21-092

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
Program Director: Paul B Rothman, MD
630 West 168 Street
New York, NY 10032
Tel: 212 305-1970 Fax: 212 305-1970
Program ID: 020-35-21-092

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
Program Director: Paul B Rothman, MD
630 West 168 Street
New York, NY 10032
Tel: 212 305-1970 Fax: 212 305-1970
Program ID: 020-35-21-092

E-mail: arlene_szema@uic.edu
Program ID: 020-35-21-093

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Anthony M Szema, MD
1827 Long Beach Road
Stony Brook, NY 11794
Tel: 631 444-7716 Fax: 631 444-8745
Program ID: 020-35-21-093

North Carolina
Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Rebecca H Buckley, MD
Pediatric Allergy and Immunology, Box 2938
3603 Jones Building
Durham, NC 27710
Tel: 919 684-2922 Fax: 919 684-2979
Program ID: 020-35-21-093

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Stephen P Peters, MD, PhD
Department of Medicine
Medical Center Boulevard
Winston Salem, NC 27157
Tel: 336 716-7000 Fax: 336 716-7066
Program ID: 020-35-21-093

Pennsylvania
Hershey Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Timothy J Craig, DO
500 University Drive, Box H041
Hershey, PA 17033
Tel: 717 531-5825 Fax: 717 531-5785
E-mail: tcraig@psu.edu
Program ID: 020-38-21-104

Philadelphia Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Nikolaus A Pavloukas, MD
34th Street and Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 590-2149 Fax: 215 590-7702
Program ID: 020-38-21-122

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Stephen J McGready, MD
855 Chestnut St
Philadelphia, PA 19107
Tel: 215 590-2149 Fax: 215 590-7702
Program ID: 020-38-21-122

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Arnold I Libertman, MD
421 Curie Boulevard
1044 BRB II/II
Philadelphia, PA 19104
Tel: 215 898-4882 Fax: 215 898-0198
Program ID: 020-38-21-076

Ohio
Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: David M Lang, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 696-6771 Fax: 513 696-6455
Program ID: 020-38-21-113

Cleveland Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: David M Lang, MD
9500 Euclid Avenue, Desk C22
Cleveland, OH 44195
Tel: 216 445-6510 Fax: 216 445-2104
Program ID: 020-38-21-104

486
Graduate Medical Education Directory 2004-2005
Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Pgm Director: William J Calloun, MD
NW 628 Montefiore Hospital
3459 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 624-3118 Fax: 412 622-2901
E-mail: geraciip@upsu.ups.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-48-21-087

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
LeBonheur Children's Medical Center
PO Box 356523
Memphis, TN 38184-0263
Tel: 901 573-5177 Fax: 901 573-4478
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-47-21-025

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Zale Lipshy University Hospital
Pgm Director: David K Siegelman, MD
3323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-5658 Fax: 214 648-9102
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-51-21-100

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: James A. Grant, MD
8104 Medical Research Building
Galveston, TX 77550
Tel: 409 772-9410 Fax: 409 772-5041
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-48-11-026

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Methodist Hospital
Texas Children's Hospital
Pgm Director: William T Shearer, MD, PhD
Department of Pediatrics
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-7274 Fax: 713 798-7130
E-mail: wtsheare@bcm.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 020-48-21-063

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Witford Hall Medical Center (AEFC)
Pgm Director: Theodore M Freeman, MD
Allergy Clinic
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-7125 Fax: 210 292-7333
E-mail: tfree95900@aol.com
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 020-48-21-077
US Armed Services Program

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Pgm Director: Lawrence B Schwartz, MD, PhD
PO Box 98145
Richmond, VA 23298
Tel: 804 828-6885 Fax: 804 828-6883
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-51-21-056

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center University of Washington Medical Center
Pgm Director: William R Henderson Jr, MD
Department of Medicine, Box 356623
1595 NE Pacific Street
Seattle, WA 98105
Tel: 206 932-3770 Fax: 206 685-1379
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-54-21-078

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
Pgm Director: Tavis E Wood, MD
Department of Pediatrics
PO Box 9214
Morgantown, WV 26505
Tel: 304 293-4451 Fax: 304 293-4444
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 020-55-19-121

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William J Middleton Veterans Hospital
Pgm Director: Robert K Bush, MD
600 Highland Ave, Run K4-109, CMO-9555
Madison, WI 53792
Tel: 608 283-6174 Fax: 608 283-3104
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 020-56-21-028

Milwaukee

Medical College of Wisconsin Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Preventor Memorial Lutheran Hospital
Pgm Director: Michael C Zachariasen, MD
9000 West Wisconsin Avenue
Asthma & Allergy Center, Suite 411
Milwaukee, WI 53226
Tel: 414 266-6848 Fax: 414 266-6437
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 020-56-21-037
Anesthesiology

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Carraway Methodist Medical Center
Children's Hospital of Alabama
Veteran Affairs Medical Center (Birmingham)
ProgM Director: David M Chestnut, MD
410 South 19th Street
Birmingham, AL 35240
Tel: 205 934-6007 Fax: 205 975-0233
Length: 3 Yrs
Subspecialties: APM, OCA, PaN
Program ID: 040-01-31-010

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Maricopa Medical Center
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
ProgM Director: Steven J Barker, MD, PhD
College of Medicine
1501 Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-7195 Fax: 520 626-6066
E-mail: resprog@arizona.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: APM, CCA
Program ID: 040-03-21-012

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University of Arkansas Hospital
ProgM Director: Carmelita Pablo, MD
4301 W Markham St, Mail Slot 515
Little Rock, AR 72205
Tel: 501 686-6114 Fax: 501 686-8130
Length: 4 Yrs ACGME Approved/Offered Positions: 42
Subspecialties: PM
Program ID: 040-04-21-013

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
ProgM Director: Robert D Martin, MD
Department of Anesthesiology
11234 Anderson Street, Room 2034
Loma Linda, CA 92354
Tel: 909 558-4616 Fax: 909 558-0214
E-mail: rmartin@som.llu.edu
Length: 3 Yrs
Subspecialties: APM, PaN
Program ID: 040-05-21-016

Los Angeles

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and
Science
LAC-King/Drew Medical Center
ProgM Director: Calvin Johnson, MD
12021 South Wilshire Avenue
5A-S
Los Angeles, CA 90035
Tel: 310 668-6869 Fax: 310 744-5906
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 040-05-21-019

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Cedars-Sinai Medical Center
VA Greater Los Angeles Health Care System
ProgM Director: Patricia A Kapur, MD
Center for Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 205-6250 Fax: 310 205-0642
Length: 3 Yrs
Subspecialties: APM
Program ID: 040-05-21-020

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
USC University Hospital
ProgM Director: Philip D Lamb, MD, BS
Room 14-901
1200 North State Street
Los Angeles, CA 90033
Tel: 323 226-4097 Fax: 323 236-2794
E-mail: curtiss@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: APM, PaN
Program ID: 040-05-21-018

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
ProgM Director: Kimberly M Gimenez, MD
101 The City Drive #53
Room 227
Orange, CA 92868
Tel: 714 458-7702 Fax: 714 458-7702
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: APM, CCA
Program ID: 040-05-21-015

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California, Davis Medical Center
ProgM Director: Peter G Moore, MD, PhD
PSSB Suite 1200
4150 V Street
Sacramento, CA 95817
Tel: 916 734-5048 Fax: 916 734-7980
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: APM, PaN
Program ID: 040-05-21-014

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
ProgM Director: Richard Green, MD
Department of Anesthesiology
3400 Rob Wilson Drive
San Diego, CA 92134
Tel: 619 692-8582 Fax: 619 693-6740
Length: 3 Yrs
Program ID: 040-05-21-006

Veterans Affairs Medical Center (Birmingham)
Sponsor: Veterans Affairs Medical Center (Birmingham)
ProgM Director: Eric A Wahrenbrock, MD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543-6176 Fax: 619 543-6176
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-05-21-022

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
ProgM Director: Ronald D Miller, MD
Room 430 Box 0147
531 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-5235 Fax: 415 476-0185
Length: 4 Yrs
Subspecialties: APM, CCA, PaN
Program ID: 040-05-21-023

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
ProgM Director: Ronald G Pawl, MD, PhD
Dept of Anesthesiology, H2598
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-5634 Fax: 650 725-5634
Length: 3 Yrs ACGME Approved/Offered Positions: 51
Subspecialties: APM, CCA, PaN
Program ID: 040-05-21-025

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
ProgM Director: John S McDonald, MD
Box 11
1000 W Carson Street
Torrance, CA 90850
Tel: 310 222-5240 Fax: 310 222-5240
Length: 4 Yrs
Program ID: 040-05-11-026
Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: Joy L. Hawkins, MD
Campus Box B 113
4200 East Ninth Avenue
Denver, CO 80220
Tel: 303 772 0341 Fax: 303 772 6115
E-mail: jan.sartore@uche.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 5
Subspecialties: APM, PAN
Program ID: 040-07-21-029

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: David E. Lein, MD
Department of Anesthesiology, Lower Level, CCC
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-3761 Fax: 202 444-8854
Length: 3 Yrs
Subspecialties: APM
Program ID: 040-10-21-032

Howard University Program
Sponsor: Howard University Hospital
Program Director: Michelle Q. Wyche Jr, MD
2041 Georgia Avenue NW
Washington, DC 20010
Tel: 202 865-6711 Fax: 202 865-6713
Length: 3 Yrs
Program ID: 040-10-11-034

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Hartford Hospital
Shriners Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Anthony Pohos, MD
Dept of Anesthesiology MC-2015
261 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-5516 Fax: 860 679-1275
E-mail: tocia7e@uic.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Subspecialties: CCA
Program ID: 040-08-21-172

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Michael E. Mahla, MD
1600 SW Archer Road
PO Box 100254
Gainesville, FL 32610
Tel: 352 265-0077 Fax: 352 265-9292
E-mail: mahla@ufl.edu
Length: 3 Yrs
Subspecialties: APM, CCA
Program ID: 040-11-21-035

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Luke's Hospital
Program Director: Michael J. Murray, MD, PhD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 296-9688 Fax: 904 296-3877
E-mail: murraymichael01@mayo.edu
Length: 3 Yrs
Program ID: 040-11-13-194

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children's Hospital
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Program Director: Keith Candletti, MD
1611 NW 12th Avenue
Miami, FL 33103
Tel: 305 586-4873 Fax: 305 586-4874
E-mail: narmatue01@med.miami.edu
Length: 3 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-11-21-038

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Tampa General Hospital
Program Director: Daniel B. Smith, MD
MDC 59
12001 Bruce B Downs Boulevard
Tampa, FL 81312
Tel: 813 844-7026 Fax: 813 844-7418
E-mail: psmithmh@hsc.usf.edu
Length: 3 Yrs
Subspecialties: APM, CCA
Program ID: 040-11-21-178

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Program Director: James R. Zuidan, MD, MBA
Department of Anesthesiology
1384 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-8650 Fax: 404 778-5465
Length: 3 Yrs  ACGME Approved/Offered Positions: 48
Subspecialties: APM, CCA, PAN
Program ID: 040-12-21-037

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Program Director: C. Alvin Head, MD
1120 Fifteenth Street, BIW 2144
Augusta, GA 30912
Tel: 706 721-4544 Fax: 706 721-7753
E-mail: sdawkins@mail.mcg.edu
Length: 3 Yrs
Subspecialties: APM
Program ID: 040-12-11-038

Illinois
Chicago
Advocate Illinois Masonic Medical Center Program
Sponsor: Advocate Illinois Masonic Medical Center
Program Director: M. Names Salem, MD
Department of Anesthesiology RM 4000
825 West Wellington Avenue
Chicago, IL 60657
Tel: 773 296-7059 Fax: 773 296-5688
E-mail: donna.martin@advocatehealth.com
Length: 4 Yrs
Program ID: 040-16-21-040

Cook County Hospital Program
Sponsor: John H Struger Hospital of Cook County
Program Director: Rahim Belurja, MD, PhD
Department of Anesthesiology and Pain Management
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 884-5061 Fax: 312 884-9863
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-16-12-039
Indiana

Indianapolis

Indianapolis University School of Medicine Program
Sponsor: Indianapolis University School of Medicine
Program Director: Robert E. Malloy, MD
Department of Anesthesiology
832 N Senate Street, Suite 1-302
Indianapolis, IN 46202
Tel: 317-271-9810 Fax: 317-271-0256
E-mail: rmalloy@iu.edu
Length: 4 yrs
Subspecialties: APM, OOA, PAA
Program ID: 040-16-21-042

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: David L. Brown, MD
Department of Anesthesiology
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-2638 Fax: 319-356-4130
Length: 4 yrs
Subspecialties: APM, OOA
Program ID: 040-16-11-044

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas Medical Center
University of Kansas Hospital
Program Director: Richard L. Rousebush, MD
Department of Anesthesiology
William N. Wishard Memorial Hospital
Program Director: Kenneth H. Gwirtz, MD
1100 South Drive, FL 204
Indianapolis, IN 46202
Tel: 317-271-9810 Fax: 317-271-0256
E-mail: vieveque@iu.edu
Length: 4 yrs
Subspecialties: APM, OOA
Program ID: 040-17-31-048

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Program Director: Edwin A. Bowe, MD
University of Kentucky
800 Rose Street, N-202
Lexington, KY 40536
Tel: 859-229-5556 Fax: 859-323-1080
Length: 4 yrs
Subspecialties: APM
Program ID: 040-20-21-052

Louisiana

New Orleans

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Robin B. Stetman, MD
University Program
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504-842-3755 Fax: 504-842-3936
E-mail: gme@ochsner.org
Length: 4 yrs
Program ID: 040-21-12-055

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospitals and Clinics
Program Director: Corey S. Scher, MD
Box SL-4
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504-866-5903 Fax: 504-864-1941
Length: 4 yrs
Program ID: 040-21-11-168

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Randall C. Cork, MD
University Program
1501 Kings Highway
PO Box 33892
Shreveport, LA 71199
Tel: 318-675-7106 Fax: 318-675-6681
Length: 4 yrs
Subspecialties: APM
Program ID: 040-21-11-056
Maine

Portland

Maine Medical Center Program
Sponsor: Maine Medical Center
Prgm Director: John W. Alyn, MD
23 Bramhall Street
Portland, ME 04102
Tel: 207 871-2526 Fax: 207 871-8325
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 040-23-11-057

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Scott Mittman, MD, PhD
Blake 1410
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-7098 Fax: 410 955-5407
E-mail: scott.mittman@jhmi.edu
Length: 4 Yrs Subspecialties: APM, CCA, PAN
Program ID: 040-23-21-058

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: M Jane Majasko, MD
Department of Anesthesiology
25 S Greene Street, S1100
Baltimore, MD 21201
Tel: 410 328-6120 Fax: 410 328-5531
E-mail: mjmajasko@umes.umm.edu
Length: 3 Yrs Subspecialties: APM, CCA
Program ID: 040-23-11-059

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Paul Morgan, MD
Dept of Anesthesiology, USNHS
4100 Joses Bridge Rd
Bethesda, MD 20814
Tel: 301 295-8149
Length: 3 Yrs ACGME Approved/Offered Positions: 32 Subspecialties: APM, CCA
Program ID: 040-10-21-190
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Sheila R Barnett, MD
Department of Anesthesiology & Critical Care
One Deaconess Road, CC-470
Boston, MA 02215
Tel: 617 734-2713 Fax: 617 734-2735
Length: 4 Yrs Subspecialties: APM, CCA, PAN
Program ID: 040-24-11-060

Boston University Medical Center Program
Sponsor: Boston Medical Center
Prgm Director: Yvonne Szanely, MBCkB
One Boston Medical Center Place
88 East Newton Street
Boston, MA 02111
Tel: 617 638-6050 Fax: 617 638-6059
E-mail: ystanley@atbi.com
Length: 3 Yrs Program ID: 040-24-21-062

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Prgm Director: Daniel F Pedrick, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-8218 Fax: 617 682-6151
Length: 4 Yrs Subspecialties: APM
Program ID: 040-24-21-066

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm Director: David J Callen, MD, MS
Department of Anesthesiology
736 Cambridge Street
Boston, MA 02135
Tel: 617 739-2777 Fax: 617 254-0084
Length: 4 Yrs Subspecialties: APM
Program ID: 040-24-21-067

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Ralph Yarnell, MD
Department of Anesthesiology
750 Washington Street, NEIMC Box #298
Boston, MA 02111
Tel: 617 638-0109 Fax: 617 638-8184
E-mail: cgoddie@tfmc.mc.harvard.edu
Length: 3 Yrs Subspecialties: PAN
Program ID: 040-24-21-065

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Prgm Director: H Michael Marsh, MD
Department of Anesthesiology
2800 St Antoine Blvd
Detroit, MI 48201
Tel: 313 745-4300 Fax: 313 745-4777
E-mail: mmarshw@dts.wayne.edu
Length: 4 Yrs Subspecialties: APM, CCA, PAN
Program ID: 040-23-21-185

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Theodore J Sanford, MD
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-8289 Fax: 734 936-6001
E-mail: tmsanford@umich.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 72 Subspecialties: APM, CCA, PAN
Program ID: 040-23-21-071

Détroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Morris Brown, MD
Department of Anesthesiology
4100 St Antoine Blvd
Detroit, MI 48201
Tel: 313 916-9434 Fax: 313 916-9434
E-mail: mbrownw@hfh.org
Length: 4 Yrs Subspecialties: APM, CCA, PAN
Program ID: 040-23-21-185

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Prgm Director: David S Beebe, MD
340 Delaware Street, SE
MMC 384
Minneapolis, MN 55455
Tel: 612 624-9960 Fax: 612 626-2563
Length: 4 Yrs Subspecialties: CCA
Program ID: 040-26-31-075
Accredited Programs in Anesthesiology

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Luke's Hospital
St Mary's Hospital of Rochester
Pgm Director: Steven H Rose, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 265-6219  Fax: 507 265-2039
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-26-21-976

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics
Pgm Director: Claude D Brunson, MD
2500 North State Street
Department of Anesthesiology
Jackson, MS 39212
Tel: 601 984-5901  Fax: 601 984-5912
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-27-11-077

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri School of Medicine University Hospitals and Clinics
Pgm Director: Joel O Johnson, MD, PhD
3077 Health Sciences Center
DC0500.00
Columbia, MO 65212
Tel: 573 882-2568  Fax: 573 882-2326
Length: 4 Yrs
Program ID: 040-28-11-078

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Pgm Director: Eugene E Fichbich, MD
Department of Anesthesiology
4400 Wornall Road
Kansas City, MO 64111
Tel: 816 932-5182  Fax: 816 932-5179
Length: 4 Yrs
Program ID: 040-28-12-080

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine Cardinal Glennon Children's Hospital
St Louis University Hospital
Pgm Director: James Backard, MD
Department of Anesthesiology
3605 Vista Avenue at Grand Blvd
St Louis, MO 63110
Tel: 314 977-8700  Fax: 314 968-6102
Length: 4 Yrs
Program ID: 040-28-21-166

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Pgm Director: Paul B Zanaboni, MD, PhD
Box 8904
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314 258-6571  Fax: 314 747-4234
E-mail: zanaboni@notes.wustl.edu
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-29-11-081

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Pgm Director: John H Tinker, MD, PhD
Box 94555 Nebraska Medical Center
Omaha, NE 68192
Tel: 402 559-7405  Fax: 402 559-7372
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-30-11-082

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Pgm Director: Marc Bertrand, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8177  Fax: 603 650-8880
Length: 4 Yrs
Subspecialties: APM, CCA
Program ID: 040-32-11-083

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-Urbana University Medical Center
Pgm Director: Irwin Gratz, DO
1 Cooper Plaza
Camden, NJ 08103
Tel: 856 968-7390  Fax: 856 968-8326
Length: 3 Yrs
Program ID: 040-33-11-195

Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Pgm Director: Robert S Dorian, MD
94 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 332-5512  Fax: 973 332-8155
Length: 4 Yrs
Program ID: 040-33-12-086

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School UMDNJ-University Hospital
Pgm Director: Melissa Davidson, MD
300 E 31st St
South Orange Avenue Newark, NJ 07103
Tel: 973 972-5006  Fax: 973 972-4172
Length: 3 Yrs
Subspecialties: PAN
Program ID: 040-33-21-097

Paterson
Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program
Sponsor: Mount Sinai School of Medicine St Joseph's Regional Medical Center
Trinitas Hospital-Williamson Street Campus
Pgm Director: Stephen P Winkoff, MD
703 Main Street
Paterson, NJ 07503
Tel: 973 754-3233  Fax: 973 777-9455
E-mail: ranof@njms.org
Length: 3 Yrs
Program ID: 040-33-21-089

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School Robert Wood Johnson University Hospital
Pgm Director: Christine W Hunter, MD
Clinical Academic Bldg Suite 3100
125 Paterson Street
New Brunswick, NJ 08901
Tel: 732 235-7827  Fax: 732 236-6131
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-33-21-180

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Paul Diano, MD, MPH
7701 Frontier NE
Surge Building - Room 110
Albuquerque, NM 87111
Tel: 505 272-2610  Fax: 505 272-1390
E-mail: anesthesiology@salud.unm.edu
Length: 4 Yrs
AcGMS Approved/Observer Positions: 21
Subspecialties: APM, CCA, PAN
Program ID: 040-34-21-183
New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Kevin W Roberts, MD
47 New Scotland Avenue
Mail Code 131
Albany, NY 12208
Tel: 518 462-4306 Fax: 518 462-4326
Length: 4 yrs ACGME Approved/Offered Positions: 15
Program ID: 049-35-21-167

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Program Director: Albert J Saubermann, MD
Montefiore Medical Center
111 E 210th Street
Bronx, NY 10467
Tel: 718 820-2892 Fax: 718 953-2367
E-mail: anestres@montefiore.org
Length: 3 yrs ACGME Approved/Offered Positions: 45
Subspecialties: APM
Program ID: 049-35-21-181

Brooklyn

Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Adol R Abadz, MD
One Brookdale Plaza
Brooklyn, NY 11222
Tel: 718 430-5296 Fax: 718 240-5367
Length: 3 yrs
Subspecialties: APM
Program ID: 049-35-31-697

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Ketan Shrodeo, MD
Department of Anesthesiology
402 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8001 Fax: 718 283-8377
E-mail: dmha@aimaimonides.edu
Length: 5 yrs
Program ID: 049-35-11-101

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Joseph Schiaviotico, MD
508 Sixth Street
Brooklyn, NY 11216
Tel: 718 780-3270 Fax: 718 780-3281
Length: 4 yrs
Program ID: 049-35-31-102

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
Long Island College Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Andre A Benofo, MD
400 Clarkson Avenue, Box 68
Brooklyn, NY 11203
Tel: 718 270-5724 Fax: 718 270-3977
E-mail: andre.benofo@downstate.edu
Length: 4 yrs
Subspecialties: APM, CCA
Program ID: 049-35-21-110

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erle County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Wexner and Children's Hosp of Buffalo)
Rosewell Park Cancer Institute
Veterans Affairs Medical Center (Buffalo)
Program Director: Mark J Leoma, MD, PhD
BGH/Hamlin House, 2nd Floor
100 High Street
Buffalo, NY 14203
Tel: 716 859-4500 Fax: 716 859-4599
Length: 4 yrs
Subspecialties: APM, PAN
Program ID: 049-35-21-144

East Meadow

Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Winthrop-University Hospital
Department of Anesthesiology
Kearny J Reese, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 972-6903 Fax: 516 972-5019
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 049-35-31-104

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Kliniurski Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Adam J Levine, MD
Box 1101
One Gustave L Levy Place
New York, NY 10029
Tel: 212 944-1508 Fax: 212 944-2009
Length: 3 yrs
Subspecialties: APM, CCA
Program ID: 049-35-21-104

New York Medical College at St Vincent's Hospital and Medical Center Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Program Director: George G Newman, MD
170 West 12th Street, Suite 7R006
New York, NY 10011
Tel: 212 694-7566 Fax: 212 694-2357
Length: 4 yrs ACGME Approved/Offered Positions: 15
Subspecialties: APM
Program ID: 049-35-12-109

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Leila Mei Pang, MD
622 W 168th Street
New York, NY 10032
Tel: 212 355-2228 Fax: 212 355-2034
E-mail: lmp@columbia.edu
Length: 3 yrs
Subspecialties: APM, CCA, DNP
Program ID: 049-35-11-107

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: John J Savenoti, MD
525 E 68th Street
New York, NY 10021
Tel: 212 746-2941 Fax: 212 746-8713
Length: 4 yrs
Subspecialties: APM
Program ID: 049-35-21-106

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Program Director: Laurence Sussen, MD
550 First Avenue, Box HMR-607
New York, NY 10016
Tel: 212 263-8403 Fax: 212 263-8743
Length: 3 yrs
Subspecialties: APM, CCA
Program ID: 049-35-21-104

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's- Roosevelt Hospital Center
St Luke's Roosevelt Hospital Center-St Luke's Division
Program Director: Daniel M Thys, MD
Department of Anesthesiology
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 535-2000 Fax: 212 535-3800
E-mail: americarn@eatcolumbia.edu
Length: 3 yrs
Subspecialties: APM
Program ID: 049-35-11-106

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Stewart J Justik, MD, MHA
Department of Anesthesiology
Box 604
604 Elmwood Avenue
Rochester, NY 14640
Tel: 585 275-2143 Fax: 585 506-0122
Length: 4 yrs
Subspecialties: APM, CCA, DNP
Program ID: 049-35-11-111

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Peter S A Glais, MD
Department of Anesthesiology
255 W 4th Avenue
Stony Brook, NY 11794
Tel: 631 444-3765 Fax: 631 444-3907
Length: 3 yrs
Subspecialties: APM
Program ID: 049-35-21-120

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Enrico M Camperos, MD
700 E Adams Street
Syracuse, NY 13210
Tel: 315 464-4730 Fax: 315 464-6905
Length: 3 yrs
Subspecialties: APM, CCA
Program ID: 049-35-21-113
Accredited Programs in Anesthesiology

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Metropolitan Hospital Center
Sound Shore Medical Center of Westchester Westchester Medical Center
Prgm Director: Kathryn E. McCormick, MD
Prgm: Prgm
E-mail: kmccormic@newmc.edu
Length: 3 Yrs
Subspecialties: APM, CCA
Program ID: 040-35-21-105

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Anthony V. Passannante, MD
Dept of Anesthesiology, UNC School of Medicine CB#7010 N2201 UNC Hospitals Chapel Hill, NC 27599
Tel: 919 966-5156 Fax: 919 966-4873
E-mail: UNCAnesthesiology@aims.unc.edu
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-36-21-114

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Catherine K. Linsberger, MD
Department of Anesthesiology Box 3004
Durham, NC 27710
Tel: 919 681-2924 Fax: 919 681-7893
E-mail: linsche@mc.duke.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 36
Subspecialties: APM, CCA
Program ID: 040-36-31-115

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Margaret F. Brock, MD
Department of Anesthesiology Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4497 Fax: 336 716-3394
E-mail: csmear@wfubmc.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 40
Subspecialties: APM, CCA
Program ID: 040-36-21-116

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
University of Cincinnati Children's Hospital Medical Center
Prgm Director: John P. Lawrence, MD
331 Albert Shahn Way
PO Box 670531
Cincinnati, OH 45207
Tel: 513 588-6006 Fax: 513 588-0905
E-mail: donina.bresnich@uc.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 18
Subspecialties: APM, PAN
Program ID: 040-38-21-118

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Prgm Director: Tejpal S Sidhu, MD
3500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 775-4809 Fax: 216 775-5378
Length: 4 Yrs
Program ID: 040-38-21-174

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Matthew P. Nocera, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7355 Fax: 216 844-3781
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-38-21-119

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: John E Tetzlaff, MD
500 Euclid Avenue
Cleveland, OH 44106
Tel: 216 445-215
Fax: 216 445-0605
E-mail: anesres@ccf.org
Length: 4 Yrs
ACGME Approved/Offered Positions: 30
Subspecialties: APM, CCA, PAN
Program ID: 040-39-28-120

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Prgm Director: Michael B Bowles, MD
N-416 Donn Hall
410 West Twelfth Avenue
Columbus, OH 43210
Tel: 614 293-8497 Fax: 614 293-8153
E-mail: muller60@ouhsc.edu
Length: 3 Yrs
Subspecialties: APM, PAN
Program ID: 040-38-11-123

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio Medical College of Ohio Hospital
Prgm Director: Shashi Bhatt, MD
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-3550 Fax: 419 383-3550
Length: 4 Yrs
Program ID: 040-38-21-125

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Prgm Director: Jane C. Petch, MD
Department of Anesthesiology
920 S Young Blvd Rm 2509
Oklahoma City, OK 73104
Tel: 405 271-8695 Fax: 405 271-8695
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-39-21-128

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Jeffrey R. Rinehart, MD
Department of Anesthesiology, UHS-2
3111 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 444-7641 Fax: 503 444-3902
Length: 3 Yrs
ACGME Approved/Offered Positions: 18
Subspecialties: APM, PAN
Program ID: 040-39-21-129

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Kim L Walker, MD
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-6125 Fax: 717 531-6926
Length: 4 Yrs
ACGME Approved/Offered Positions: 33
Subspecialties: APM, CCA, PAN
Program ID: 040-41-11-130

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Valerie Acknoo, MD
Mail Stop 510
245 N 15th Street
Philadelphia, PA 19102
Tel: 215 762-7922 Fax: 215 762-8656
Length: 3 Yrs
Subspecialties: PAN
Program ID: 040-41-21-133

Temple University Program
Sponsor: Temple University Hospital
Prgm Director: Scott A. Schier, MD
3400 N Broad Street (502-60)
Philadelphia, PA 19140
Tel: 215 746-7326 Fax: 215 746-7326
E-mail: anesres@temple.edu
Length: 3 Yrs
Subspecialties: APM
Program ID: 040-41-31-136

Graduate Medical Education Directory 2004-2005
South Carolina
Charleston
Medical University of South Carolina

Program Director: William R. Johnson, MD
105 Ashley Avenue Suite 525
Charleston, SC 29425
Tel: 843 792-2320 Fax: 843 792-2376
Email: dornanwh@musc.edu
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-46-23-143

Tennessee
Knoxville
University of Tennessee Medical Center

Program Director: Jerry L. Ellis, MD
Room U109
1924 Alcoa Highway
Knoxville, TN 37939
Tel: 865 544-0203 Fax: 865 637-5518
Length: 3 Yrs
Program ID: 040-47-11-144

Memphis
University of Tennessee Program

Program Director: John Zanella Jr, MD, PhD
The Health Science Center
800 Madison Avenue
Memphis, TN 38163
Tel: 901 448-9898 Fax: 901 448-9540
Length: 3 Yrs
Program ID: 040-47-21-145

Nashville
Vanderbilt University Program

Program Director: John T. Algren, MD
1211 21st Avenue South
Medical Arts Building, Ste 526
Nashville, TN 37212
Tel: 615 938-3415 Fax: 615 938-3412
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-47-11-146

Texas
Dallas
University of Texas Southwestern Medical School Program

Program Director: William R. Johnson, MD
105 Ashley Avenue Suite 525
Charleston, SC 29425
Tel: 843 792-2320 Fax: 843 792-2376
Email: dornanwh@musc.edu
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-46-23-143

El Paso
Texas Tech University (El Paso) Program

Program Director: Swapan M. Chaudhuri, MD, PhD
4800 Alberta Avenue
El Paso, TX 79905
Tel: 915 545-6573 Fax: 915 545-6518
Length: 3 Yrs
Program ID: 040-48-21-187

Galveston
University of Texas Medical Branch Hospitals Program

Program Director: Lydia A. Canlas, MD, PhD
1001 University Drive
Galveston, TX 77555
Tel: 409 772-1219 Fax: 409 772-1221
Email: cjbreish@utmb.edu
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-48-11-149

Houston
Baylor College of Medicine Program

Program Director: John T. Algren, MD
1211 21st Avenue South
Medical Arts Building, Ste 526
Nashville, TN 37212
Tel: 615 938-3415 Fax: 615 938-3412
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-47-11-146

Graduate Medical Education Directory 2004-2005

495
Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Willard Hall Medical Center (AIMC)
Program Director: Julius C. Wright, MD, PhD
PO Box 25409
San Antonio, TX 78216
Tel: 210 253-3609
Fax: 210 253-3610
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-48-21-004
US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Alan D Kaye, MD, PhD
Room 1C-282
3601 4th Street
Lubbock, TX 79430
Tel: 806 743-5809 Fax: 806 743-2984
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-48-11-153

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Rosemary Hickey, MD
7700 Floyd Curl Drive, MC 7C88
San Antonio, TX 78229
Tel: 210 567-4056 Fax: 210 567-0135
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-48-21-155

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Program Director: Tim M Bittenbinder, MD
Department of Anesthesiology
2441 S 31st Street
Temple, TX 76508
Tel: 254 771-4236 Fax: 254 771-4079
E-mail: anesthesi@swmail.sw.org
Length: 4 Yrs
Program ID: 040-48-21-156

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: James P. Rathmell, MD, MS
UVM Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-2415 Fax: 802 847-5324
E-mail: anesthesiology@uvmmednet.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 18
Subspecialties: APM
Program ID: 040-59-11-158

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: George P. Rich, MD, PhD
Department of Anesthesiology
PO Box 800710
Charlottesville, VA 22908
Tel: 434 982-4307 Fax: 434 982-0019
Length: 4 Yrs
Subspecialties: APM, CCA
Program ID: 040-51-11-159

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: John C. Arancibia, MD
PO Box 800459
Portsmouth, VA 23708
Tel: 757 993-3240 Fax: 757 993-6771
Length: 3 Yrs
Subspecialties: APM
Program ID: 040-51-21-008
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: James F. Borkan, MD
PO Box 800459
Richmond, VA 23298
Tel: 804 828-6733 Fax: 804 828-6582
E-mail: jfboran@vcu.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 20
Subspecialties: APM
Program ID: 040-51-11-156

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Portage Bay Medical Center
University of Washington Medical Center
Program Director: John B. Ross, MD, PhD
2525 NE Pacific Street
Seattle, WA 98195
Tel: 206 543-0773 Fax: 206 543-5588
E-mail: MPH@uw.washington.edu
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-54-21-161

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Program Director: Stephen M. Kopp, MD
Office of Housestaff Affairs (80-02124)
225 Seneca Street
Seattle, WA 98101
Tel: 206 982-0019 Fax: 206 222-6962
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-54-13-162

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Michael E. Keenan, MD
Room 3618 HSC
PO Box 9134
Morgantown, WV 26506
Tel: 304 293-5411 Fax: 304 293-7607
Length: 4 Yrs
Subspecialties: APM
Program ID: 040-51-11-163

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S. Middleton Veterans Hospital
Program Director: John P. Kamphoe, MD
B6/319 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8114 Fax: 608 263-1061
E-mail: muansch01@facstaff.wisc.edu
Length: 4 Yrs
Subspecialties: CCA
Program ID: 040-56-21-164

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J. Zablocki Veterans Affairs Medical Center
Forest Home Memorial Lutheran Hospital
Program Director: John P. Kamphoe, MD
2530 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 802-5190 Fax: 414 805-6147
Length: 4 Yrs
Subspecialties: APM, CCA, PAN
Program ID: 040-56-21-166
Accredited Programs in Blood Banking/Transfusion Medicine (Pathology)

**Alabama**

**Birmingham**
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
American Red Cross Blood Services-Alabama Region
Program Director: Marisa B Marques, MD
619 19th Street South
West Pavilion, P290A
Birmingham, AL 35249
Tel: 205 345-4241 Fax: 205 973-4468
E-mail: mmarquis@path.uab.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-01-21-041

**California**

**Los Angeles**
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Dennis Goldfinger, MD
8780 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-2143 Fax: 310 423-0175
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-02-11-049

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Program Director: Priscilla I Figueroa, MD
10835 Le Conte Avenue
Box 941715
Los Angeles, CA 90095
Tel: 310 794-6717 Fax: 310 794-5707
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-02-11-049

University of Southern California/ LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC
Medical Center
LAC + USC Medical Center
Program Director: Ira A Shulman, MD
1200 North State Street
Dept of Pathology, G1090
Los Angeles, CA 90033
Tel: 323 267-5003 Fax: 323 267-5025
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-05-21-016

**San Francisco**

Blood Centers of the Pacific Program
Sponsor: Blood Centers of the Pacific
University of California (San Francisco) Medical Center
Program Director: Rebecca A Perkes, MD
270 Masonic Avenue
San Francisco, CA 94118
Tel: 415 557-6400 Fax: 415 557-6500
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 305-05-21-017

**Colorado**

Denver
Bonfils Blood Center Program
Sponsor: Bonfils Blood Center
Exempla Saint Joseph Hospital
Program Director: William C Dickie, MD
11770 E. 87th Avenue
Denver, CO 80237
Tel: 303 383-2031 Fax: 303 383-2751
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-07-13-078

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Program Director: Haines W Thompson, MD
Blood Bank, Campus Box A022
4300 East Ninth Avenue
Denver, CO 80262
Tel: 303 377-2846
E-mail: Diane.cofer@uchsc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-07-21-079

**Connecticut**

Hartford
Hartford Hospital Program
Sponsor: Hartford Hospital
Program Director: Bradford Sherburne, MD
89 Seymour Street
PO Box 5637
Hartford, CT 06102
Tel: 901 545-2848
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-09-21-070

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Connecticut Red Cross Blood Services
Program Director: Edward L Snyder, MD
Blood Bank, Room C-459
20 York Street
New Haven, CT 06510
Tel: 203 688-2441 Fax: 203 688-2748
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-08-21-052

**District of Columbia**

Washington
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: S Gerald Sandler, MD
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 687-8520
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 305-18-21-057

**Florida**

St Petersburg
Florida Blood Services Program
Sponsor: Florida Blood Services
Program Director: German F Leparc, MD
PO Box 23000
St. Petersburg, FL 33742
Tel: 727 698-2401 Fax: 727 650-9777
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-11-21-031

**Georgia**

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Program Director: Christopher B Hallberg, MD
1541 Clifton Road, NE
Room D-665
Atlanta, GA 30322
Tel: 404 712-2894 Fax: 404 727-2519
E-mail: chihay@emory.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-15-31-056

**Augusta**

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Program Director: Lloyd O Cook, MD, MBA
Department of Pathology
Augusta, GA 30912
Tel: 706 721-3711
E-mail: swilliford@mail.mcg.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-15-21-053

**Illinois**

Chicago
University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Beverly W Baron, MD
Blood Bank, MC0007
5641 South Maryland Avenue
Chicago, IL 60637
Tel: 773 702-1419
E-mail: bbaron@uchospitals.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-16-21-044

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Program Director: Phillip J DeChristopher, MD, PhD
Blood Bank/Transfusion Medicine (MC 710)
Chicago, IL 60612
Tel: 312 926-1350
Length: 1 Yr
Program ID: 305-16-33-088
Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Central Indiana Regional Blood Center
Clarian Indiana University Hospital
Pgm Director: Constance FM P Danielson, MD, PhD
Transfusion Medicine, Room 4435
550 North University Blvd
Indianapolis, IN 46202
Tel: 317 274-2175  Fax: 317 274-2166
E-mail: cdatielis@iuui.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-17-21-068

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Pgm Director: Ronald G Strauss, MD
200 Hawkins Drive, C250 GH
Iowa City, IA 52242
Tel: 319 356-0891  Fax: 319 356-0331
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 065-18-21-089

Kentucky

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
American Red Cross Blood Services (Louisville Region)
University of Louisville Hospital
Pgm Director: William B Lockwood, MD, PhD
530 S Jackson Street
Suite C1008
Louisville, KY 40202
Tel: 502 852-5857  Fax: 502 852-1771
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-29-21-069

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Blood Center for Southeast Louisiana
Medical Center of Louisiana at New Orleans
Pgm Director: Yuat-Shiang Kao, MD
1201 Perdido Street
New Orleans, LA 70112
Tel: 504 668-8081
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-21-21-063

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Paul M Ness, MD
Transfusion Medicine Division, Carnegie 667
600 N Wolfe St
Baltimore, MD 21287
Tel: 410 955-6550  Fax: 410 955-9613
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-23-21-026

Bethesda

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Pgm Director: Cathy Conry-Castllena, MD
10 Center Drive, MSC 1194
Building 10/Room 10711
Bethesda, MD 20892
Tel: 301 496-6701  Fax: 301 496-1360
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 065-23-21-001

Massachusetts

Boston

Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Bech Israel Deaconess Medical Center
Children's Hospital
Massachusetts General Hospital
Pgm Director: Leslie E Silberstein, MD
75 Francis Street
Boston, MA 02115
Tel: 617 955-9970  Fax: 617 713-4293
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 065-24-12-081

Springfield

Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Pgm Director: Chester Andrzejewski Jr, MD, PhD
Department of Pathology
76 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5858  Fax: 413 794-5893
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-24-21-072

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
American Red Cross Blood Serv-Southeastern Michigan Region
Pgm Director: Robertson D Davenport, MD
Department of Pathology, 333332
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-6776  Fax: 734 936-6776
E-mail: rdavenport@med.umich.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-25-31-097

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
American Red Cross Blood Serv-Southeastern Michigan Region
Pgm Director: A Bradley Blochey III, MD, PhD
Department of Clinical Pathology
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 551-3398  Fax: 248 551-3398
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 065-25-32-012

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
American Red Cross Blood Services-St Paul Region
Fairview University Medical Center
Memorial Blood Centers of Minnesota
Veterans Affairs Medical Center (Minneapolis)
Pgm Director: Jeffrey McCullough, MD
440 Delaware Street, SN, MMC 609
1220 Mayo Building
Minneapolis, MN 55455
Tel: 612 626-3282  Fax: 612 626-6617
E-mail: bj BOARD@umn.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 065-26-21-013

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Pgm Director: Avalon A Pinela, MD
200 First Street, SW
Rochester, MN 55906
Tel: 507 264-3906  Fax: 507 264-1399
E-mail: pinela.avalon@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 065-26-21-005

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Pgm Director: Douglas M Lublin, MD, PhD
Department of Pathology
660 South Euclid Avenue, Box 8118
St Louis, MO 63110
Tel: 314 362-8849  Fax: 314 362-3016
E-mail: lublin@barnes-jewish.wustl.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 065-25-22-006
New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Program ID: 305-34-22-082

Ohio

Cincinnati
Hoxworth Blood Center/University of Cincinnati College of Medicine Program
Sponsor: Hoxworth Blood Center
Program Director: Patricia M Carey, MD
ID: 305-21-1404
Location: Cincinnati, OH 45267
Tel: 513-558-1338 Fax: 513-558-1340
E-mail: bernadette.benaison@uc.edu
Program ID: 305-38-31-061

Cleveland
American Red Cross Northern Ohio Region Program
Sponsor: American Red Cross
Program ID: 305-38-31-061

Pennsylvania

Philadelphia
Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Sani Kallas, MD
ID: 305-41-21-007

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Donald L Siegel, MD, PhD
ID: 305-41-21-007

Pittsburgh
University of Pittsburgh Medical Center Program
Sponsor: University of Pittsburgh Medical Center Medical Education/Institute for Transfusion Medicine Program
Program Director: Darrell J Triulzi, MD
ID: 305-41-21-007

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Program Director: Darrell J Triulzi, MD
ID: 305-41-21-007

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Program Director: David H Yawn, MD
ID: 305-41-21-007

University of Texas M D Anderson Cancer Center Program
Sponsor: University of Texas MD Anderson Cancer Center
Program Director: Brian M Blum, MD
ID: 305-41-21-007
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Pgm Director: Chantal R Harrison, MD
Department of Pathology
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 824-4680 Fax: 210 824-3267
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 305-48-21-045

Cardiothoracic Radiology (Radiology-Diagnostic)

Massachusetts
Boston
Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Pgm Director: Phillip Costello, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6296 Fax: 617 264-8802
Length: 1 Yr
Program ID: 429-24-13-002

Cardiovascular Disease (Internal Medicine)

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Pamela Clark, MD
PO Box 209086
Charlottesville, VA 22908
Tel: 804 828-0145 E-mail: pcclarke@virginia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-51-21-074

Washington
Seattle
Puget Sound Blood Center Program
Sponsor: Puget Sound Blood Center
Pgm Director: Terry Gernsheimer, MD
521 Terry Avenue
Seattle, WA 98104
Tel: 206 232-6521 Fax: 206 834-1774
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 905-54-21-046

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: James S Walter, MD
Room 4586 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-6043 Fax: 608 263-6215
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 905-56-21-048

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
 Froedtert Memorial Lutheran Hospital
Pgm Director: Jerome J Gottschall, MD
638 N 18th Street
PO Box 2178
Milwaukee, WI 53201
Tel: 414 937-6201 Fax: 414 937-6893
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 305-56-21-203

Scottsdale
Mayo School of Grad Med (Scottdale) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic College of Medicine
Mayo Clinic (Scottdale) Mayo Clinic Hospital
Pgm Director: Husein Loutfi, MD
13440 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-8123 Fax: 480 301-8018
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-03-21-361
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Gqdon A. Ewy, MD
1501 North Campbell
PO Box 245007
Tucson, AZ 85724
Tel: 520 629-6332  Fax: 520 626-0067
E-mail: gabraham@u.arizona.edu
Length: 3 Yrs
Program ID: 141-03-21-131

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care Center
University Hospital of Arkansas
Program Director: Eugene S Smith III, MD
4001 West Markham, Slot 592
Little Rock, AR 72205
Tel: 501 686-7982  Fax: 501 686-8319
Length: 3 Yrs
Program ID: 141-04-21-132

California
La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Program Director: Gay F. Curtis, MD, PhD
Dept of Graduate Med Education 400C
10660 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-3214  Fax: 858 554-3232
E-mail: gmc@scripps.edu
Length: 3 Yrs
Program ID: 141-05-21-086

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Program Director: Rambles O. Pai, MD
Department of Cardiology
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4552  Fax: 909 558-0896
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 141-05-21-153

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Sanjay Kaul, MD
8700 Beverly Blvd 5th Fl North Tower
Los Angeles, CA 90048
Tel: 310 432-4876  Fax: 310 432-0058
Length: 3 Yrs
Program ID: 141-05-11-194

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Program Director: Michael H. Jorgensen, MD
1036 N Edgemont St
Los Angeles, CA 90057
Tel: 323 793-4685  Fax: 323 783-5500
Length: 3 Yrs
Program ID: 141-05-12-041

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Greg C Finow, MD
Center for the Health Sciences
10833 La Costa Avenue
Los Angeles, CA 90095
Tel: 310 794-9729  Fax: 310 296-9133
E-mail: DGWang@mednet.ucla.edu
Length: 3 Yrs
Program ID: 141-05-12-155

UC-LA VA Greater Los Angeles Program
Sponsor: VA Greater Los Angeles Healthcare System
Olive View/UCLA Medical Center
Program Director: Brannon A. Singh, MD
Wilshire and Sawtelle Blves
Los Angeles, CA 90073
Tel: 310 288-8484  Fax: 310 473-0724
Length: 3 Yrs
Program ID: 141-05-31-073

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
Program Director: Enrique Otero, MD
1355 San Pablo Street Suite 117
Los Angeles, CA 90033
Tel: 213 442-5450  Fax: 213 442-5481
Length: 3 Yrs
Program ID: 141-05-21-061

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
W. Long Beach Healthcare System
Program Director: Harold Olson, MD
Department of Internal Medicine
101 City Drive, South
Orange, CA 92868
Tel: 714 466-7081  Fax: 714 466-8886
E-mail: gpmgbu@uci.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 141-05-21-180

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: William J Bommer, MD
4560 Y Street, Suite 2820
Division of Cardiovascular Disease
Sacramento, CA 95817
Tel: 916 734-3264  Fax: 916 734-3994
E-mail: cardiolflow@ucdavis.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 141-05-21-111

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: CAPT Peter E. Lins, MD
Cardiology Division
24730 Bob Wilson Drive Suite 300
San Diego, CA 92134
Tel: 619 532-7403  Fax: 619 532-9863
Length: 3 Yrs
Program ID: 141-05-12-181

US Armed Services Program
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Richard J. Knowlton, MD
225 Dickinson Street
San Diego, CA 92103
Tel: 619 543-3069  Fax: 619 543-3055
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 141-05-21-209

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Program Director: Andrew Roshenthal, MD
Clay and Buchanan Street
Box 7699
San Francisco, CA 94120
Tel: 415 223-5326  Fax: 415 888-8664
Length: 3 Yrs
Program ID: 141-05-12-182

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: David D Waters, MD
505 Panama Avenue, M1130
San Francisco, CA 94143
Tel: 415 674-1126  Fax: 415 662-8267
E-mail: dwater@medsfh.ucsf.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 141-05-21-184

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Program Director: John C Giacomini, MD
Falk CVRC
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-0788  Fax: 650 725-1658
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 141-05-21-226

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
St Mary Medical Center
Program Director: Matthew J Budd, MD
Division of Cardiology
1000 W Carson Street, Box 405
Torrance, CA 90509
Tel: 310 232-4107  Fax: 310 787-0448
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 141-05-11-210
Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Edward P. Hamrick, MD
Campus Box B130
820 East Ninth Avenue
Denver, CO 80202
Tel: 303 315-4396
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-07-21-074

Connecticut

Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Prgm Director: Craig McPherson, MD
Department of Medicine
37 Grant Street
Bridgeport, CT 06610
Tel: 203 384-3442 Fax: 203 384-0664
Length: 3 Yrs
Program ID: 141-08-11-211

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Peter Schulman, MD
Department of Medicine
Parmington, CT 06060
Tel: 860 679-2771 Fax: 860 679-3346
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-08-31-001

University of Connecticut Program A
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Prgm Director: Gary V Heller, MD, PhD
80 Seymour Street
Hartford, CT 06112
Tel: 860 546-5509 Fax: 860 546-5501
Length: 3 Yrs
Program ID: 141-08-31-253

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Prgm Director: Eugene Carnacciole, MD
1459 Chapel Street
New Haven, CT 06511
Tel: 203 789-6944 Fax: 203 789-6946
Length: 3 Yrs
Program ID: 141-08-21-266

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Veterans Affairs Medical Center (West Haven)
Prgm Director: James A Arrighi, MD
Int Med, Section of Cardiovascular Medicine
333 Cedar Street, PO Box 200177
New Haven, CT 06500
Tel: 203 785-6848 Fax: 203 785-2715
E-mail: cardiologyweb@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-08-21-026

District of Columbia

Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Janet F. Lewis, MD
Division of Cardiology
2150 Pennsylvania Ave, NW Suite 4-414
Washington, DC 20037
Tel: 202 741-2332 Fax: 202 741-2334
E-mail: jlew@med.gwu.edu
Length: 3 Yrs
Program ID: 141-10-21-136

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Georgetown University Hospital
Prgm Director: Neil J Wolman, MD
110 Irving Street, NW
Washington, DC 20030
Tel: 202 379-7025 Fax: 202 376-9206
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-10-11-160

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Deborah Williams, MD
2041 Georgia Avenue, NW
Suite 6C-53
Washington, DC 20060
Tel: 202 865-6791 Fax: 202 865-4449
E-mail: deborahhdoc1@how.com
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-10-21-158

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: James B Conti, MD
Bruce B Downs Blvd
Box 109277
1600 SW Archer Road, Room M 415
Gainesville, FL 32610
Tel: 352 392-5691 Fax: 352 392-5691
E-mail: govtidd@medicine.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-11-21-045

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Steven J Larine, MD
600 West Eighteenth Street
1P3/SC/Jacksonville
Jacksonville, FL 32206
Tel: 904 244-2006 Fax: 904 244-3102
E-mail: cardiology@ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-11-21-027

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Robert J Myerburg, MD
Department of Medicine
PO Box 018860 (R-40)
Miami, FL 33101
Tel: 305 585-6562 Fax: 305 585-7858
Length: 3 Yrs
Program ID: 141-11-21-212

Miami Beach
Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida, Inc
Prgm Director: Terracio A Lamaz, MD
3400 Alton Rd Suite 207-A
Miami Beach, FL 33140
Tel: 305 774-2560 Fax: 305 774-2146
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-11-12-076

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Joel A Strom, MD
MDC Box 87
12001 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-3889 Fax: 813 971-6160
Length: 3 Yrs
Program ID: 141-11-21-046

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: W Robert Taylor, MD, PhD
Division of Cardiology
1639 Pierce Drive, WMB Suite 319
Atlanta, GA 30322
Tel: 404 727-4724 Fax: 404 727-3339
E-mail: cardiology@emory.edu
Length: 3 Yrs
Program ID: 141-13-21-161

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Prgm Director: Vincent J. Robinson, MD
5110 15th Street, CK 157
Augusta, GA 30912
Tel: 706 721-2786 Fax: 706 721-1188
E-mail: info@med.colstate.edu
Length: 3 Yrs
Program ID: 141-12-21-004
Illinois

Chicago

Advocate Illinois Masonic Medical Center/North Side Health Network Program

Sponsor: Advocate Illinois Masonic Medical Center
Pgm Director: Cesar J Herrera, MD
940 W Wellington Avenue
Room 126
Chicago, IL 60657
Tel: 312 266-7044 Fax: 773 266-5940
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-11-220

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Pgm Director: Russell F Kelly, MD
Division of Adult Cardiology
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 864-5413 Fax: 312 864-5529
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-12-047

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Pgm Director: Vera H Rigolin, MD
300 E Huron Street
Galter 10-340
Chicago, IL 60611
Tel: 312 695-0063 Fax: 312 695-0063
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-16-2100

Michael Reese Hospital/University of Illinois College of Medicine at Chicago Program

Sponsor: Michael Reese Hospital and Medical Center
Pgm Director: David B Lieb, MD
2929 South Ellis Street
Chicago, IL 60616
Tel: 312 791-3160 Fax: 312 791-3941
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-16-2102

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Pgm Director: Clifford J Kavinsky, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-8771 Fax: 312 942-5829
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 141-16-1162

University of Chicago Program

Sponsor: University of Chicago Hospitals
Pgm Director: Robert M Lang, MD
5841 S Maryland Avenue
MC 3054
Chicago, IL 60637
Tel: 773 702-5211 Fax: 773 702-0354
E-mail: cardapp@medicine.bsd.uchicago.edu
Length: 3 Yrs
Program ID: 141-16-1177

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Pgm Director: Dorothy C Christ, MD
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Pgm Director: George T Kondos, MD
Section of Cardiology MC 715
840 S Wood Street
Chicago, IL 60612
Tel: 312 696-6760 Fax: 312 696-6760
E-mail: cvnethka@uiuc.edu
Length: 3 Yrs
Program ID: 141-16-21-163

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Pgm Director: Michael Reese Hospital and Medical Center
E-mail: lblalock@kumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-16-21-005

North Chicago

Finch University of Health Sciences/ Chicago Medical School Program

Sponsor: Finch University of Health Sciences/Chicago Medical School
Pgm Director: Edward Hines, Jr., Veterans Affairs Hospital
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Pgm Director: David L Lubell, MD
Department of Medicine-Cardiology
5335 Green Bay Road
North Chicago, IL 60064
Tel: 773 267-0502
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 141-16-21-002

Park Ridge

Advocate Lutheran General Hospital Program

Sponsor: Advocate Lutheran General Hospital
Pgm Director: Jeffrey B Lakier, MD
1770 W Dempster Street
Park Ridge, IL 60068
Tel: 847 723-7997 Fax: 847 723-2131
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-16-21-255

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Pgm Director: Richard L Broun, Anderson Veterans Affairs Medical Center
Pgm Director: Eric S Williams, MD
Kranert Institute of Cardiology
1800 N Capitol Avenue, Suite E480
Indianapolis, IN 46222
Tel: 317 962-0551 Fax: 317 962-0657
Length: 3 Yrs
Program ID: 141-17-21-185

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Pgm Director: Eric J Pfister, MD
8850 Naab Road
Indianapolis, IN 46260
Tel: 317 338-6024 Fax: 317 338-9259
E-mail: mfrank@thehealthgroup.com
Length: 3 Yrs
Program ID: 141-17-21-267

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Pgm Director: Dinesh H Jagasia, MD
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3844 Fax: 319 353-6343
Length: 3 Yrs
Program ID: 141-18-21-112

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas Medical Center
Pgm Director: Robert D Winn, MD
Department of Internal Medicine
901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6015 Fax: 913 588-6010
E-mail: jbloch@kumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-19-21-137

Kentucky

Lexington

University of Kentucky Medical Center Program

Sponsor: University of Kentucky A B Chandler Medical Center
Pgm Director: Craig A Hasan, MD
Boo L543, KY Clinic
749 S Limestone Street
Lexington, KY 40506
Tel: 859 525-5470 Fax: 859 381-3923
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-20-21-218

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Pgm Director: Stephen Wagner, MD
Department of Medicine - Division of Cardiology
Ambulatory Care Building, 3rd Floor
Louisville, KY 40292
Tel: 502 852-7899 Fax: 502 853-7147
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 141-20-31-215

Graduate Medical Education Directory 2004-2005
Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Pgm Dir: Luke Glaray, MD
1542 Tulane Avenue
Room 436
New Orleans, LA 70112
Tel: 504 568-6844 Fax: 504 569-0525
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 141-21-21-246

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Pgm Dir: Hector O. Ventura, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 949-3717 Fax: 504 949-5990
E-mail: ptodocs@ochsner.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 141-21-21-123

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Pgm Dir: Paul Baug, MD
1450 Tulane Avenue, SL-48
New Orleans, LA 70112
Tel: 504 585-6188 Fax: 504 587-4377
E-mail: ptaug@tulane.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 141-21-21-078

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital
Overton Brooks Veterans Affairs Medical Center
Pgm Dir: Prazig Rody, MD
Cardiology Section, Room 204
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5040 Fax: 318 675-8474
Length: 3 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 141-21-21-078

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Dir: James L. Weiss, MD
800 N Wolfe St., Carnegie 591
Baltimore, MD 21205
Tel: 410 956-8824 Fax: 410 614-9423
E-mail: jlw22@jhmi.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 26
Program ID: 141-23-11-490

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Pgm Dir: Robert Beilitz, MD
Department of Medicine - Division of Cardiology
22 S Greene Street, Room N0210
Baltimore, MD 21201
Tel: 410 338-7204 Fax: 410 338-3530
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 141-23-21-049

Bethesda

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Pgm Dir: Allen J. Taylor, MD
Department of Medicine
3000 Georgia Avenue, NW, Building 2, Room 4A
Washington, DC 20017
Tel: 202 782-8387 Fax: 202 782-7060
Length: 3 Yrs
Program ID: 141-10-11-150
TU Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Pgm Dir: Mark E. Josephson, MD
Division of Cardiology
One Deaconess Road, Baker 4
Boston, MA 02215
Tel: 617 632-7204 Fax: 617 632-7620
Length: 3 Yrs
Program ID: 141-24-21-006

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Pgm Dir: Donald A. Weiner, MD
Dept of Medicine, Cardiology
88 E Newton Street
Boston, MA 02118
Tel: 617 688-9688 Fax: 617 688-8680
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 141-24-21-187

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Pgm Dir: Thomas B. Graboski, MD
Lown Cardiovascular Center
31 Longwood Avenue
Brookline, MA 02146
Tel: 617 732-1313
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 141-24-21-608

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St. Elizabeth's Medical Center of Boston
Pgm Dir: G. Mustafa Chaudhry, MD
735 Cambridge Street
COP 4C
Boston, MA 02135
Tel: 617 789-2000 Fax: 617 789-5029
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 141-24-21-063

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Pgm Dir: Jeffrey T. Kevin, MD
750 Washington Street
Box 315
Boston, MA 02111
Tel: 617 636-7005 Fax: 617 636-4758
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 141-24-21-010

Burlington

Lahey Clinic Program
Sponsor: Lahey Clinic
Pgm Dir: Sherif B. Labib, MD
41 Mall Road
Burlington, MA 01803
Tel: 781 744-8000 Fax: 781 744-5261
Length: 3 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 141-24-21-222

Springfield

Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Pgm Dir: Maria S. Sawa, MD, PhD
75 Chestnut Street
Worcester, MA 01608
Tel: 413 794-4460 Fax: 413 794-0108
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 141-24-11-995

Worcester

St Vincent Hospital Program
Sponsor: St Vincent Hospital
Pgm Dir: David H. Spodick, MD
Division of Cardiology
20 Worcester Center Blvd
Worcester, MA 01608
Tel: 508 363-8182 Fax: 508 363-6235
Length: 3 Yrs
Program ID: 141-24-21-239
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Gerard F. Antignano, MD
55 Lake Ave, N
Worcester, MA 01605
Tel: 508-663-2410 Fax: 508-656-4571
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 141-24-21-011

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Mark R Starling, MD
Cardiology Section, 111A
2210 Fuller Road
Ann Arbor, MI 48109
Tel: 734-761-7450 Fax: 734-214-0691
Length: 3 Yrs
Program ID: 141-23-21-090

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Howard Rosman, MD
Div of Cardiology, K-14
2700 West Grand Blvd
Detroit, MI 48202
Tel: 313-814-2671 Fax: 313-916-4513
Length: 3 Yrs
Program ID: 141-25-21-106

St John Hospital and Medical Center Program
Sponsor: St. John Hospital and Medical Center
Program Director: Howard Rosman, MD
3231 Mack Avenue, PB! Ste 4105
Detroit, MI 48207
Tel: 313-564-4121 Fax: 313-564-4120
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-25-21-358

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Veterans Affairs Medical Center (Detroit)
Program Director: Luis C Alfonso, MD
Division of Cardiology
3900 John R Street, 1 Brush North
Detroit, MI 48203
Tel: 313-745-2817 Fax: 313-745-0769
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-25-21-057

Lansing
Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Sparrrow Hospital
Program Director: George S Abela, MD
A-205 Clinical Center
138 Service Road
East Lansing, MI 48824
Tel: 517-353-4832 Fax: 517-355-2134
Length: 3 Yrs
Program ID: 141-25-11-259

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Robert Saffani, MD
3601 West 12 Mile Road
Royal Oak, MI 48073
Tel: 248-561-4776 Fax: 248-561-2229
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-25-12-216

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Program Director: Christian R Machado, MD
10001 West Nine Mile Road
PO Box 2043
Southfield, MI 48075
Tel: 248-546-4805 Fax: 248-546-3524
Length: 3 Yrs
Program ID: 141-25-11-214

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: Leslie W Miller, MD
Cardiology Division, MMC 506
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612-626-2451 Fax: 612-626-4571
E-mail: cvdellow@umn.edu
Length: 3 Yrs
Program ID: 141-26-21-139

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary’s Hospital of Rochester
Program Director: Guy S Reeder, MD
206 First St, SW
Rochester, MN 55905
Tel: 507-284-3394
Length: 3 Yrs
Program ID: 141-26-21-066

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Michael R McMullian, MD
2500 North State Street
Jackson, MS 39216
Tel: 601-994-2222 Fax: 601-994-2361
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 141-27-21-097

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Gregory C Flaker, MD
1 Hospital Drive
MC 314
Columbia, MO 65212
Tel: 573-882-2206 Fax: 573-884-7743
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-28-21-098

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke’s Hospital
Truman Medical Center
Program Director: Alan D Forber, MD
Cardiovascular Fellowship/MAH-5
4401 Wornoll Road
Kansas City, MO 64111
Tel: 816-933-4575 Fax: 816-933-5613
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-28-21-148

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: Arthur Labowitz, MD
3035 Vista Ave at Grand Blvd
PO Box 10250
St Louis, MO 63110
Tel: 314-577-8890 Fax: 314-269-5172
E-mail: skelton@slu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-28-21-108

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Berico Bazirali, MD
4989 Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314-362-1297 Fax: 314-362-9982
E-mail: yasgurjun@wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 141-28-21-188

Nebraska
Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
Program Director: Aryan N Moens, MD
The Cardiac Center
3908 Webster
Omaha, NE 68131
Tel: 402-280-4560
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-30-21-190
Accredited Programs in Cardiovascular Disease (Internal Medicine)

University of Nebraska Medical Center
College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Program Director: Edward O'Leary, MD
882285 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-5151 Fax: 402-559-8855
Length: 3 Yrs
Program ID: 141-33-21-191

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Edward Catherwood, MD, MS
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-446-7666
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-32-21-178

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Toby R Engol, MD
One Cooper Plaza
3rd Floor Dorrance
Camden, NJ 08103
Tel: 609-342-2004 Fax: 609-968-7420
Length: 3 Yrs
Program ID: 141-33-21-240

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Program Director: Marc Cohen, MD
201 Lyons Avenue @ Osborne Terrace
Newark, NJ 07112
Tel: 973-928-7262 Fax: 973-282-6830
Length: 3 Yrs
Program ID: 141-33-31-263

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Program Director: Marc Cohen, MD
35 S. Orange Avenue MSB-2-508
Newark, NJ 07103
Tel: 973-972-4781 Fax: 973-972-3618
E-mail: dmyer@umdnj.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-33-21-227

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: Abel E Moreira, MD
One Robert Wood Johnson Pl
New Brunswick, NJ 08901
Tel: 732-335-7822 Fax: 732-973-5124
Length: 3 Yrs
Program ID: 141-33-21-029

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center
St Joseph's Medical Center (Cathedral Health Services, Inc)
Program Director: Patrick Shuman, MD
Department of Medicine
365 Dr ML King Jr Boulevard
Newark, NJ 07102
Tel: 973-877-5106 Fax: 973-877-5124
Length: 3 Yrs
Program ID: 141-33-11-223

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Lovelace HealthCare System
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Gerald A Charhon, MD
School of Medicine
2211 Lomas Blvd. NE, ACC 5
Albuquerque, NM 87131
Tel: 505-273-6030 Fax: 505-273-4356
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-34-21-155

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Program Director: Robert D Miller, MD
Division of Cardiology, Mail Code 44
47 New Scotland Avenue
Albany, NY 12208
Tel: 518-262-5097 Fax: 518-262-5062
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-33-31-000

Bronx
Albert Einstein College of Medicine (Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx - Lebanon Hospital Center
Program Director: Kevin Ferrick, EdD
111 E 210th Street
Bronx, NY 10467
Tel: 718-395-4108 Fax: 718-547-2111
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-33-12-262

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Nyweiler Hospital
Program Director: James Scheiner, MD
1875 Eastchester Road
Division of Cardiology Room W7-91
Bronx, NY 10461
Tel: 718-994-2471 Fax: 718-994-3975
E-mail: jscheiner@montefiore.org
Length: 3 Yrs
Program ID: 141-33-21-124

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
SUNY Downstate Medical School
Program Director: Jacky Shani, MD
480 Tenth Avenue
Brooklyn, NY 11218
Tel: 718-583-7803 Fax: 718-283-8253
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-35-11-192

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Brooklyn University Hospital Medical Center
Interfaith Medical Center
Kings County Hospital Center
St John's Episcopal Hospital-South Shore
Staten Island University Hospital
University Hospital SUNY Health Science Center at Brooklyn
Program Director: Luther T Clark, MD
450 Clarkson Ave
Brooklyn, NY 11203
Tel: 718-270-1688 Fax: 718-270-2017
Length: 3 Yrs
Program ID: 141-33-21-013

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System Millard Fillmore Hospital
Veterans Affairs Medical Center (Buffalo)
Program Director: Avery K Ellis, MD, PhD
3495 Bailey Avenue
Buffalo, NY 14215
Tel: 716-882-8550 Fax: 716-882-9539
E-mail: Avery.Ellis@med.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-35-31-651

Flushing
New York Hospital Medical Center of Queens/Albert Einstein College of Medicine Program
Sponsor: New York Hospital Medical Center of Queens
Program Director: Frank C Messineo, MD
Division of Cardiology
Flushing, NY 11355
Tel: 718-670-9774 Fax: 718-661-7708
E-mail: pem0003@nym.org
Length: 3 Yrs
Program ID: 141-35-12-269

506
Manhasset
North Shore University Hospital/ NYU School of Medicine Program
Sponsor: North Shore University Hospital
Long Island Jewish Medical Center
Prgm Director: Donna Marchant, MD
Department of Medicine
309 Community Drive
Manhasset, NY 11030
Tel: 516 562-4100 Fax: 516 562-2352
Length: 3 Yrs
Program ID: 141-30-21-201

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Prgm Director: Joshua A DeLeon, MD
259 First Street
Mineola, NY 11501
Tel: 516 653-4852 Fax: 516 653-2064
E-mail: vschaeff@winthrop.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 141-35-12-294

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
North Shore University Hospital
Prgm Director: Stacey Bozen, MD
307-06 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-7331 Fax: 718 434-9762
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 141-35-11-100

New York
Albert Einstein College of Medicine at Beth Israel (Long Island College Hospital) Program
Sponsor: Beth Israel Medical Center
Long Island College Hospital
Woodhull Medical and Mental Health Center
Prgm Director: Thomas Killill, MD
First Avenue at 10th Street
New York, NY 11003
Tel: 718 420-4010 Fax: 718 420-2008
Length: 3 Yrs
Program ID: 141-35-32-285

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: Paul Schreiber, MD
Department of Medicine
First Avenue at 10th Street
New York, NY 1003
Tel: 212 420-2900 Fax: 212 420-2406
Length: 3 Yrs
Program ID: 141-35-32-285

Mount Sinai School of Medicine (Urban Community) Program
Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgm Director: Eric H Stern, MD
One Gustave L Levy Place
Box 1030
New York, NY 10029
Tel: 212 241-4029 Fax: 212 368-3209
E-mail: eric.schnee@mountsinai.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 141-35-12-294

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Veterans Affairs Medical Center (Brockton)
Prgm Director: Valentin Fuster, MD, PhD
Box 1030
New York, NY 10029
Tel: 212 241-7011 Fax: 212 243-9458
Length: 3 Yrs
Program ID: 141-35-31-193

New York Medical College at St Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent’s Catholic Medical Centers (Manhattan)
Our Lady of Mercy Medical Center
St Vincent’s Catholic Medical Centers (Brooklyn-Queens)
St Vincent’s Catholic Medical Centers (Staten Island)
Prgm Director: James T Mazurka, MD
550 W 11th St, Nurses’ Residence 1205
New York, NY 10011
Tel: 212 604-2224 Fax: 212 604-3943
Length: 3 Yrs
Program ID: 141-35-11-081

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: James Coromilas, MD
632 W 168th Street
New York, NY 10032
Tel: 212 305-9810 Fax: 212 305-9464
Length: 3 Yrs
ACGME Approved/Offered Positions: 13
Program ID: 141-35-11-081

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Stephen Scheidt, MD
550 East 68th Street
New York, NY 10021
Tel: 212 746-2149 Fax: 212 746-5655
Length: 3 Yrs
ACGME Approved/Offered Positions: 19
Program ID: 141-35-21-202

New York Presbyterian Hospital (Cornell Campus)/Brooklyn Hospital Center Program
Sponsor: New York Presbyterian Hospital
Brooklyn Hospital Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Stephen Scheidt, MD
550 East 68th Street, STAIR 437
New York, NY 10021
Tel: 212 746-2218 Fax: 212 746-6665
E-mail: bborr@med.cornell.edu
Length: 3 Yrs
Program ID: 141-35-31-268

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harborview Health Care System
Prgm Director: Barry P Rosenzweig, MD
550 First Avenue
Cardiology, 17 South 5
New York, NY 10016
Tel: 212 263-6554 Fax: 212 263-7690
E-mail: nicole.cohen@sunyhealth.org
Length: 3 Yrs
Program ID: 141-35-31-293

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Prgm Director: Alan Roanski, MD
Division of Cardiology
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 533-4011 Fax: 212 533-2764
E-mail: info@cardio.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 10
Program ID: 141-35-21-251

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Richard M Fontanarista, MD
Division of Cardiology
685 E. Avenue
Rochester, NY 14642
Tel: 585 275-7736 Fax: 585 473-1573
Length: 3 Yrs
Program ID: 141-35-21-282

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Peter C Cohn, MD
Division of Cardiology
307-06 76th Avenue
Stony Brook, NY 11794
Tel: 631 444-8056 Fax: 631 444-1045
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 141-35-21-014

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Robert L Carhart, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-9587 Fax: 315 464-0658
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 141-35-21-025

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: John A McClung, MD
Westchester County Medical Center
Division of Cardiology
Valhalla, NY 10595
Tel: 914 693-8416 Fax: 914 693-7867
Length: 3 Yrs
ACGME Approved/Offered Positions: 11
Program ID: 141-35-11-016
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Park W Willis IV, MD
120 Mason Farm Road, 4th Floor Bioinformatics CB 4 7075
Chapel Hill, NC 27599
Tel: 919 966-5305 Fax: 919 966-1743
E-mail: Tracey_Hense@med.unc.edu
Length: 3 Yrs
Program ID: 141-36-21-171

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Thomas M Baskore, MD
Box 3012
Durham, NC 27710
Tel: 919 684-2407 Fax: 919 681-7017
Length: 3 Yrs
Program ID: 141-36-21-172

Greenv ille
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: John D Rose, MD
Brody School of Medicine
Cardiology Room 3057A
Greenville, NC 27838
Tel: 252 716-5324 Fax: 252 716-6884
E-mail: cardiologyfellowship@ecu.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 141-36-11-240

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Robert J Applegate, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2718 Fax: 336 716-5924
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 141-36-21-016

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Lynn E Wagner, MD
Division of Cardiology
231 Albert B Sabin Way
Cincinnati, OH 45229
Tel: 513 558-3487 Fax: 513 558-4545
E-mail: peggy.wikensn@uc.edu
Length: 3 Yrs
Program ID: 141-36-21-102

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Cleveland Clinic Foundation
Program Director: Karen J Quan, MD
5000 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-2130 Fax: 216 778-4934
Length: 3 Yrs
Program ID: 141-38-11-196

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Program Director: Frank V Broumovitch, MD, PhD
11150 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8956 Fax: 216 844-8954
Length: 3 Yrs
Program ID: 141-38-31-194

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Brian Griffin, MD
5900 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-5935
Length: 3 Yrs
Program ID: 141-38-12-197

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Albert J Kolibash Jr, MD
473 W 11th Avenue - 300 LHL
Columbus, OH 43210
Tel: 614 293-8962 Fax: 614 286-5814
Length: 3 Yrs
ACGME Approved/Offered Positions: 13
Program ID: 141-38-11-179

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Veterans Affairs Medical Center (Dayton)
Program Director: Abdul Wase, MD
2222 Philadelphia Avenue
Dayton, OH 45406
Tel: 937 276-6251
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 141-38-21-217

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Program Director: Thomas E Walsh, MD
3000 Arlington Avenue
Room 1192
Toledo, OH 43614
Tel: 419 383-3041 Fax: 419 383-3041
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 141-38-21-068

Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Program Director: Chittaur A Swarup, MD
PO Box 26001
Williams Pavilion - 1015 - Department of Medicine
Oklahoma City, OK 73104
Tel: 405 271-4742 Fax: 405 271-6161
E-mail: pam-tomey@ouhsc.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 141-38-21-108

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Edward S Murphy, MD
Department of Medicine
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-8856 Fax: 503 494-8850
E-mail: grannisd@ohsu.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 141-46-31-198

Pennsylvania

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Francis Menapace, MD
Medical College of Pennsylvania
100 Academy Avenue
Danville, PA 17222
Tel: 570 371-2633 Fax: 570 371-8056
E-mail: cardiology@geisinger.com
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 141-41-11-173

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Program Director: Joseph A Guasco, MD
University Hospital
PO Box 650
Hershey, PA 17033
Tel: 717 551-8407
E-mail: gauckho@pennstate.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 141-41-11-017

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Larry E Jacobs, MD
5401 Old York Rd
Kline Building, Suite 363
Philadelphia, PA 19141
Tel: 215 456-7286 Fax: 215 456-6189
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 141-41-11-082
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tinet Health System)
Medical College of Pennsylvania Hosp (Tinet Health System)
Program Director: William A Van Doncker, MD
Medical College of PA Hospital
3300 Henry Avenue
Philadelphia, PA 19129
Tel: 215 843-6891 Fax: 215 840-0647
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-41-243

Graduate Hospital Program
Sponsor: Graduate Hospital (Tinet Health System)
Program Director: Alan H Gradman, MD
4800 Friendship Ave
Pittsburgh, PA 15224
Tel: 412 578-8934 Fax: 412 578-4471
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-41-11-083

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: Alan H Gradman, MD
4800 Friendship Ave
Pittsburgh, PA 15224
Tel: 412 578-8934 Fax: 412 578-4471
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-41-11-083

Wynnewood Lankenau Hospital Program
Sponsor: Lankenau Hospital Program
Program Director: James Burke, MD
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 645-2082 Fax: 610 996-0643
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 141-41-11-083

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Program Director: Mario R Garcia-Palmeri, MD
University Hospital
Box 5067
San Juan, PR 00936
Tel: 787 707-8560 Fax: 787 707-8560
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-41-241-097

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Presbyterian Medical Center (UPHS)
Program Director: Martin G St John Sutton, MD
Gates Building, 9th Floor
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-2266 Fax: 215 349-4190
E-mail: martin.sutton@uphs.upenn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-41-21-023

University of Pittsburgh Program
Sponsor: University of Pittsburgh Medical Center (UPMC)
Program Director: Stephen A Madoff, MD
1197 East Liberty Street
Pittsburgh, PA 15222
Tel: 412 806-3249 Fax: 412 806-3249
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 141-41-11-053

University of Pittsburgh Medical Center Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: James A Shaver, MD
200 Lothrop Street
5555 Belle Hall
Pittsburgh, PA 15213
Tel: 412 647-3429 Fax: 412 647-6481
Length: 3 Yrs
Program ID: 141-41-21-054

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph B Johnson VA Medical Center (Charleston)
Program Director: Bruce W Duker, MD
171 Ashley Avenue
Charleston, SC 29403
Tel: 843 793-4411 Fax: 843 793-3397
E-mail: ushbcr@musc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-45-21-129

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: East Tennessee State College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Program Director: Stephen A Madoff, MD
2 Professional Park Drive, Suite 15
Johnson City, TN 37604
Tel: 423 233-4900 Fax: 423 232-4686
Length: 3 Yrs
Program ID: 141-47-21-104

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Karl T Weber, MD
Department of Medicine
851 Court Avenue, Room 351D
Memphis, TN 38163
Tel: 901 448-5750 Fax: 901 448-8084
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 141-47-21-175

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Mark E Anderson, MD, PhD
365 FRH
2222 Pierce Avenue
Nashville, TN 37232
Tel: 615 936-1780 Fax: 615 936-1780
Length: 3 Yrs
Program ID: 141-47-31-018

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: Peter J Wells, MD
3520 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-3639
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 141-48-31-176
The document contains a list ofAccredited Programs in Cardiovascular Disease (Internal Medicine) across various institutions. Here are some highlighted entries:

**University of Texas Southwestern Medical School Program**
- **Sponsor:** University of Texas Southwestern Medical School
- **Dallas County Hospital - District-Parkland Memorial Hospital
- **Veterans Affairs Medical Center (Dallas)**
- **Program Director:** Richard A. Lange, MD
- **Division of Cardiology, B50.133
- **5323 Harry Hines Boulevard**
- **Dallas, TX 75390**
- **Tel:** 214 645-7501
- **E-mail:** riange@parknet.pmh.org
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 18
- **Program ID:** 141-48-21-119

**Fort Sam Houston**
- **San Antonio Uniformed Services Health Education Consortium (BAMC) Program**
- **Sponsor:** San Antonio Uniformed Services Health Education Consortium
- **Brooke Army Medical Center**
- **Wilford Hall Medical Center (AETC)**
- **Program Director:** Karl C. Sigliah, MD
- **5351 Roger Brooke Drive, Elgig 3500**
- **Fort Sam Houston, TX 78234**
- **Tel:** 210 616-3005
- **Fax:** 210 616-3051
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 24
- **Program ID:** 141-48-12-177

**Galveston**
- **University of Texas Medical Branch Hospitals Program**
- **Sponsor:** University of Texas Medical Branch Hospitals
- **Program Director:** David L. Ware, MD
- **5100 John Sealy Annex**
- **301 University Boulevard**
- **Galveston, TX 77555**
- **Tel:** 409 772-1533
- **Fax:** 409 772-4982
- **E-mail:** bllewish@cardiology.utmb.edu
- **Length:** 3 Yrs
- **Program ID:** 141-48-21-070

**Houston**
- **Baylor College of Medicine Program**
- **Sponsor:** Baylor College of Medicine
- **Harris County Hospital District-Ben Taub General Hospital**
- **Methodist Hospital**
- **Veterans Affairs Medical Center (Houston)**
- **Program Director:** Robert Roberts, MD
- **6550 Fannin, MS 1357**
- **Houston, TX 77030**
- **Tel:** 713 795-4571
- **Fax:** 713 790-4346
- **Length:** 3 Yrs
- **Program ID:** 141-48-21-106

**Baylor College of Medicine/St Luke's Episcopal Hospital Program**
- **Sponsor:** Baylor College of Medicine
- **St Luke's Episcopal Hospital**
- **Program Director:** James M. Wilson, MD
- **Department of Cardiology**
- **8750 Bertner, MC 1-123**
- **Houston, TX 77030**
- **Tel:** 832 355-4135
- **Fax:** 832 355-8874
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 19
- **Program ID:** 141-48-21-129

**University of Texas at Houston Program**
- **Sponsor:** University of Texas Medical School at Houston
- **Lyon B Johnson General Hospital**
- **Memorial Hermann Hospital System**
- **Program Director:** Francisco Peñales, MD
- **5431 Fannin**
- **PO Box 30798**
- **Houston, TX 77205**
- **Tel:** 713 650-6677
- **Fax:** 713 650-6556
- **Length:** 3 Yrs
- **Program ID:** 141-48-31-019

**Lubbock**
- **Texas Tech University (Lubbock) Program**
- **Sponsor:** Texas Tech University Health Sciences Center at Lubbock
- **Covenant Health System**
- **University of Medicine**
- **Program Director:** Chumutai Koongar, MD
- **Division of Cardiology/Department of Medicine**
- **3501 4th Street/STOP 9410**
- **Lubbock, TX 79430**
- **Tel:** 806 743-3155
- **Fax:** 806 743-3148
- **E-mail:** Lgata.Tuwotech@ttuhsc.edu
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 6
- **Program ID:** 141-48-21-121

**San Antonio**
- **University of Texas Health Science Center at San Antonio Program**
- **Sponsor:** University of Texas Medical School at San Antonio
- **Audie L Murphy Veterans Hospital (San Antonio)**
- **University Health System**
- **Program Director:** John M. Einhorn, MD, PhD
- **Department of Medicine, MC 7872**
- **7703 Floyd Curl Drive**
- **San Antonio, TX 78229**
- **Tel:** 210 567-4623
- **Fax:** 210 567-9960
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 13
- **Program ID:** 141-48-21-964

**Temple**
- **Texas A&M College of Medicine-Scott and White Program**
- **Sponsor:** Scott and White Memorial Hospital
- **Program Director:** David S. Gatt, MD
- **2401 S 31st Street**
- **Temple, TX 76308**
- **Tel:** 254 724-2713
- **Fax:** 254 724-5725
- **E-mail:** mwheller@temple.edu
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 12
- **Program ID:** 141-48-21-029

**Washington**
- **University of Washington Program**
- **Sponsor:** University of Washington School of Medicine
- **University of Washington Medical Center**
- **Program Director:** Catherine M. Otto, MD
- **Division of Cardiology - Box 559422**
- **1959 N Pacific Street**
- **Seattle, WA 98195**
- **Tel:** 206 685-1387
- **Fax:** 206 685-6394
- **E-mail:** uwcard@uw.edu
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 18
- **Program ID:** 141-48-21-105
### West Virginia

**Marshall University School of Medicine Program**

**Sponsor:** Marshall University School of Medicine

**Prgm Director:** Paulette S. Wehner, MD

**Department of Medicine**

2250 First Avenue, Suite 200

Huntington, WV 25702

Tel: 304 697-1166  Fax: 304 697-1168

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 141-55-21-008

### Morgantown

**West Virginia University Program**

**Sponsor:** West Virginia University School of Medicine

**Prgm Director:** Ahnabth C. Jain, MD

2200 Robert C Byrd Health Sciences Center

PO Box 6157

Morgantown, WV 26506

Tel: 304 293-6069  Fax: 304 293-7528

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 141-55-11-219

### Wisconsin

**Madison**

**University of Wisconsin Program**

**Sponsor:** University of Wisconsin Hospital and Clinics

**Prgm Director:** Ford Ballantyne III, MD

600 Highland Avenue

Room H5349

Madison, WI 53792

Tel: 608 263-6981  Fax: 608 263-6905

E-mail: lma@medicine.wisc.edu

Length: 3 Yrs  Program ID: 141-56-21-150

### Milwaukee

**Aurora Health Care Program**

**Sponsor:** Aurora Health Care

**Prgm Director:** Masood Akhtar, MD

Aurora Sinai Medical Center

445 N 12th St, PO Box 342

Milwaukee, WI 53201

Tel: 414 210-7100  Fax: 414 210-6211

E-mail: rebecca.young@aurora.org

Length: 3 Yrs  ACGME Approved/Offered Positions: 9

Program ID: 141-56-21-072

**Medical College of Wisconsin Program**

**Sponsor:** Medical College of Wisconsin Affiliated Hospitals, Inc

**Prgm Director:** Michael P. Cinquegrani, MD

Cardiovascular Medicine

8200 W Wisconsin Avenue Ste 5100

Milwaukee, WI 53226

Tel: 414 456-6727  Fax: 414 456-6200

E-mail: seisdl@mcw.edu

Length: 3 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 141-56-31-806

### Chemical Pathology (Pathology)

**Michigan**

**Ann Arbor**

**University of Michigan Program**

**Sponsor:** University of Michigan Hospitals and Health Centers

**Prgm Director:** Jeffrey S. Warren, MD

1361 Catherine Street

Medical Science 1 Building, M5242

Ann Arbor, MI 40109

Tel: 734 936-1873

E-mail: fegan@umich.edu

Length: 1 Yr  ACGME Approved/Offered Positions: 1

Program ID: 386-25-21-010

### Royal Oak

**William Beaumont Hospital Program**

**Sponsor:** William Beaumont Hospital

**Prgm Director:** Elizabeth Sykes, MD

9891 West Thirteen Mile Road

Royal Oak, MI 48073

Tel: 248 651-9023  Fax: 248 651-3604

Length: 1 Yr  ACGME Approved/Offered Positions: 1

Program ID: 366-25-21-006

### Texas

**Houston**

**University of Texas M D Anderson Cancer Center Program**

**Sponsor:** University of Texas MD Anderson Cancer Center

**Prgm Director:** Beverly C. Handy, MD

Div of Laboratory Medicine, Box 687

1515 Holcombe Boulevard

Houston, TX 77030

Tel: 713 792-4500  Fax: 713 792-4700

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 306-48-21-004

### Child and Adolescent Psychiatry (Psychiatry)

**Alabama**

**Birmingham**

**University of Alabama Medical Center Program**

**Sponsor:** University of Alabama Hospital

**Prgm Director:** Lee R. Flaherman, MD

Smilow Building, 3rd Floor

1700 7th Avenue South

Birmingham, AL 35294

Tel: 205 976-8204  Fax: 205 976-7406

E-mail: jeneath@uabmc.edu

Length: 2 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 405-01-21-172

### Arizona

**Phoenix**

**Maricopa Medical Center Program**

**Sponsor:** Maricopa Medical Center

**Prgm Director:** Shyam Talasila, MD

Desert Vista Campus #101

570 W Brown Road

Mesa, AZ 85201

Tel: 480 384-0156  Fax: 480 384-0155

Length: 2 Yrs  Program ID: 405-03-11-179

### Tucson

**University of Arizona Program**

**Sponsor:** University of Arizona College of Medicine

**Prgm Director:** Harinder Gujman, MD

1501 North Campbell Avenue

PO Box 254502

Tucson, AZ 85724

Tel: 520 621-0173  Fax: 520 621-0050

Length: 2 Yrs  Program ID: 405-03-21-142

### Arkansas

**Little Rock**

**University of Arkansas for Medical Sciences Program**

**Sponsor:** University of Arkansas College of Medicine

**Prgm Director:** Juanita L. Taylor, MD

1200 Marshall Street

Slot H4

Little Rock, AR 72202

Tel: 501 364-4707  Fax: 501 364-1382

E-mail: taylorjuanita@uams.edu

Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 405-04-21-146
California

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Pgm Director: Roni Steinfeld, MD
7560 Avenue
Thousand Oaks, CA 91301
Tel: 425-345-555 Fax: 425-345-555
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 405-05-11-005

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Pgm Director: Graeme Hansen, MD
401 Parnassus Avenue, Box 0894-CAS
San Francisco, CA 94143
Tel: 415 476-7253 Fax: 415 476-7163
Length: 2 Yrs ACGME Approved/Offered Positions: 8 Program ID: 406-05-21-018

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale New Haven Hospital
Riverview Hospital for Children
Pgm Director: Dorothy E Stubbe, MD, PhD
200 S Frontage Road
PO Box 207900
New Haven, CT 06520
Tel: 203 785-2316 Fax: 203 785-7400
Length: 2 Yrs ACGME Approved/Offered Positions: 14 Program ID: 405-05-11-023

University of Southern California/ LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Children's Hospital Los Angeles
LAC+USC Medical Center
Pgm Director: Sidney Bussak, MD, PhD
Division of Child & Adolescent Psychiatry
2020 Zonal Ave, B23 Bldg, Room 106
Los Angeles, CA 90033
Tel: 323-226-5328 Fax: 323-226-5822
Length: 2 Yrs ACGME Approved/Offered Positions: 14 Program ID: 406-05-11-010

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Pgm Director: Gail E Fernandez, MD
101 City Drive South, Route 88
Building 1, UCIRMC
Orange, CA 92868
Tel: 714 456-5801 Fax: 714 456-7615
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 405-05-11-007

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: Robert L Herndon, DO
Department of Psychiatry
2315 Stockton Blvd
Sacramento, CA 95817
Tel: 916 709-0122 Fax: 916 734-3834
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 406-05-11-005

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Pgm Director: Ellen K Heyman, MD
200 Children's Way MC #9018
San Diego, CA 92120
Tel: 858 565-4935 Fax: 858 966-6733
Length: 2 Yrs ACGME Approved/Offered Positions: 8 Program ID: 406-05-21-014

District of Columbia

Washington

Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
Pgm Director: Peter T Dariolos, MD, BS
Psychiatry and Behavioral Sciences
1114 M Street NW
Washington, DC 20036
Tel: 202 349-5244 Fax: 202 349-5244
E-mail: pdaniolo@cnmc.org
Length: 2 Yrs ACGME Approved/Offered Positions: 8 Program ID: 406-10-21-024

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Pgm Director: Regina Buskiss, MD
Department of Psychiatry
PO Box 106234
Gainesville, FL 32610
Tel: 352 392-8373 Fax: 352 846-1455
E-mail: ebussin@psychiatry.ufl.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8 Program ID: 406-10-11-026

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Colorado Mental Health Institute at Fort Logan
Denver Health Medical Center
University of Colorado Hospital
Pgm Director: Debbie R. Carter, MD
4300 East 9th Avenue
Box A011-22
Denver, CO 80262
Tel: 303 315-2975 Fax: 303 315-9005
Length: 2 Yrs ACGME Approved/Offered Positions: 12 Program ID: 406-07-11-021

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Institute of Living
Pgm Director: Adele L Martel, MD, PhD
200 Retreat Avenue
Beacon Building
Hartford, CT 06106
Tel: 860 545-7746
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 406-08-21-022

University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
The Children's Home, Inc.
University Psychiatry Center
University Psychiatry Center
3515 East Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-2295 Fax: 813 974-4777
E-mail: hkuhwe@hsc.usf.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 405-11-21-140
Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Pgm Director: Arden D Dingle, MD
Child & Adolescent Psychiatry
1236 Briarcliff Rd, Suite 517S
Atlanta, GA 30306
Tel: 404 727-2886 Fax: 404 712-8990
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 405-12-21-029

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Pgm Director: Donna L Lordinio, MD
1515 Pelmo Avenue
Augusta, GA 30912
Tel: 706 721-6670 Fax: 706 721-1760
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-12-21-148

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Queen's Medical Center
Pgm Director: Terry G Lee, MD
Child & Adolescent Psychiatry
1356 Lusitana St, 4th floor
Honolulu, HI 96813
Tel: 808 586-2980 Fax: 808 586-2940
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-14-31-029

Tripler AMC
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Kahaluu Hospital
Pgm Director: Jeffrey Weiser, MD
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-6418
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-14-21-148
US Armed Services Program

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Pgm Director: Marybeth Lake, MD
Marshall Field IV Center
1270 West Polk Street
Chicago, IL 60612
Tel: 312 942-8336 Fax: 312 942-3186
E-mail: rmchill@northwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-16-21-153

University of Chicago Program
Sponsor: University of Chicago Hospitals
IVA Chicago Lakeshore Hospital
Pgm Director: Kathleen M Kelley, MD
6641 S Maryland Avenue, MC 077
Chicago, IL 60637
Tel: 773 834-1573 Fax: 773 702-4297
E-mail: kkleley@peds.bsd.uchicago.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-16-21-034

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Pgm Director: Thomas Wright, MD
Dept of Psychiatry, MC 7171
840 S Wood Street
Chicago, IL 60612
Tel: 312 696-7721 Fax: 312 966-6534
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-16-21-030

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Laurel D Carter Memorial Hospital
Pgm Director: David Dunn, MD
Clarian Riley Hospital for Children
Clinic, Room 3701
Indianapolis, IN 46202
Tel: 317 274-5122 Fax: 317 278-0609
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-17-21-008

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Pgm Director: Samuel Kupernak, MD, BA
20621 JPP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 856-1482 Fax: 319 848-8843
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-18-11-030

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Pgm Director: Sharon B Cairn, MD
1361 Rainbow Boulevard, Mail Stop 4015
Division of Child Psychiatry
Kansas City, KS 66160
Tel: 913 588-6402 Fax: 913 588-1365
E-mail: kkhnow2@kumc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-19-11-040

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Ridge Behavioral Health System
Pgm Director: Debby A Katz, MD
9470 Blazer Parkway
Lexington, KY 40509
Tel: 859 255-6201 Fax: 859 223-1194
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-20-21-042

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Child Psychiatry Services (Bingham Child Guidance Clinic)
Kosair Children's Hospital (Norton Healthcare, Inc)
Pgm Director: Mohammad Shaffi, MD
260 East Chestnut Street
Louisville, KY 40202
Tel: 502 852-6041 Fax: 502 852-1065
E-mail: mohammadshaffi@louisville.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-20-21-043

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
New Orleans Adolescent Hospital
Pgm Director: Humberto Quintana, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-3081 Fax: 504 588-4154
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-21-21-159

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Pgm Director: Betty A Muller, MD
1440 Tulane Avenue, TB52
New Orleans, LA 70112
Tel: 504 588-5408 Fax: 504 587-4354
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-21-21-046
Maine

Portland

Maine Medical Center Program
Sponsor: Maine Medical Center
Spring Harbor Hospital
Program Director: Andrew G Hinckens, MD, MPH
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2733 Fax: 207 871-6967
E-mail: hinckea@mmc.org
Length: 3 yrs ACGME Approved/Offered Positions: 4
Program ID: 405-22-11-046

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Emily J Froush, MD
600 North Wolfe Street
CMSC 246
Baltimore, MD 21287
Tel: 410 695-7588 Fax: 410 695-8681
Length: 2 yrs ACGME Approved/Offered Positions: 12
Program ID: 405-25-11-047

University of Maryland Program
Sponsor: University of Maryland Medical System
Sheppard Pratt Health System
Program Director: Kenneth M Rogers, MD
791 West Pratt Street, Room 423
Baltimore, MD 21201
Tel: 410 328-3522 Fax: 410 328-0392
Length: 2 yrs ACGME Approved/Offered Positions: 12
Program ID: 405-34-21-049

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Nancy B Black, MD
Borden Pavilion (Building C)
5800 Georgia Avenue NW
Washington, DC 20073
Tel: 202 782-5686 Fax: 202 782-8987
E-mail: kandroma2@aol.com
Length: 2 yrs ACGME Approved/Offered Positions: 10
Program ID: 405-10-12-002
US Armed Services Program

Massachusetts

Boston

Children's Hospital Program
Sponsor: Children's Hospital
Program Director: Stuart J Goldman, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6745 Fax: 617 780-0428
Length: 2 yrs ACGME Approved/Offered Positions: 10
Program ID: 405-24-31-033

Massachusetts General Hospital/McLean Hospital Program
Sponsor: Massachusetts General Hospital
McLean Hospital
Program Director: Eugene V Berean, MD
Burlington 449
Burlington, MA 01803
Tel: 617 726-7711 Fax: 617 726-3518
Length: 2 yrs ACGME Approved/Offered Positions: 10
Program ID: 405-24-31-107

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Joseph J Katonowski, MD
750 Washington Street, Box 1007
Boston, MA 02111
Tel: 617 636-1035 Fax: 617 636-8442
Length: 2 yrs ACGME Approved/Offered Positions: 8
Program ID: 405-24-31-056

Cambridge

Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Program Director: Cynthia T Jinjitla, MD
1490 Cambridge Street
Cambridge, MA 02139
Tel: 617 665-1587 Fax: 617 665-3449
Length: 2 yrs ACGME Approved/Offered Positions: 10
Program ID: 405-24-31-057

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Worcester State Hospital
Program Director: W Peter Morley, MD
55 Lake Avenue North
Worcester, MA 01605
Tel: 508 856-1226 Fax: 508 856-6426
Length: 2 yrs ACGME Approved/Offered Positions: 4
Program ID: 405-24-31-106

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Thomas Fluent, MD
Child & Adolescent Psychiatry
2101 Commonwells, Suite C
Ann Arbor, MI 48106
Tel: 734 936-6335 Fax: 734 936-8907
E-mail: ksk@umich.edu
Length: 2 yrs ACGME Approved/Offered Positions: 12
Program ID: 405-25-11-060

Detroit

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Rochester Center Hospital
Program Director: Beth Ann Brooks, MD
2751 E Jefferson
Detroit, MI 48207
Tel: 313 995-7019 Fax: 313 577-2338
Length: 2 yrs ACGME Approved/Offered Positions: 12
Program ID: 405-25-21-173

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Jonathan B Jensen, MD
F255/EB West
2450 Riverside Avenue
Minneapolis, MN 55454
Tel: 612 273-9711 Fax: 612 273-9779
E-mail: hopcat000@umn.edu
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-26-11-006

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: Mark W Olsen, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-0335 Fax: 507 284-4845
E-mail: mgemed.rch.cm.psychiatry@mayo.edu
Length: 2 yrs ACGME Approved/Offered Positions: 8
Program ID: 405-26-21-067

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Program Director: Cynthia L Endicott, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5620 Fax: 601 815-4056
Length: 2 yrs
Program ID: 405-27-21-178

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Mid-Missouri Mental Health Center
Royal Oaks Hospital
University Hospitals and Clinics
Program Director: Sped Ambad Izunam, MD
Division of Psychiatry, Room N119
180 Hospital Drive
Columbia, MO 65212
Tel: 573 882-8006 Fax: 573 884-5596
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 405-28-21-068
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
St Louis Children's Hospital
Program Director: Joan L Loeb, MD
Box #134
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314-286-2730 Fax: 314-286-2732
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-28-21-070

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Program Director: Robert A Bailey, MD
MSC 08-5000 1 University of New Mexico
2400 Tischer NE
Albuquerque, NM 87108
Tel: 505-274-5002 Fax: 505-274-5353
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-34-21-144

New York
Bronx
Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Program Director: Richard J Pickrill, MD
2111 East 175th Street
Bronx, NY 10467
Tel: 718-801-4756 Fax: 718-801-9890
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-35-21-177

Staten Island
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Program Director: Richard R. Pickrill, MD
Division of Psychiatry
2111 East 175th Street
Bronx, NY 10467
Tel: 718-801-9890 Fax: 718-801-9890
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-35-21-177

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Pierre Jean-Noel, MD
One Brooklynplace Plaza
Brooklyn, NY 11212
Tel: 718-240-5469 Fax: 718-240-6016
E-mail: pjiannoe@brook.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-01-078

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
UMDNJ-University Behavioral HealthCare
Program Director: Theodore Petti, MD
671 Hoes Lane - C-235
Piscataway, NJ 08854
Tel: 732-255-4688 Fax: 732-235-3928
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-33-21-074

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Program Director: Lenore Engel, MD
650 Clarkson Avenue Box 1203
Brooklyn, NY 11203
Tel: 718-220-4549 Fax: 718-220-3517
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-21-084

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Women and Children's Hosp of Buffalo)
SUNY at Buffalo School of Medicine
New York State Psychiatric Center
Program Director: David L Kaye, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716-877-1200 Fax: 716-888-3090
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-21-161

Elmhurst
Mount Sinai School of Medicine (Elmhurst) Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center Mount Sinai Services
Program Director: David S Stuster, MD
78-41 Broadway, D10-41
Elmhurst, NY 11373
Tel: 718-334-9257 Fax: 718-334-9441
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-35-11-079

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: Victor M Fornari, MD
400 Community Drive
Manhattan, NY 10735
Tel: 212-562-3306 Fax: 212-562-3207
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-11-076

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: L IJMC
Program Director: Richard R. Pickrill, MD
Scheider Children's Hospital
Room 441
New Hyde Park, NY 11040
Tel: 516-470-3550 Fax: 516-470-0634
E-mail: rpleak@lij.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 405-35-11-082

New York
Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Program Director: Sadaf T. Sultani, MD
506 Lenox Avenue
New York, NY 10037
Tel: 212-996-3265 Fax: 212-996-3280
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-35-21-081

Nebraska
Omaha
Creighton University/University of Nebraska Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Temet - SJH)
The Nebraska Medical Center
Program Director: Shashi K Bhada, MD
3020 Dodge Street
Omaha, NE 68131
Tel: 402-245-8838 Fax: 402-245-8815
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-30-31-071

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
New Hampshire Hospital
Program Director: Robert J Racenstein, MD
Section of Child & Adolescent Psych 1 Medical Center Drive
Lebanon, NH 03756
Tel: 603-650-5835 Fax: 603-650-0810
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-32-21-073

New Jersey
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Bergen Regional Medical Center
UMDNJ-University Behavioral Health Care
UMDNJ-University Hospital
Program Director: Adrian Sandheimer, MD
185 South Orange Avenue
Newark, NJ 07103
Tel: 973-972-8184 Fax: 973-972-0870
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-33-21-150
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: John D O'Brien, MD
1 Gustave L Levy Plaza, #1250
New York, NY 10029
Tel: 212 241-0457
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-35-11-085

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
South Beach Psychiatric Center
Prgm Director: A Reese Abright, MD
144 West 12th Street, Room 431
New York, NY 10011
Tel: 212 604-8312 Fax: 212 604-8512
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-22-092

New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute
Prgm Director: Elisabeth B Guthrie, MD
101 Riverside Drive, Unit 7B
New York, NY 10032
Tel: 212 543-1831 Fax: 212 543-5066
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-35-11-080

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
New York Presbyterian Hospital-Payne Whitney Clinic
Prgm Director: Rebecca Rondelman, MD
Payne Whitney Clinic, Box 140
525 East 68th Street
New York, NY 10021
Tel: 212 746-5795 Fax: 212 746-5944
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 403-35-11-086

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Carmen M Alonso, MD
535 First Avenue, NVB 218S
New York, NY 10016
Tel: 212 260-2072 Fax: 212 260-2072
Length: 2 Yrs ACGME Approved/Offered Positions: 14
Program ID: 405-35-21-098

St. Luke's-Roosevelt Hospital Center Program
Sponsor: St. Luke's - Roosevelt Hospital Center
St. Luke's-Roosevelt Hospital Center-Roosevelt Division
St. Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Ramon Solkhiah, MD
411 West 14th Street
Division of Child and Adolescent Psychiatry
New York, NY 10012
Tel: 212 503-3609 Fax: 212 503-3642
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 403-35-21-160

Rochester University Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Stephen Wameron, MD
300 Critzmond Boulevard
Rochester, NY 14642
Tel: 585 275-1157 Fax: 585 272-1117
E-mail: stephen_wameron@urmc.rochester.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-11-085

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Prgm Director: Judith G Crowell, MD
Potamia Hall, South Campus
Stony Brook, NY 11794
Tel: 516 632-8840 Fax: 516 632-8953
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-21-158

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Richard H Hutchinson Psychiatric Center
Prgm Director: Wanda F Fremond, MD
750 Adams Street
Syracuse, NY 13210
Tel: 315 464-3175 Fax: 315 464-3202
E-mail: annhong@upstate.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-35-14-178

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Danbury Hospital
Westchester Medical Center
Prgm Director: Elizabeth Ortis Schwartz, MD
Behavioral Health Center
Room 8102
Valhalla, NY 10595
Tel: 914 495-1829 Fax: 914 495-7152
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 405-35-11-097

White Plains New York Presbyterian Hospital (Cornell Campus)/Westchester Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Westchester Division)
Prgm Director: Paulina F Kernberg, MD
21 Bloomingdale Road
White Plains, NY 10605
Tel: 914 495-5551 Fax: 914 495-9888
E-mail: pkernberf@med.cornell.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-35-21-098

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Prgm Director: Karen K Pouls, MD
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919 278-5344
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-36-21-140

Duke University Hospital Program
Sponsor: Duke University Hospital
John Sunset Hospital
Prgm Director: Allan K Christman, MD
Box 3806
Durham, NC 27710
Tel: 919 416-2402 Fax: 919-416-9789
E-mail: chris014@mc.duke.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-36-31-101

Greenville Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pitt County Mental Health Center
Prgm Director: Kaye L Mcintyre, MD
Baptist Medical Center
Greenville, NC 27858
Tel: 252 744-8873 Fax: 252 744-3815
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-36-21-162

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Gay K Palmen, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-5698 Fax: 336 716-8642
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-36-31-163

Ohio Cincinnati Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Michael T Sorner, MD
3333 Burnet Avenue
ML 3014
Cincinnati, OH 45229
Tel: 513 636-8838 Fax: 513 636-9283
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-38-21-162

Graduate Medical Education Directory 2004-2005
Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
URHS Laurelwood Hospital
Pgm Director: Maryellen Davis, MD
1110 Euclid Avenue
Hatton Pavilion 5080
Cleveland, OH 44106
Tel: 216 444-6399 Fax: 216 844-6589
E-mail: maryellen.davis@uhhs.com
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-38-11-103

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Kathleen M Quinn, MD
5000 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-9650 Fax: 216 444-8654
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-38-21-171

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Pgm Director: Craig E Williams, MD
Neuro Sciences Facility
1676 Upham Drive, Suite 140
Columbus, OH 43210
Tel: 614 293-8214 Fax: 614 293-8239
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-38-21-104

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Children's Medical Center
Good Samaritan Hospital and Health Center
Kettering Medical Center
Pgm Director: William M Klykylo, MD
PO Box 927
Dayton, OH 45401
Tel: 937 223-8840 Fax: 937 223-8738
E-mail: william.klykylo@wright.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-38-21-106

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio Medical College of Ohio Hospital
Pgm Director: Jeffrey Wahl, MD
3000 Arlington Avenue
PO Box 10906
Toledo, OH 43614
Tel: 419 383-5484 Fax: 419 383-3098
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-38-11-105

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OC Medical Center - Children's Hospital
Pgm Director: James R Allen, MD, MPH
Williams Pavilion, 5th Floor
900 N Hudson
Oklahoma City, OK 73104
Tel: 405 271-4219 Fax: 405 271-3838
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-09-11-106

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Pgm Director: Nancy C Winters, MD
3181 SW Sam Jackson Park Road DCOT
Portland, OR 97201
Tel: 503 494-8646 Fax: 503 494-6149
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-40-21-107

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Stuart Lee Kaplan, MD
500 University Drive, PO Box 850, HU73
Hershey, PA 17033
Tel: 717 531-7551 Fax: 717 531-6401
E-mail: slk26@psu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-41-21-147

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Friends Hospital
Pgm Director: Tamir D Benton, MD
54th Street & Civic Center Blvd
Philadelphia, PA 1914
Tel: 215 590-7530 Fax: 215 590-7540
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-41-11-11

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Pgm Director: William A Sonis, MD
Eastern Penn Psychiatric Institute
3200 Henry Avenue
Philadelphia, PA 19126
Tel: 215 442-4240 Fax: 215 442-7551
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-41-21-110

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm Director: Harris Robynovitch, MD
333 Chestnut St Ste 210
Philadelphia, PA 19107
Tel: 215 605-8177 Fax: 215 605-2852
E-mail: audreywrig@jmu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 405-41-11-13

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Pgm Director: Lisa A Jaanaback, MD
333 East North Avenue
Pittsburgh, PA 15212
Tel: 412 200-4315 Fax: 412 200-4310
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-41-21-174

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian Shadyside
UPMC Western Psychiatric Institute and Clinic
Pgm Director: Erin E Malley, MD
3811 O'Hara Street
Pittsburgh, PA 15233
Tel: 412 604-2874
Length: 2 Yrs ACGME Approved/Offered Positions: 16
Program ID: 405-41-31-114

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Pgm Director: Lutsen I Nazario, MD
PO Box 350676
San Juan, PR 00936
Tel: 787 764-0585 Fax: 787 764-7024
E-mail: lutsen@uppr.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 405-42-21-116

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Emma Pendleton Bradley Hospital
Pgm Director: Henriettia L Leonard, MD
Child & Family Psychiatry
505 Eddy Street
Providence, RI 02903
Tel: 401 444-3765 Fax: 401 444-8879
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 405-43-21-117

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Pgm Director: Markus J Krassi, MD
17 President Street
PO Box 256861
Charleston, SC 29425
Tel: 843 792-7003 Fax: 843 792-0948
E-mail: krassi@musc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 20
Program ID: 405-45-21-118

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Baptist
William J Hall Psychiatric Institute
Pgm Director: Margaret A Sturmer, MD
15 Medical Park, Suite 104A
Columbia, SC 29030
Tel: 803 888-1597 Fax: 803 888-3460
E-mail: adp139@musc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 405-45-21-119
South Dakota
Sioux Falls
University of South Dakota Program
Sponsor: University of South Dakota School of Medicine
Avera McKennan Hospital and University Health Center
Sioux Valley Hospital and University of SD Medical Center
Pgm Director: David J Elmer, MD
1001 East 21st St, Suite 200
Sioux Falls, SD 57110
Tel: 605 322-5705 Fax: 605 322-5736
E-mail: skelton@usd.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-46-21-164

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
University of Tennessee Medical Center
Pgm Director: Jerry R. West, MD
711 Jefferson Avenue
Suite 117
Memphis, TN 38105
Tel: 901 448-4168 Fax: 901 448-6913
E-mail: jrfleming@utmem.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-47-21-129

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Psychiatric Hospital at Vanderbilt
Pgm Director: D Catherine Pachas, MD
Division of Child and Adolescent Psychiatry
1601 23rd Avenue, South, Suite 301
Nashville, TN 37212
Tel: 615 322-7194 Fax: 615 322-7313
E-mail: catherine.pachas@vanderbilt.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-47-21-121

Texas
Austin
Austin Medical Education Programs of Seton Healthcare Network Program
Sponsor: Austin Medical Education Program of Seton Healthcare Network
Austin State Hospital
Brackenridge Hospital
Pgm Director: Beverly J Sutzen, MD
3501 Mills Avenue
Austin, TX 78703
Tel: 512 324-2080 Fax: 512 324-2084
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-48-18-181

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Maryam Rezaei, MD
5303 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-5300 Fax: 214 648-5229
E-mail: Maryam.Rezaei@UTSouthwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 400-48-21-129

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Christopher R Thomas, MD
301 University Blvd
Galveston, TX 77555
Tel: 409 747-9667 Fax: 409 747-9669
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 400-48-11-124

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Pgm Director: Florence E Eddins, MD
One Baylor Plaza, 6550
Houston, TX 77030
Tel: 713 798-4708 Fax: 713 798-4718
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 400-48-21-125

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Harris County Psychiatric Center
University of Texas Mental Sciences Institute
Pgm Director: Cynthia W Santos, MD
1300 Moursund, Room 179
Houston, TX 77030
Tel: 713 500-2653 Fax: 713 500-2669
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 400-48-21-139

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Child Guidance Center
Catholic Health Care Corporation
Southwest Mental Health Center
Pgm Director: Kenneth L Matthews, MD
7700 Floyd Curr Drive
San Antonio, TX 78228
Tel: 210 567-5400 Fax: 210 567-5417
E-mail: sparcce@uthscsa.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 400-48-21-126

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Darnall Army Community Hospital
Metropolitan Psychiatric Hospital
Pgm Director: Jane Ripperger-Suhler, MD
Child and Adolescent Psychiatry
2511 S Main Street
Temple, TX 76508
Tel: 254 724-7842 Fax: 254 724-1747
E-mail: jripperger-suhler@swmedmail.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-49-21-175

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
University of Utah Neuropsychiatric Institute
Pgm Director: Dwag Gray, MD
421 Wakara Way, #143
Salt Lake City, UT 84108
Tel: 801 581-5606 Fax: 801 585-3006
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-49-21-127

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
De Jarnette Center
Pgm Director: Roger C Burket, MD
PO Box 801076
Division of Child and Family Psychiatry
Charlottesville, VA 22908
Tel: 434 243-6579 Fax: 434 243-6770
E-mail: rcburket@virginia.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-51-11-130

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
MCV-Virginia Treatment Center for Children
Medical College of Virginia Hospitals
Pgm Director: Anandana A Sood, MD
Box 904849
515 North 10th Street
Richmond, VA 23298
Tel: 804 828-4058 Fax: 804 827-3731
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 400-51-11-131

518
Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
Program Director: Christopher K Varley, MD
4800 Sand Point Way NE
Seattle, WA 98105
Tel: 206 268-5449 Fax: 206 268-4059
E-mail: varley@uwashington.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 405-541-132

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Sponsor: Milwaukee Care Hospital
Program Director: Michael T Witkowsky, MD, MA
6000 Research Park Blvd
Madison, WI 53719
Tel: 608 233-8683 Fax: 608 233-2435
Length: 3 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 405-561-134

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc.
Aurora Psychiatric Hospital
Children's Hospital of Wisconsin
Milwaukee County Behavioral Health Division
Program Director: Russell E Scheffer, MD
8000 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 956-3480 Fax: 414 956-3785
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 405-561-135

Child Neurology (Neurology)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Program Director: Leon S Dure IV, MD
1600 7th Avenue South
Children's Harbor Building 314
Birmingham, AL 35233
Tel: 205 996-7850 Fax: 205 996-7867
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 185-01-21-066

Arizona
Phoenix
St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Program Director: John F Kerrigan III, MD
Barrow Neurological Institute
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 496-3800 Fax: 602 496-3810
E-mail: jkerrigan@chw.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 185-03-21-024

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: May L Grieble, MD
800 Marshall Street
Little Rock, AR 72202
Tel: 501 344-1169 Fax: 501 344-1077
Length: 3 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 185-04-21-085

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Stephen Ashwal, MD
11243 Anderson Street
Coleman Pavilion
Loma Linda, CA 92354
Tel: 909 824-8324 Fax: 909 824-0479
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 185-05-21-063

Los Angeles
Childrens Hospital Los Angeles Program
Sponsor: Childrens Hospital Los Angeles
LAC + USC Medical Center
Program Director: Wendy G Mitchell, MD
4501 Sunset Boulevard
Mail Stop #82
Los Angeles, CA 90027
Tel: 213 638-3476 Fax: 213 638-3469
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 185-05-21-065

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Raman Sankar, MD, PhD
Division of Pediatric Neurology
224-274 MCC, UCLA Medical Center
Los Angeles, CA 90095
Tel: 310 206-1097 Fax: 310 206-5834
E-mail: rsankar@mednet.ucla.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 185-05-21-062

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Program Director: Ira T Lott, MD
101 City Drive
Bldg 2, Rm 81, Zol 4402
Orange, CA 92866
Tel: 714 456-5833 Fax: 714 456-7658
Length: 3 Yrs  Program ID: 185-05-21-060

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Doris A Trauner, MD
6600 Gilman Drive
Department of Neurosciences 0656
La Jolla, CA 92039
Tel: 858 457-5364 Fax: 858 457-6904
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 185-06-21-020

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Donna M Ferriero, MD
Department of Neurology, Box 0663
501 Parnassus Avenue, 331A
San Francisco, CA 94143
Tel: 415 476-1095 Fax: 415 476-5831
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 185-05-21-069

Graduate Medical Education Directory 2004-2005
Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Pgm Director: Jim S Hahn, MD
Division of Child Neurology
300 Pasteur Drive, 3a40
Stanford, CA 94305
Tel: 650 723-6841 Fax: 650 723-7850
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-05-21-061

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Pgm Director: Kenneth R Huff, MD
Department of Child Neurology
1000 West Carson Street
Torrance, CA 90509
Tel: 310 223-4168 Fax: 310 325-2271
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-05-21-017

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Pgm Director: Timothy A Benke, MD, PhD
Department of Neurology 1-152
4200 East 9th Avenue
Denver, CO 80262
Tel: 303 275-2525 Fax: 303 275-2543
E-mail: kenneth.dubs@uchsdn.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-07-21-038

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
George Washington University Hospital (UHS)
Pgm Director: Phillip L Pearl, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 864-2100 Fax: 202 864-5226
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program Id: 185-19-21-048

Florida
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Pgm Director: Walter G Bradley, MD
PO Box 016060
MT18
Miami, FL 33101
Tel: 305 243-7519 Fax: 305 243-7525
Length: 3 Yrs
Program Id: 185-11-21-005

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Memorial Hospital
Pgm Director: John T Slattery, MD
2404 Ridgewood Drive, NE
Atlanta, GA 30322
Tel: 404 727-5796 Fax: 404 727-1981
E-mail: jsladley@emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-12-21-058

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
University Hospital
Veterans Affairs Medical Center (Augusta)
Pgm Director: James E Carroll, MD
Dept of Neurology, BG20008
Augusta, GA 30912
Tel: 706 271-3576 Fax: 706 271-3577
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-12-21-019

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Pgm Director: Joshua Goldstein, MD
2300 Children's Plaza #51
Chicago, IL 60614
Tel: 312 880-4352 Fax: 312 880-3374
E-mail: mjraegan@childrensmemorial.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-14-21-021

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Kenneth Silver, MD
5841 South Maryland Avenue
MC/3065
Chicago, IL 60637
Tel: 773 703-6887 Fax: 773 703-4796
E-mail: kallev@peds.bsd.uchicago.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-15-21-001

Marywood
Loyola University Program
Sponsor: Loyola University Medical Center
Pgm Director: Sidney A Hovf, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-5582 Fax: 708 216-5617
E-mail: ahullin@lumc.edu
Length: 3 Yrs
Program Id: 185-16-21-045

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Pgm Director: Laurence E Walsh, MD
702 Barnhill Drive
Room 1571
Indianapolis, IN 46202
Tel: 317 274-1329 Fax: 317 274-3622
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-17-21-050

Tulane University Program
Sponsor: Tulane University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Pgm Director: Deborah A Lee, MD
Department of Neurology
1420 Tulane Avenue
New Orleans, LA 70112
Tel: 504 865-8785 Fax: 504 866-6547
E-mail: stilco@tulane.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program Id: 185-21-21-044

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Harvey Singer, MD
Department of Child Neurology
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-7212 Fax: 410 955-2257
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program Id: 185-23-21-057

Graduate Medical Education Directory 2004-2005
Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Pgm Director: Michael H Mitchell, MD
3820 16th Street, NW
Department of Neurology
Washington, DC 20037
Tel: 202 782-4397
Fax: 202 782-4397
Length: 3 Yrs
Program ID: 185-10-11-010
US Armed Services Program

Massachusetts
Boston
Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Pgm Director: Paul J. Moore, MD
30 Longwood Ave
Fenway 11
Boston, MA 02115
Tel: 617 450-1000
Fax: 617 450-7974
Length: 3 Yrs
Program ID: 185-22-14-006

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Pgm Director: Barry E. Rossby, MD, PhD
33 Fruit Street, YRK 701
Boston, MA 02114
Tel: 617 724-8534
Fax: 617 724-6110
Length: 3 Yrs
Program ID: 185-24-21-061

New England Medical Center Hospitals/Tufts University Program
Sponsor: Tufts-New England Medical Center
Pgm Director: Norman P. Rosenman, MD
759 Washington Street
Boston, MA 02111
Tel: 617 636-4000
Fax: 617 636-4000
Length: 3 Yrs
Program ID: 185-24-21-028

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Faye S Silverstein, MD
MSRB III, Box 8646, Room 8601
Ann Arbor, MI 48109
Tel: 734 763-8645
Fax: 734 764-2279
Length: 3 Yrs
Program ID: 185-25-21-030

Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Pgm Director: Michael H Mitchell, MD
3820 16th Street, NW
Department of Neurology
Detroit, MI 48201
Tel: 313 745-6000
Fax: 313 745-6055
E-mail: michaell@med.wayne.edu
Length: 3 Yrs
Program ID: 185-25-21-007

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Pgm Director: Lawrence Charnas, MD, PhD
Box 486 UMC
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 232-9746
Fax: 612 232-7531
E-mail: charnas@umn.edu
Length: 3 Yrs
Program ID: 185-24-21-067

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Pgm Director: Suresh Kotagal, MD
Division of Pediatric Neurology
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3372
Fax: 507 284-3350
Length: 3 Yrs
Program ID: 185-24-21-030

Mississippi
Jackson
University of Mississippi School of Medicine Program
Sponsor: University of Mississippi School of Medicine
Pgm Director: Victoria V Vedanarayanan, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 894-5210
Fax: 601 894-5982
Length: 3 Yrs
Program ID: 185-25-21-005

Missouri
Kansas City
University of Kansas Medical Center/Children's Mercy Hospital and Clinics Program
Sponsor: University of Kansas Medical Center
Children's Mercy Hospital and Clinics
Pgm Director: William B Graf, MD
Children's Mercy Hospital, Neurology Section
1401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3090
Fax: 816 234-3359
E-mail: wdgraf@cmcmc.edu
Length: 3 Yrs
Program ID: 185-19-23-006

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Pgm Director: Steven M Rothman, MD
Department of Neurology
One Children's Place
St Louis, MO 63110
Tel: 314 454-2523
Fax: 314 454-2523
E-mail: rothman@wustl.edu
Length: 3 Yrs
Program ID: 185-24-21-010

New Jersey
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ University Hospital
Veterans Affairs New Jersey Health Care System
Pgm Director: Rosario R Triffilet, MD, PhD
185 South Orange Avenue MSB II-506
Newark, NJ 07103
Tel: 973 972-8072
Fax: 973 972-8060
E-mail: triffiletv.com
Length: 3 Yrs
Program ID: 185-25-21-011
New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Stony Brook University

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Beacon and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Karen Ballahan-Gil, MD
1300 Morris Park Avenue, K016
Bronx, NY 10461
Tel: 718 430-0446 Fax: 718 439-9899
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-35-21-002

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Juan B. Roca, MD
450 Clarkson Avenue, Box 178
Brooklyn, NY 11203
Tel: 718 270-2042 Fax: 718 270-3840
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-35-21-054

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaiser Permanente Medical Center
Veterans Affairs Medical Center (Buffalo)

Prgm Dir: Thomas J. Langan, MD
The Jacobs Neurological Institute
100 High Street
Buffalo, NY 14203
Tel: 716 678-7948 Fax: 716 878-7326
E-mail: ejaanog@acsu.buffalo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 185-35-21-035

Manhasset
North Shore University Hospital/NYU/Nassau University Medical Center Program
Sponsor: North Shore University Hospital Nassau University Medical Center
Prgm Director: Susan Kadash, MD
Division of Child Neurology
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-3107
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-21-006

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgm Director: Joseph Martal, MD
Schneider Children’s Hospital
569 01 76th Ave Suite 207
New Hyde Park, NY 11040
Tel: 718 470-3450 Fax: 718 343-5825
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 185-35-21-005

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Alan M Aron, MD
One Gustave L Levy Place
Box 1286
New York, NY 10029
Tel: 212 241-7163 Fax: 212 426-7627
E-mail: amaronmd@mski.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-21-046

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Marc C Patterson, MD
Harkness Pavilion, Suite 542
180 Fort Washington Avenue
New York, NY 10032
Tel: 212 305-6938 Fax: 212 305-1253
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-35-21-009

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Abe M Chutorian, MD, MA
Department of Pediatric Neurology
253 East 66th Street, Box 91
New York, NY 10021
Tel: 212 746-3278 Fax: 212 746-3278
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-21-010

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Ruth Nass, MD
555 First Avenue
New York, NY 10016
Tel: 212 263-7703 Fax: 212 263-7721
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-21-007

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Jonathan W Mink, MD, PhD
601 Elmwood Avenue, Box 601
Rochester, NY 14642
Tel: 585 275-3865 Fax: 585 275-3863
E-mail: amszusto@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-12-004

Stony Brook
SUNY at Stony Brook Program
Sponsor: Stony Brook University - SUNY at Stony Brook
Prgm Director: Nicholas J Levin, MD, FRCP
Department of Neurology
HSC T12-020
Stony Brook, NY 11794
Tel: 516 444-7878 Fax: 516 444-1474
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-35-21-081

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Robert S Greenwald, MD
Department of Neurology
3100 Bioinformatics Rd.
Chapel Hill, NC 27519
Tel: 919 966-8160 Fax: 919 966-2922
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-21-003

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Robert C Lin, MD
Division of Pediatric Neurology
Box 3936
Durham, NC 27710
Tel: 919 688-0477 Fax: 919 681-8944
E-mail: mchiale07@mc.duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-21-060

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Cesar O Santos, MD
300 South Hawthorne Road
Winston-Salem, NC 27103
Tel: 336 716-2151 Fax: 336 716-9499
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-36-21-007

Ohio
Cincinnati
Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children’s Hospital Medical Center University Hospitals Inc.
Prgm Director: Mark B Schapiro, MD
3333 Burnet Avenue
Cincinatti, OH 45229
Tel: 513 635-4222 Fax: 513 635-1888
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-36-21-038

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Nancy E Bass, MD
11100 Euclid Avenue, MS 6090
Cleveland, OH 44106
Tel: 216 844-3681 Fax: 216 844-8444
E-mail: jessie trotty@uhhs.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-38-13-001
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm. Director: Neil R Friedman, MChB
Desk 571
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-0772 Fax: 216 445-8190
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-38-21-004

Columbus
Children’s Hospital/Ohio State University Program
Sponsor: Children’s Hospital (Columbus)
Ohio State University Hospital
Pgm. Director: Warren Lo, MD
700 Children’s Drive
Columbus, OH 43205
Tel: 614 722-4651 Fax: 614 722-4633
E-mail: wlo@chls.osu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 183-38-21-092

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Pgm. Director: Thomas K Koch, MD
70 SW Gaines Road, CBRC-P
Portland, OR 97239
Tel: 503 494-0188 Fax: 503 494-2370
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-40-28-048

Pennsylvania
Philadelphia
Children’s Hospital of Philadelphia Program
Sponsor: Children’s Hospital of Philadelphia
University of Pennsylvania Health System
Pgm. Director: Donald P Younkin, MD
One Children’s Center
3414 S. and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1710 Fax: 215 590-3369
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 182-14-21-041

St Christopher’s Hospital for Children Program
Sponsor: St Christopher’s Hospital for Children (Temescal Health System)
Pgm. Director: Sanjeev V Kothare, MD
Eric Avenue & Front Street
Philadelphia, PA 19134
Tel: 215 427-8372 Fax: 215 427-4399
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-41-21-040

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
UPMC Presbyterian Shadyside
Pgm. Director: Nina F Schor, MD, PhD
5705 Fifth Avenue
Pittsburgh, PA 15215
Tel: 412 682-6182 Fax: 412 682-8787
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 185-41-21-012

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonHeur Children’s Medical Center
Pgm. Director: Massanori (parashi), MD
777 Washington, Suite 110
Memphis, TN 38105
Tel: 901 572-4568 Fax: 901 572-3117
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 183-47-21-079

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm. Director: Gerald M Pinski, MD
1161 21st Avenue, South
Nashville, TN 37232
Tel: 615 322-2026 Fax: 615 936-0229
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-47-21-042

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children’s Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Texas Scottish Rite Hospital for Children
Pgm. Director: J D Cook, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 455-8020 Fax: 214 455-7987
E-mail: dfjjdc@sbghglobal.net
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 185-48-21-043

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children’s Hospital
Pgm. Director: Gary D Clark, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-1764 Fax: 713 798-1717
E-mail: gclark@bcm.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 185-48-21-018

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Pgm. Director: Ian J Butler, MD
Department of Neurology 7.044/MSB
6441 Fannin Street
Houston, TX 77030
Tel: 713 500-7100 Fax: 713 500-7101
E-mail: MaryJ.Haas@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-48-31-078

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children’s Medical Center
Pgm. Director: James F Bale Jr, MD
Primary Children’s Medical Center
100 N Medical Drive
Salt Lake City, UT 84113
Tel: 801 588-3206 Fax: 801 588-2206
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-49-21-044

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm. Director: Robert S Rust, MA, MD
Department of Neurology
Box 801184
Charlottesville, VA 22908
Tel: 434 984-5300 Fax: 434 984-1726
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-51-31-097

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Pgm. Director: John M Pellock, MD
PO Box 980211
Richmond, VA 23298
Tel: 804 289-0441 Fax: 804 289-6990
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 185-51-21-060

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children’s Hospital and Regional Medical Center
Harborview Medical Center
University of Washington Medical Center
Pgm. Director: Sidney M Gooze Jr, MD, PhD
4800 Sand Point Way NE Neurology, 51-4
Seattle, WA 98105
Tel: 206 987-3078 Fax: 206 987-2049
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 185-54-31-047
West Virginia
Morgantown

West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Atiya S Khan, MD
G-105 Health Sciences North
PO Box 9180
Morgantown, WV 26506
Tel: 304-293-2341 Fax: 304-263-3552
E-mail: wjackson@hsc.wvu.edu
Length: 3 Yrs
Program ID: 185-55-11-068

Wisconsin
Milwaukee

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc.
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Frederic Memorial Lutheran Hospital
Program Director: Mary L Zupanc, MD
9701 Watertown Plank Road
Milwaukee, WI 53225
Tel: 414 266-3464 Fax: 414 266-3466
E-mail: mzupanc@neuroscience.mcw.edu
Length: 3 Yrs
Program ID: 185-56-31-070

Clinical and Laboratory Immunology (Allergy and Immunology)

California
Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Program Director: Sudhir Gupta, MD, PhD
Department of Medicine
C240, Med Sci 1
Irvine, CA 92697
Tel: 949 828-5818 Fax: 949 824-4392
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 025-65-21-016

Florida
St Petersburg

University of South Florida (All Children's) Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
Program Director: John W Siesman, MD
801 Sixth Street South
St. Petersburg, FL 33701
Tel: 727 767-4471 Fax: 727 767-8542
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 025-11-31-010

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Dennis E Ledford, MD
James A Haley Veterans Hospital
13000 Bruce B Downs Blvd (111D)
Tampa, FL 33612
Tel: 813 972-6011 Fax: 813 910-4641
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 025-11-21-001

Maryland
Baltimore

National Capital Consortium Program
Sponsor: National Capital Consortium
Clinical Center at the National Institutes of Health
Walter Reed Army Medical Center
Program Director: Michael R Nelson, MD, PhD
6900 Georgia Avenue, NW
Washington, DC 20017
Tel: 202 782-8085 Fax: 202 782-7063
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 025-10-21-006
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Program Director: Thomas A Fleisher, MD
Building 10 Room 2C006
9000 Rockville Pike
Bethesda, MD 20892
Tel: 301 496-5638 Fax: 301 496-1611
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 025-22-31-097

New York
Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Alan S Josephson, MD
450 Clarkson Avenue, Box 50
Brooklyn, NY 11203
Tel: 718 279-3250 Fax: 718 279-1831
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 025-85-31-018

Texas
Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Texas Children's Hospital
Program Director: David F Huston, MD
One Baylor Plaza, BCM 205
Suite 6712
Houston, TX 77030
Tel: 713 798-5300 Fax: 713 798-5790
E-mail: swvist@bcm.tmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 025-48-21-012
Clinical Cardiac Electrophysiology (Internal Medicine)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: G Noel Kay, MD
Tel: 205 934-1125 Fax: 205 934-1279
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 154-01-21-001

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Program Director: Jeffrey E Olgin, MD
500 Parnassus Avenue
Room MU 405 Box 1345
San Francisco, CA 94143
Tel: 415 476-5706 Fax: 415 476-8260
Length: 1 Yr ACGME Approved/Offered Positions: 3 Program ID: 154-05-23-008

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Sung H Chu, MD
Arrhythmia Service
500 Pasteur Dr Em 18146
Stanford, CA 94305
Tel: 650 723-7111 Fax: 650 723-7568
Length: 1 Yr ACGME Approved/Offered Positions: 4 Program ID: 154-05-32-009

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County Harbor-UCLA Medical Center
Hospital of the Good Samaritan
Program Director: Anil K Bhandari, MD
1223 Wilshire Boulevard
Los Angeles, CA 90017
Tel: 213 977-2239 Fax: 213 977-2239
Length: 1 Yr ACGME Approved/Offered Positions: 3 Program ID: 154-05-31-009

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System Shands Hospital at the University of Florida
Program Director: Anne B Curtis, MD
Box 100277
1600 SW Archer Road, Room M-415
Gainesville, FL 32610
Tel: 352 392-2460 Fax: 352 392-0314
E-mail: godw@medicine.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 154-11-21-091

District of Columbia

Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, DC)
Program Director: Sung W Lee, MD
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2323
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 154-16-31-012

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center Georgetown University Hospital
Veterans Affairs Medical Center (Washington, DC)
Program Director: Cynthia M Tracy, MD
3800 Reservoir Road, NW 4 North
Division of Cardiology
Washington, DC 20037
Tel: 202 444-8740 Fax: 202 444-4790
E-mail: steelewe@gunet.georgetown.edu
Length: 1 Yr
Program ID: 154-10-21-011

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Peng-Sheng Chen, MD
3101 Wilshire Boulevard
1101 Wilshire Boulevard
Los Angeles, CA 90073
Tel: 310 268-8481 Fax: 310 268-8288
E-mail: malcolm.bernohn@med.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 154-05-13-006

Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Program Director: Arthur R Bailey Jr, MD
4890 E 9th Avenue, Box B130
Denver, CO 80210
Tel: 303 972-0209 Fax: 303 972-0209
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 154-07-21-018

Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Lynda E Rosenfeld, MD
Department of Cardiovascular Medicine, 3 FMP
333 Cedar Street, PO Box 268017
New Haven, CT 06520
Tel: 203 737-4068 Fax: 203 737-2347
Length: 1 Yr
Program ID: 154-08-21-087

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Gregory K Feld, MD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543-5428 Fax: 619 543-5543
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 154-05-22-000

District of Columbia

Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, DC)
Program Director: Sung W Lee, MD
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2323
Length: 1 Yr ACGME Approved/Offered Positions: 1 Program ID: 154-16-31-012

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center Georgetown University Hospital
Veterans Affairs Medical Center (Washington, DC)
Program Director: Cynthia M Tracy, MD
3800 Reservoir Road, NW 4 North
Division of Cardiology
Washington, DC 20037
Tel: 202 444-8740 Fax: 202 444-4790
E-mail: steelewe@gunet.georgetown.edu
Length: 1 Yr
Program ID: 154-10-21-011

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System Shands Hospital at the University of Florida
Program Director: Anne B Curtis, MD
Box 100277
1600 SW Archer Road, Room M-415
Gainesville, FL 32610
Tel: 352 392-2460 Fax: 352 392-0314
E-mail: godw@medicine.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 154-11-21-091

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Program Director: Alberto Interian Jr, MD
Jackson Memorial Hospital
PO Box 016060
Miami, FL 33101
Tel: 305 586-5532 Fax: 305 586-5560
Length: 1 Yr ACGME Approved/Offered Positions: 2 Program ID: 154-11-21-091

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Program Director: Jonathan J Langberg, MD
1364 Clifton Road, NE Suite F-414
Atlanta, GA 30322
Tel: 404 713-4142 Fax: 404 713-4774
Length: 1 Yr
Program ID: 154-12-21-015

Graduate Medical Education Directory 2004-2005

525
### Illinois

**Chicago**

**Advocate Illinois Masonic Medical Center/Northside Health Network Program**

- **Sponsor:** Advocate Illinois Masonic Medical Center
- **Program Director:** Richard F. Kehoe, MD
- **Address:** 836 W Wellington Ave
- **City:** Chicago, IL 60657
- **Phone:** 773-296-7185, 773-296-7982
- **Fax:** 773-296-2707
- **Length:** 1 Yr

**Program ID:** 154-16-21-016

**McGaw Medical Center of Northwestern University Program**

- **Sponsor:** McGaw Medical Center of Northwestern University
- **Program Director:** Jeffrey J Goldberg, MD, MBA
- **Address:** 251 E Huron Street
- **City:** Chicago, IL 60611
- **Phone:** 312-926-2148, 312-926-2707
- **Length:** 1 Yr

**Program ID:** 154-16-31-017

**Rush University Medical Center Program**

- **Sponsor:** Rush University Medical Center
- **Program Director:** Richard G Tatham, MD
- **Address:** 1553 W Congress Parkway
- **City:** Chicago, IL 60612
- **Phone:** 312-942-6588, 312-942-5862
- **Length:** 1 Yr

**Program ID:** 154-16-11-018

**University of Chicago Program**

- **Sponsor:** University of Chicago Hospitals
- **Program Director:** Bradley F Knight, MD
- **Address:** University of Chicago
- **City:** Chicago, IL 60637
- **Phone:** 773-702-4566
- **Length:** 1 Yr

**Program ID:** 154-16-12-019

### Maywood

**Loyola University Program**

- **Sponsor:** Loyola University Medical Center
- **Program Director:** David J Wilber, MD
- **Address:** Building 110 Room 6232
- **City:** Maywood, IL 60153
- **Phone:** 708-216-8949, 708-216-8829
- **Length:** 1 Yr

**Program ID:** 154-16-13-020

### Indiana

**Indianapolis**

**Indiana University School of Medicine Program**

- **Sponsor:** Indiana University School of Medicine
- **Program Director:** John M Muller, MD
- **Address:** Richard L Roudebush Veterans Affairs Medical Center
- **Program Director:** John M Muller, MD
- **Address:** Krannert Institute of Cardiology
- **Address:** 1880 North Capitol Avenue Suite E488
- **City:** Indianapolis, IN 46202
- **Phone:** 317-963-0107, 317-963-0190
- **Length:** 1 Yr

**Program ID:** 154-17-21-021

### Massachusetts

**Boston**

**Beth Israel Deaconess Medical Center Program**

- **Sponsor:** Beth Israel Deaconess Medical Center
- **Program Director:** Mark E Josephy, MD
- **Phone:** 617-638-7929, 617-638-7920
- **Email:** rmails@bidmc.harvard.edu
- **Length:** 1 Yr

**Program ID:** 154-24-21-026

**Boston University School Medical Center Program**

- **Sponsor:** Boston Medical Center
- **Program Director:** Kerri M Monahan, MD
- **Address:** Section of Cardiology
- **City:** Boston, MA 02118
- **Phone:** 617-638-8704, 617-638-8784
- **Length:** 1 Yr

**Program ID:** 154-24-12-029

**Brigham and Women's Hospital/West Roxbury Veterans Affairs Medical Center Program**

- **Sponsor:** Brigham and Women's Hospital
- **Program Director:** William G Stevenson, MD
- **Address:** 75 Francis Street
- **City:** Boston, MA 02111
- **Phone:** 617-732-1757, 617-732-1961
- **Length:** 1 Yr

**Program ID:** 154-24-11-028

**Massachusetts General Hospital Program**

- **Sponsor:** Massachusetts General Hospital
- **Program Director:** Jeremy N Baskin, MD
- **Address:** 32 Fruit Street
- **City:** Boston, MA 02114
- **Phone:** 617-726-8514
- **Length:** 1 Yr

**Program ID:** 154-24-12-029

**Tufts-New England Medical Center Program**

- **Sponsor:** Tufts-New England Medical Center
- **Program Director:** Munirah K Homoud, MD
- **Address:** 600 Washington Street, Box 197
- **City:** Boston, MA 02111
- **Phone:** 617-638-5962, 617-638-5964
- **Length:** 1 Yr

**Program ID:** 154-24-18-090

### Burlington

**Lahey Clinic Program**

- **Sponsor:** Lahey Clinic
- **Program Director:** David T Martin, MD
- **Address:** 41 Mall Road
- **City:** Burlington, MA 01805
- **Phone:** 781-744-8803, 781-744-5301
- **Length:** 1 Yr

**Program ID:** 154-24-23-032

### Springfield

**Baystate Medical Center/Tufts University School of Medicine Program**

- **Sponsor:** Baystate Medical Center
- **Program Director:** James B Cook, MD, MPH
- **Address:** 755 Chestnut Street, W4
c/o Nikki Burnett, MSc
- **City:** Springfield, MA 01109
- **Phone:** 413-794-4400, 413-794-0188
- **Length:** 1 Yr

**Program ID:** 154-24-32-033
### Accredited Programs in Clinical Cardiac Electrophysiology (internal Medicine)

<table>
<thead>
<tr>
<th>Location</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Length</th>
<th>Tel/ Fax</th>
<th>Program ID</th>
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<tbody>
<tr>
<td>Worcester</td>
<td>University of Massachusetts Program</td>
<td>University of Massachusetts Medical School</td>
<td>Lawrence Rosenblat, MD</td>
<td>1 Yr</td>
<td>508-856-2931</td>
<td>508-856-6859</td>
<td>55 Lake Avenue, North</td>
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<tr>
<td></td>
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<td>Department of Medicine</td>
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<td>Worcester, MA 01655</td>
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<td>Michigan</td>
<td>Ann Arbor University of Michigan Program</td>
<td>University of Michigan Hospitals and Health Centers</td>
<td>Mark R. Starling, MD</td>
<td>1 Yr</td>
<td>724-761-7499</td>
<td>724-214-0894</td>
<td>Oakwood Hospital</td>
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<td>Ann Arbor, MI 68130</td>
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<td>Detroit</td>
<td>Henry Ford Hospital Program</td>
<td>Henry Ford Hospital</td>
<td>Claudio D. Schiuffe, MD</td>
<td>1 Yr</td>
<td>313-816-8416</td>
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<td>2215 Fuller Road</td>
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<td>Minnesota</td>
<td>Minneapolis University of Minnesota Program</td>
<td>University of Minnesota Medical School</td>
<td>Scott Sakauchi, MD</td>
<td>1 Yr</td>
<td>612-633-4401</td>
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<td>Nebraska</td>
<td>Omaha University of Nebraska Medical Center College of Medicine Program</td>
<td>University of Nebraska Medical Center</td>
<td>Larry Chinitz, MD</td>
<td>1 Yr</td>
<td>402-550-6515</td>
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<td>8226 Nebraska Medical Center</td>
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<td>New Hampshire</td>
<td>Lebanon Dartmouth-Hitchcock Medical Center Program</td>
<td>Mary Hitchcock Memorial Hospital</td>
<td>Mark L. Greenberg, MD</td>
<td>1 Yr</td>
<td>903-650-6247</td>
<td>903-650-6164</td>
<td>1 Medical Center Drive</td>
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<td>Camden UMDNJ-Robert Wood Johnson Medical School (Camden) Program</td>
<td>Cooper Hospital University Medical Center</td>
<td>Lawrence Gessman, MD</td>
<td>1 Yr</td>
<td>856-968-7420</td>
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<td>Bronx Albert Einstein College of Medicine Program</td>
<td>Albert Einstein College of Medicine</td>
<td>John D. Fishel, MD</td>
<td>1 Yr</td>
<td>718-993-4920</td>
<td>718-587-2111</td>
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<td>Brooklyn SUNY Health Science Center at Brooklyn</td>
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<td>Nabil El-Sherif, MD</td>
<td>1 Yr</td>
<td>718-270-4147</td>
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<td>New York Mount Sinai School of Medicine Program</td>
<td>Mount Sinai School of Medicine</td>
<td>Anthony Gomes, MD</td>
<td>1 Yr</td>
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<td>New York Presbyterian Hospital (Columbia Campus) Program</td>
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<td>Hassan Garan, MD</td>
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<td>Steven M. Markowitz, MD</td>
<td>1 Yr</td>
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<td>New York, NY 10021</td>
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</tbody>
</table>
Accredited Programs in Clinical Cardiac Electrophysiology (Internal Medicine)

St Luke’s-Roosevelt Hospital Center Program  
Sponsor: St Luke’s-Roosevelt Hospital Center  
Prgm Director: Jonathan Steinberg, MD  
1111 Amsterdam Avenue  
New York, NY 10025  
Tel: 212-933-4001  
Length: 1 Yr  
Program ID: 14-35-42-051

Rochester University of Rochester Program  
Sponsor: Strong Memorial Hospital of the University of Rochester  
Prgm Director: James P Daubert, MD  
Box 679  
601 Elmwood Avenue  
Rochester, NY 14642  
Tel: 585-273-6114  
Fax: 585-271-7667  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 154-36-21-068

North Carolina Chapel Hill University of North Carolina Hospitals Program  
Sponsor: University of North Carolina Hospitals  
Prgm Director: William R Sanders Jr, MD, MBA  
130 Mason Farm Road, 4th Floor  
CB Y7075 / Bioinformatics Building  
Chapel Hill, NC 27514  
Tel: 919-966-4744  
Fax: 919-966-4366  
Length: 1 Yr  
Program ID: 154-36-21-066

Durham Duke University Hospital Program  
Sponsor: Duke University Hospital  
Prgm Director: Tristram B Bahnson, MD  
Box 2969  
Durham, NC 27710  
Tel: 919-668-5441  
Fax: 919-668-8809  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 154-36-31-054

Winston-Salem Wake Forest University School of Medicine Program  
Sponsor: Wake Forest University Baptist Medical Center  
Prgm Director: David M Fitzgerald, MD  
Cardiology Section  
Medical Center Blvd  
Winston-Salem, NC 27157  
Tel: 336-716-4802  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 154-36-11-056

Ohio Cleveland Case Western Reserve University (MetroHealth) Program  
Sponsor: MetroHealth Medical Center  
Prgm Director: Kern J Quan, MD  
2300 MetroHealth Drive HS90  
Cleveland, OH 44109  
Tel: 216-778-2005  
Fax: 216-778-4024  
Length: 1 Yr  
Program ID: 154-34-13-095

Case Western Reserve University/University Hospitals of Cleveland Program  
Sponsor: University Hospitals of Cleveland  
Prgm Director: Bruce S Stambler, MD  
11100 Euclid Avenue  
Cleveland, OH 44106  
Tel: 216-964-2466  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 154-36-21-066

Cleveland Clinic Foundation Program  
Sponsor: Cleveland Clinic Foundation  
Prgm Director: Andrea Natale, MD  
Dept of Cardiovascular Medicine/115  
9500 Euclid Avenue  
Cleveland, OH 44195  
Tel: 216-444-4293  
Fax: 216-445-5955  
E-mail: natale@ccf.org  
Length: 1 Yr  
Program ID: 154-36-21-063

Oklahoma Oklahoma City University of Oklahoma Health Sciences Center Program  
Sponsor: University of Oklahoma College of Medicine  
Prgm Director: Karen J Beckman, MD  
Biomedical Sciences Building, Room 367  
PO Box 26501  
Oklahoma City, OK 73190  
Tel: 405-271-0566  
Fax: 405-271-7455  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 154-39-21-016

Oregon Portland Oregon Health & Science University Program  
Sponsor: University of Oregon Health Sciences Hospital  
Prgm Director: Suzanne S Chugh, MD  
3181 SW Sam Jackson Park Road, UOHN-62  
Portland, OR 97201  
Tel: 503-494-6780  
E-mail: graziano@ohsu.edu  
Length: 1 Yr  
Program ID: 154-49-21-060

Pennsylvania Hershey Penn State University/Milton S Hershey Medical Center Program  
Sponsor: Milton S Hershey Medical Center  
Prgm Director: Ralph J Rothman, MD  
500 University Drive  
PO Box 850  
Hershey, PA 17033  
Tel: 717-531-7404  
Fax: 717-531-0000  
E-mail: rothman@psu.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 154-41-21-064

Philadelphia Drexel University College of Medicine (MCP Hahmemann) Program  
Sponsor: Drexel University College of Medicine (MCP Hahmemann)  
Hahmemann University Hospital (Tenet Health System)  
Medical College of Pennsylvania Hosp (Tenet Health System)  
Prgm Director: Steven P Kutalek, MD  
Broad & Vine Streets  
Philadelphia, PA 19102  
Tel: 215-762-3457  
Fax: 215-762-9098  
E-mail: SPKutalek@drexel.edu  
Length: 1 Yr  
Program ID: 154-41-31-062

Temple University Program  
Sponsor: Temple University Hospital  
Prgm Director: Steven A Rothman, MD  
9th Floor Parkview Pavilion  
3401 N Broad Street  
Philadelphia, PA 19140  
Tel: 215-707-4734  
Fax: 215-707-3946  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 154-41-12-064

Thomas Jefferson University Program  
Sponsor: Thomas Jefferson University Hospital  
Prgm Director: Behzad B Paydi, MD  
205 Chestnut Street  
Mezzanine Level  
Philadelphia, PA 19107  
Tel: 215-955-8882  
Fax: 215-928-2539  
Length: 1 Yr  
Program ID: 154-41-21-088

University of Pennsylvania Program  
Sponsor: University of Pennsylvania Health System  
Probyterian Medical Center (UPHS)  
Prgm Director: Ralph J Verduino, MD  
Hospital of the U of Pennsylvania  
96 Founders, 3400 Spruce Street  
Philadelphia, PA 19104  
Tel: 215-662-6902  
Fax: 215-662-3879  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 154-41-22-066

Pittsburgh University of Pittsburgh Medical Center Medical Education Program  
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program  
UPMC Presbyterian Shadyside  
Prgm Director: Leonard I Gau, MD  
Probyterian University Hospital RM B535  
200 Lothrop Street  
Pittsburgh, PA 15219  
Tel: 412-647-2672  
Fax: 412-647-7979  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 154-41-30-067

Wynnewood Lankenau Hospital Program  
Sponsor: Lankenau Hospital  
Prgm Director: Joseph B Kocour, MD  
584 Lankenau M9B East  
100 Lancaster Avenue  
Wynnewood, PA 19096  
Tel: 610-646-5363  
Fax: 610-865-0663  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 154-41-33-067
Rhode Island
Providence
Brown University Program
Sponsor: Brown University Lifespan
Program Director: Alfred Baxter, MD
Brown University School of Medicine
2 Dudley Street
Providence, RI 02905
Tel: 401 444-5328 Fax: 401 444-2891
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-43-19-068

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Mark E Anderson, MD
2220 Pierce Avenue
Nashville, TN 37282
Tel: 615 936-1720 Fax: 615 936-1872
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-47-21-060

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: Kevin Wheelan, MD
411 N Washington, #2200
Dallas, TX 75204
Tel: 214 841-2000 Fax: 214 841-2025
Length: 1 Yr
Program ID: 154-48-12-100

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: Mohamed H Hamdan, MD
5233 Harry Hines Boulevard
Cardiology Division, MS 213
Dallas, TX 75390
Tel: 214 590-6655 Fax: 214 590-0402
Length: 1 Yr
Program ID: 154-48-21-070

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Program Director: Hue-Teh Shih, MD
6550 Fannin, MS 1601
Houston, TX 77030
Tel: 713 798-7587 Fax: 713 798-5922
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-48-11-072

Baylor College of Medicine/St Luke's Episcopal Hospital Program
Sponsor: Baylor College of Medicine
St Luke's Episcopal Hospital
Program Director: All Massumi, MD
St Luke's Episcopal Hospital
6720 Bertner (MC-1-113)
Houston, TX 77030
Tel: 713 555-6676 Fax: 713 555-8374
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-45-19-073

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Veterans Affairs Medical Center System
Program Director: Al Hamilton-Dougherty, MD
6431 Fannin, MSB 1.24
Houston, TX 77030
Tel: 713 500-6590
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-48-21-082

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Roger A Freedman, MD
20 North 1800 East
Division of Cardiology, 4A100
Salt Lake City, UT 84132
Tel: 801 581-7715 Fax: 801 581-7735
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 154-48-21-075

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: J Michael Manngrum, MD
Department of Internal Medicine
PO Box 60116
Charlottesville, VA 22908
Tel: 434 982-4241 Fax: 434 982-4241
E-mail: cardiology@uva.virginia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-61-21-070

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Ronath A Ellenhorn, MD
PO Box 580053
Richmond, VA 23228
Tel: 804 828-7565 Fax: 804 828-6084
E-mail: ronath@pol.net
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 154-61-31-077

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Jeanne E Fogel, MD
Division of Cardiology-Arhythmia Service, Box 356422
1500 NE Pacific Street
Seattle, WA 98195
Tel: 206 667-4117 Fax: 206 616-1023
Length: 1 Yr
Program ID: 154-54-21-078

Wisconsin
Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
St Luke's Medical Center
Program Director: Massood Akhtar, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 622
Milwaukee, WI 53201
Tel: 414 219-7100 Fax: 414 219-7676
E-mail: rebecca.young@aurora.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 154-66-21-079
Clinical Neurophysiology (Neurology)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: Shin J Oh, MD
610 South 18th Street
Birmingham, AL 35249
Tel: 205 934-2130 Fax: 205 975-8768
E-mail: shingoh@uab.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-01-21-038

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Program Director: David Deelman, MD
Barrow Neurological Institute
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 405-0201 Fax: 602 405-7185
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-03-21-106

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Gordon W Peterson, MD
11175 Campus Street
Coleman Pavilion, Suite 11108
Loma Linda, CA 92354
Tel: 909 558-7407 Fax: 909 558-0207
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-03-21-094

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCSDF-Sinai Medical Center
UCSDF Medical Center
Program Director: Marc R Nower, MD, PhD
710 Westwood Plaza
Reed Building, 1A4
Los Angeles, CA 90095
Tel: 310 206-3903 Fax: 310 206-1157
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-03-21-094

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Program Director: Arthur C Grant, MD, PhD
UCLA Medical Building 230, Neurodiagnostic Laboratory
101 The City Drive, South
Orange, CA 92668
Tel: 714 456-2322 Fax: 714 456-9088
E-mail: grantsac@uci.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-05-31-106

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Program Director: David Grant Medical Center
University of California (Davis) Medical Center
Program Director: Maund Sejal, MD
2215 Stockton Boulevard, Room 6008
Sacramento, CA 95817
Tel: 916 734-3514 Fax: 916 452-2739
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-06-31-095

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Vincente Iragui, MD, PhD
5050 Campus Point Drive (7740)
La Jolla, CA 92037
Tel: 858 667-6900 Fax: 858 667-6907
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-05-13-110

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Program Director: Michael J Aminoff, MD
500 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 685-1966 Fax: 415 685-8978
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-06-11-090

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
California Pacific Medical Center
Lucile Packard Children's Hospital at Stanford
Program Director: Leslie Dorfman, MD
Dept of Neurology, A343
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-6090 Fax: 650 725-5005
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 187-05-21-022

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Hugh B McIntyre, MD
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-3909 Fax: 310 583-8905
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-05-21-068

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Edward J Novotny Jr, MD
Department of Neurology UCI-703
333 Cedar Street
New Haven, CT 06510
Tel: 203 785-5700 Fax: 203 785-7194
E-mail: edward.novotny@yale.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-06-21-008

District of Columbia

Washington

Georgetown University Program
Sponsor: Georgetown University Hospital
Program Director: Giulian K Motamedi, MD
3800 Reservoir Road, NW
1st Floor Bree Building
Washington, DC 20007
Tel: 202 444-1748 Fax: 202 444-2661
E-mail: motamedi@georgetown.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-10-21-111

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Edward Valesentein, MD
Box 100236, UFHSC
Gainesville, FL 32610
Tel: 352 392-3491 Fax: 352 382-6803
Length: 2 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-11-21-025

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
Neumayer Children's Clinic
St Luke's Hospital
Program Director: Kevin B Boylan, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0110 Fax: 904 953-0430
E-mail: mgim.jack.fl.neurology@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-11-21-103

Weston

Miami Children's Hospital/Cleveland Clinic Foundation Program
Sponsor: Miami Children's Hospital
Cleveland Clinic, Florida
Program Director: Michael Durkow, MD
Miami Children's Hospital, 2200 SW 40th Court
Miami, FL 33155
Tel: 305 662-8342 Fax: 305 669-6472
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-11-13-098
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Emory University Hospital
Grady Memorial Hospital
Prgm Director: Jaffer Khan, MD
101 Woodruff Memorial Circle
WMRR 0009 c/o Pam Julien
Atlanta, GA 30322
Tel: 404-712-4013 Fax: 404-659-0646
E-mail: neuro_res@emory.edu
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 187-12-21-080

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Prgm Director: Michael R Rimer, MD
1129 15th Street, EMG Lab
Augusta, GA 30912
Tel: 706-721-2681 Fax: 706-721-8701
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-12-21-070

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: MedStar Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Prashanthi Jaffar Khan, MD
719 N Lake Shore Dr
Suite 1110
Chicago, IL 60611
Tel: 312-588-4266 Fax: 312-908-6073
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-16-21-041

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Susan Pallie, MD
1050 W Congress Parkway
348 Murdoch
Chicago, IL 60612
Tel: 312 543-6899 Fax: 312 543-2238
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-16-21-026

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Albert L Bilsa, MD
5841 South Maryland Avenue
Mail Code 2080
Chicago, IL 60637
Tel: 773-702-1790 Fax: 773-702-0070
E-mail: aabiel@neurology.bsd.uchicago.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-16-21-086

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Prgm Director: Yergeryna Kaydanova, MD
912 South Wood Street, M/C 796
Chicago, IL 60617
Tel: 312-413-0686 Fax: 312-994-1169
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-16-21-001

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr Veterans Affairs Hospital
Prgm Director: Morris Fisher, MD
Department of Neurology
2160 S First Avenue
Maywood, IL 60153
Tel: 708-216-5052 Fax: 708-216-5017
E-mail: NeurologyResources@lumc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-16-21-051

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Dean W Hart, MD
Department of Neurology
PO Box 19697
Springfield, IL 62794
Tel: 217-545-0160 Fax: 217-545-8039
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-16-31-006

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Charnan Indiana University Hospital
Charnan Riley Hospital for Children
Prgm Director: John C Kincaid, MD
Department of Neurology
1111 W Pennsylvania Street
Indianapolis, IN 46222
Tel: 317-274-0211 Fax: 317-278-0110
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 187-17-21-003

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Mark E Dyson, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-6085 Fax: 319-356-4605
E-mail: Dysonl@uiowa.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-18-21-054

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Richard J Barohn, MD
Department of Neurology
3801 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913-588-6004 Fax: 913-588-6966
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-19-13-102

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Bruce J Fischer, MD
Department of Neurology
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-568-0408 Fax: 504-568-7130
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-21-24-075

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Jeffrey Nicholl, MD
Department of Neurology
1430 Tulane Avenue, Box 665
New Orleans, LA 70112
Tel: 504-886-2241 Fax: 504-886-3690
E-mail: charleen@tulane.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-21-31-005

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Visny Chaudhry, MD
Department of Neurology
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410-555-8167 Fax: 410-614-8377
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 187-23-21-027

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Elizabeth Barry, MD
32 South Greene Street
Baltimore, MD 21201
Tel: 410-328-6306 Fax: 410-328-0967
E-mail: chargary@um.maryland.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-23-21-016

Bethesda

National Capital Consortium (Bethesda)
Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Children's National Medical Center
Clinical Center at the National Institutes of Health
Prgm Director: Susumu Sato, MD
EEG Section, Office of Clinical Director, NINDS
10 Center Drive, Bldg 10, Rm SC 101, MSC-1404
Bethesda, MD 20892
Tel: 301-480-5121 Fax: 301-480-8796
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-10-31-029

US Armed Services Program
National Capital Consortium Program
Sponsor: National Capital Consortium
Prgm Director: William W Campbell, MD, MHA
Department of Neurology
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 783-4499 Fax: 202 782-2285
E-mail: wvcndmsna@comast.net
Length: 1 Yr Program ID: 187-16-31-024
US Armed Services Program

Massachusetts

Boston
Children’s Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Children’s Hospital
Prgm Director: Seward R Butkove, MD
330 Brookline Avenue, TCC-810
Boston, MA 02215
Tel: 617 667-8477 Fax: 617 667-8477
Length: 1 Yr 187-25-21-047

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm Director: Anthony Amato, MD
Brigham and Women’s Hospital, Department of Neurology
75 Francis Street
Boston, MA 02114
Tel: 617 726-9546 Fax: 617 726-9546
Length: 1 Yr 187-24-21-071

New England Medical Center Hospitals/Tufts University Program
Sponsor: Tufts-New England Medical Center
Children’s Hospital/Laraby Clinic
Prgm Director: James A Russell, DO, MS
Department of Neurology
41 Mall Road
Burlington, MA 01805
Tel: 781 744-5012 Fax: 781 744-3049
E-mail: Karen.G.Moloney@lahey.org
Length: 1 Yr 187-24-21-086

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: David A Chad, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3083
Length: 1 Yr 187-24-21-086

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Ahmad Beydoun, MD
1500 East Medical Center Drive
1B300 University Hospital/0068
Ann Arbor, MI 48109
Tel: 734 936-7510 Fax: 734 896-5520
E-mail: abeydoun@umich.edu
Length: 1 Yr 187-25-21-010
Program ID: 187-25-21-010

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Veronica Sosa, MD
5799 West Grand Boulevard
K-11
Detroit, MI 48202
Tel: 313 916-5582 Fax: 313 916-5582
Length: 1 Yr 187-25-21-037
Program ID: 187-25-21-037

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Prgm Director: Jaylahi Shah, MD
Neurology, ED-IRC
4201 St Antoine
Detroit, MI 48201
Tel: 313 577-1244 Fax: 313 747-4216
Length: 1 Yr 187-25-21-042
Program ID: 187-25-21-042

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Minnesota Epilepsy Group, PA
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: William S Amato, DO, MS
Department of Neurology
420 Delaware Street SR, MMC 295
Minneapolis, MN 55455
Tel: 612 626-6510 Fax: 612 626-7500
Length: 1 Yr 187-25-21-010
Program ID: 187-25-21-010

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary’s Hospital of Rochester
Prgm Director: Barbara F Westmoreland, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 254-3250 Fax: 507 254-9636
E-mail: westmoreland.bbarbara@mayo.edu
Length: 1 Yr 187-26-21-011
Program ID: 187-26-21-011

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi Medical Center Hospitals and Clinics
Prgm Director: Michael Sundaram, MD
Neurology: EEG/EMG
2500 North State Street
Jackson, MS 39216
Tel: 601 894-4765 Fax: 601 894-4805
Length: 1 Yr 187-27-21-015
Program ID: 187-27-21-015

Missouri

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children’s Hospital
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Glenn A Hayat, MD
5000 South Kingshighway
PO Box 15250
St Louis, MO 63110
Tel: 314 977-8282 Fax: 314 338-5101
Length: 1 Yr 187-27-21-015
Program ID: 187-27-21-015

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children’s Hospital
Prgm Director: Muhammad T Al-Lordi, MD
600 S Euclid Avenue
Box 8111
St Louis, MO 63110
Tel: 314 362-6881 Fax: 314 362-2826
Length: 1 Yr 187-27-21-015
Program ID: 187-27-21-015

New Jersey

Edison
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
JFK Medical Center
Prgm Director: Anthony J. Zubutis, MD
65 James Street
PO Box 3089
Edison, NJ 08830
Tel: 732 321-7660 Fax: 732 632-1584
Length: 1 Yr 187-28-21-015
Program ID: 187-28-21-015
New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Prgrm Director: Jerry J Shih, MD
MSC06 5200
1 University of New Mexico
Albuquerque, NM 87109
Tel: 505-272-3342 Fax: 505 272-6692
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-36-21-061

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgrm Director: Fred A Lado, MD, PhD
Dept of Neurology, Kennedy - 311
1410 Pelham Parkway South
Bronx, NY 10461
Tel: 718 430-2738 Fax: 718 430-8619
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-36-21-012

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Prgrm Director: Geetha Charl, MD
460 Clarkson Avenue
Box 1213
Brooklyn, NY 11206
Tel: 718 270-2042 Fax: 718 270-3748
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-36-21-062

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children’s Hospital of Buffalo)
Veterans Affairs Medical Center (Buffalo)
Prgrm Director: Edward J Finze, MD
100 High Street
Buffalo, NY 14003
Tel: 716-858-9566 Fax: 716-858-7573
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-36-21-032

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Prgrm Director: David M Simpson, MD
One Gustave L. Levy Place
New York, NY 10029
Tel: 212 241-8748 Fax: 212 897-3801
E-mail: david.simpson@msm.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-36-21-092

New York Medical College at St Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent’s Catholic Medical Centers (Manhattan)
Prgrm Director: Sudhanu Chokroverty, MD
Medical Center of New York
55 West 11th Street
New York, NY 10011
Tel: 212 604-2401 Fax: 212 604-1555
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 187-36-21-013

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgrm Director: Ronald G Emerson, MD
Neurological Institute
710 West 168th Street
New York, NY 10032
Tel: 212 305-2121 Fax: 212 305-1450
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-36-21-032

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
New York Presbyterian Hospital (Cornell Campus)
Prgrm Director: Jonathan D Victor, MD, PhD
525 East 68th Street
New York, NY 10021
Tel: 212 746-2343 Fax: 212 746-8984
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-36-21-033

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Hospital for Joint Diseases Orthopaedic Institute
Prgrm Director: Steven V Pacia, MD
550 First Avenue
CE2, Rivergate 4th Floor
New York, NY 10016
Tel: 212 263-8875 Fax: 212 263-8341
E-mail: pacia01@nyumc.org
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 187-36-21-063

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgrm Director: Eric L Logigian, MD
601 Elmwood Avenue, Box 073
Rochester, NY 14642
Tel: 585 275-4558 Fax: 585 256-1423
E-mail: claire_sigelette@urmc.rochester.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-36-21-045

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgrm Director: Mary B Androlia, MD
Health Sciences Center, T13-020
Stony Brook, NY 11794
Tel: 631 444-1450 Fax: 631 444-1474
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-36-21-064

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Prgrm Director: Jeremy M Shedner, MD, PhD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4243 Fax: 315 464-5303
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-36-21-085

North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgrm Director: Assaf M Husain, MD
DUMC 3078 - 202 Bell Building
Durham, NC 27710
Tel: 919 696-8465 Fax: 919 696-8565
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 187-36-21-086

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgrm Director: William L. Bolt, MD
Medical Center Boulevard
3rd Floor Meads Hall
Winston-Salem, NC 27157
Tel: 336 716-7548 Fax: 336 716-7794
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 187-36-13-104

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children’s Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgrm Director: Jerzy P Szarlata, MD, PhD
21 Albert Sahin Way (ML 525)
Cincinnati, OH 45207
Tel: 513 558-3972 Fax: 513 558-4005
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 187-36-21-083

Programs
Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District: Parkland Memorial Hospital
Program Director: Benz Ali Abou-Khalil, MD
Phone: 214 648-5410 Fax: 214 648-8111
Email: benz.ali.abou-khalil@uth.tmc.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 187-48-21-074

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Texas Children’s Hospital Program
Program Director: Elia M Mirzahi, MD
One Baylor Plaza
Houston, TX 77001
Phone: 713 441-3100 Fax: 713 793-4574
Email: giwolfe@uth.tmc.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 187-48-21-037

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Program Director: Mazen M Dimachkie, MD
Department of Neurology, 7.044/MSB
6431 Fannin Street
Houston, TX 77030
Phone: 713 500-7100 Fax: 713 500-7019
Email: mazen.m.dimachkie@uth.tmc.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 187-48-21-066

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Wilford Hall Medical Center (AACUC)
Program Director: Charles A Stabo, MD
7700 Floyd Curr Drive
San Antonio, TX 78229
Phone: 210 358-4696 Fax: 210 358-4803
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 187-48-31-077

Utah

Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children’s Medical Center
Program Director: Mark B Bromberg, MD, PhD
Department of Neurology, 88210 SOM
30 North 1900 East
Salt Lake City, UT 84132
Phone: 801 581-6871 Fax: 801 585-2054
Length: 1 yr
Program ID: 187-49-21-075

Vermont

Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Keith J Nagle, MD
Clinical Neurophysiology Laboratory
111 Colchester Avenue, Patrick 5
Burlington, VT 05401
Phone: 802 665-4596 Fax: 802 665-4578
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 187-50-21-091

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Lawrence H Phillips II, MD
PO Box 800304
Charlottesville, VA 22908
Phone: 434 924-5361 Fax: 434 982-1850
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 187-51-21-056

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Robert T Leshner, MD
PO Box 960599
Richmond, VA 23298
Phone: 804 828-4350 Fax: 804 828-4459
Email: rleshner@vcu.edu
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 187-51-31-053

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
Program Director: Donald F Farrell, MD
1959 Pacific Avenue, Box 358115
Seattle, WA 98104
Phone: 206 598-4111 Fax: 206 598-4102
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 187-54-13-100

West Virginia

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Laurie Gutmann, MD
Department of Neurology
PO Box 9190
Morgantown, WV 26506
Phone: 304 293-5327 Fax: 304 293-5352
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 187-55-21-002

Wisconsin

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital Program
Program Director: Raj D Sheft, MD
66574-5132 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Phone: 608 263-0443 Fax: 608 263-0412
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 187-56-21-091

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children’s Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Program Director: Paul E Barkhaus, MD
2950 W Wisconsin Avenue
Milwaukee, WI 53226
Phone: 414 805-5254 Fax: 414 805-3800
Email: pbarkh@mcw.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 187-56-12-107
Colon and Rectal Surgery

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Phillip Plushner, MD
5357 Beverly Boulevard, Suite 401
Los Angeles, CA 90048
Tel: 310 268-2024 Fax: 310 268-9943
E-mail: FPlushner@cad.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-09-31-052

University of Southern California/ LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC-USC Medical Center
LAC-USC University Hospital
Program Director: Adrian E Ortega, MD
1450 San Pablo Street, #6400
Los Angeles, CA 90033
Tel: 323 442-5811 Fax: 323 442-5756
E-mail: anmendoza@surgery.usc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 060-09-21-042

Connecticut

Hartford
St. Francis Hospital and Medical Center Program
Sponsor: St. Francis Hospital and Medical Center
Program Director: David A Cherry, MD
Dept of Surgery, Attention: Betsy Entralgo
114 Woodland Avenue
Hartford, CT 06115
Tel: 860 242-6511 Fax: 860 242-2511
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-09-21-032

District of Columbia

Washington
Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Thomas J Stahl, MD
106 Irving Street, NW
Suite 2100 North
Washington, DC 20010
Tel: 202 877-8484 Fax: 202 877-8483
E-mail: thomasj.stahl@codstar.net
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-10-21-045

Florida

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Michael D Hollinger, MD
Univ of Miami/Sylvester Comprehensive Cancer Ctr (310-T)
1475 NW 12th Avenue - Room 3550
Miami, FL 33136
Tel: 305 243-9100 Fax: 305 243-7438
E-mail: mhollinger@med.miami.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-11-15-049

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Florida Hospital Medical Center
Program Director: Andrea Ferrara, MD
U/S Nancy Joiner - CCR Coordinator
110 W Underwood St, Ste A
Orlando, FL 32806
Tel: 407 422-3790 Fax: 407 841-5558
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 060-11-21-037

Weston
Cleveland Clinic Hospital (Florida) Program
Sponsor: Cleveland Clinic, Florida
Cleveland Clinic (Naples)
Cleveland Clinic Hospital
Program Director: Eric G Weiss, MD
Dept of Colorectal Surgery
2600 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5250 Fax: 954 659-5757
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 060-11-15-051

Georgia

Atlanta
Georgia Colon and Rectal Surgical Clinic Program
Sponsor: Georgia Colon & Rectal Surgical Clinic
DeKalb Medical Center
Gwinnett Medical Center
Northside Hospital
St. Joseph's Hospital of Atlanta
Program Director: David N Armstrong, MD
5555 Peachtree Dunwoody Road
Suite 206
Atlanta, GA 30342
Tel: 404 357-9225 Fax: 404 357-9741
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 060-12-01-047

Illinois

Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Program Director: Lesa M Praus, MD
1915 W Harrison Street
Rm 9360
Chicago, IL 60622
Tel: 312 864-3977 Fax: 312 864-9033
E-mail: prausleasa@mcu.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 060-16-12-001

Urbana
Carle Foundation Hospital Program
Sponsor: Carle Foundation Hospital
Program Director: Paul M Tender, MD
Colons and Rectal Surgery
111 West Park Street
Urbana, IL 61801
Tel: 217 383-9309 Fax: 217 383-6909
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 060-18-11-003

Kentucky

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Susan Galandiuk, MD
Department of Surgery
550 South Jackson Street
Louisville, KY 40202
Tel: 502 852-6658 Fax: 502 852-6915
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-20-12-045

Louisiana

New Orleans
Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Charles B Whidow, MD
1614 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4060 Fax: 504 842-3032
E-mail: gme@ochsner.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 060-21-12-003

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Christian Schumpert Health System
Program Director: Phillip A Cole, MD
1891 Fairfield Avenue, Suite 401
Shreveport, LA 71101
Tel: 318 424-8787 Fax: 318 232-1542
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 060-21-24-004

Graduate Medical Education Directory 2004-2005
Maryland

Baltimore
Greater Baltimore Medical Center Program
Sponsor: Greater Baltimore Medical Center
Prgm Director: George Y Agostonides, MD
6050 S Charles Street, Suite 502
Baltimore, MD 21202
Tel: 410 494-1191  Fax: 410 494-0058
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-29-12-005

Massachusetts

Burlington
Lahey Clinic Program
Sponsor: Lahey Clinic
Prgm Director: John J Murray, MD
Dept of Colon and Rectal Surgery
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8971  Fax: 781 744-3045
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 060-24-12-007

Michigan

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Eric J Szilagy, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-4032  Fax: 313 916-4032
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-25-31-043

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health-Hlodge Campus
Spectrum Health-Butterworth Campus
Prgm Director: Martin A Luchtefeld, MD
4100 Lake Drive SE
Suite 205
Grand Rapids, MI 49506
Tel: 616 974-6111  Fax: 616 356-4102
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 060-25-12-009

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Donald C Barkel, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-5435  Fax: 248 551-8800
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-29-12-010

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Abbott-Northwestern Hospital/Allina Health System
Fairview-University Medical Center
Prgm Director: Anne C Lowry, MD
Dept of Colon and Rectal Surgery
360 Dunlap Street North - Suite 500
St Paul, MN 55104
Tel: 651 312-1595  Fax: 651 312-1595
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 060-36-21-011

New Jersey

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Abbott Medical Center
Maynard Regional Medical Center
Prgm Director: Theodore B Eisenlat, MD
36 Park Avenue
Edison, NJ 08820
Tel: 732 944-6021  Fax: 732 544-0204
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 060-33-12-013

New York

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Caledonia Health System (Buffalo General Hospital)
Prgm Director: Amarjit Singh, MD
100 High Street
Buffalo, NY 14203
Tel: 716 857-8882  Fax: 716 857-8735
E-mail: wrscalas@buffalo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-36-12-014

Great Neck
North Shore-Long Island Jewish Health System Program
Sponsor: North Shore-Long Island Jewish Health System
Long Island Jewish Medical Center
North Shore University Hospital
Prgm Director: Marvin L Gurman, MD
209-11 76th Avenue Oncology Building FP #417
New Hyde Park, NY 11040
Tel: 718 470-7835  Fax: 718 470-1265
E-mail: mormans@lij.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-85-12-063

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Randolph Steinhefer, MD
Department of Surgery
1 Gustave Levy Place Box 1350
New York, NY 10029
Tel: 212 241-5871  Fax: 212 897-9310
E-mail: leslie.sotomayor@mountsinai.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-36-21-046

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Jeffrey W Milston, MD
535 East 68th Street
New York, NY 10021
Tel: 212 746-6501  Fax: 212 746-8802
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-85-21-060

Nebraska

Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
Prgm Director: Alan G Thorton, MD
8950 Nicholas Street, Suite 100
Omaha, NE 68114
Tel: 402 343-1122  Fax: 402 343-1177
E-mail: aghthorson@msn.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 060-30-21-005

Nebraska
Accredited Programs in Colon and Rectal Surgery

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's - Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
Program Director: Lester Gottesman, MD
Department of Surgery
1600 41st Avenue, 2nd Floor
New York, NY 10019
Tel: 212 523-8417 Fax: 212 523-8156
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 060-35-21-034

Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Scott A Strong, MD
Medical Education Dept - Colon and Rectal Surgery
11 South Grant Avenue
Cleveland, OH 44105
Tel: 216 444-0601 Fax: 216 445-6677
E-mail: meded@ccf.org
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 060-35-12-016

Columbus
Grant Medical Center (OhioHealth) Program
Sponsor: Grant Medical Center (OhioHealth)
Mount Carmel
Program Director: Pedro S Aguilar, MD
Medical Education Dept - Colon and Rectal Surgery
Avery Pavilion - 4th floor
Columbus, OH 43215
Tel: 614 566-8698 Fax: 614 566-8072
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 060-39-12-017

Pennsylvania
Allentown
Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital
Program Director: Robert D Richner, MD
Department of Surgery
Cedar Crest & I-78, PO Box 688
Allentown, PA 18105
Tel: 610 402-8866 Fax: 610 402-1467
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 060-41-21-029

Erie
St Vincent Health Center Program
Sponsor: St Vincent Health Center
Program Director: John C Scally, MD
Dept of Colon and Rectal Surgery
225 West 25th Street
Erie, PA 16544
Tel: 814 452-0100 Fax: 814 452-6007
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 060-41-12-019

Philadelphia
Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Scott Goldstein, MD
Division of Colon and Rectal Surgery
1100 Walnut Street, Suite 702
Philadelphia, PA 19107
Tel: 215 955-8569 Fax: 215 955-2404
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 060-41-21-031

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: Warren E Lichter, MD
Dept of Colon and Rectal Surgery
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-2361 Fax: 214 820-7272
E-mail: gme@baylorhealth.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 060-48-21-021

Presbyterian Hospital of Dallas Program
Sponsor: Presbyterian Hospital of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: Clifford L Simonsen, MD, MS
5323 Harry Hines Blvd
Dallas, TX 75296
Tel: 214 648-3013 Fax: 214 648-2901
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 060-48-21-022

Houston
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Program Director: H Randolph Bailey, MD
6590 Fannin St
Ste 2807
Houston, TX 77030
Tel: 713 796-0580 Fax: 713 796-9251
E-mail: amgull@rhchouston.com
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 060-48-21-023

Washington
Seattle
Northwest Colon and Rectal Clinic Program
Sponsor: Northwest Colon and Rectal Clinic, PS
Northwest Hospital
Swedish Medical Center-Seattle
Program Director: Richard P Billingham, MD
1101 Madison Street, Suite 500
Seattle, WA 98101
Tel: 206 386-6600
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 060-54-21-040

Craniofacial Surgery (Plastic Surgery)

Florida
Miami
Miami Children's Hospital Program
Sponsor: Miami Children's Hospital
Cudans Medical Center
Program Director: S Anthony Wolfe, MD
1444 NW 14th Avenue
Miami, FL 33125
Tel: 305 235-1390 Fax: 305 545-5748
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 361-11-10-003

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indianapolis Program
Clarian Riley Hospital for Children
William N Wishard Memorial Hospital
Program Director: A Michael Sadove, MD
702 Barnhill Drive
Room 2314
Indianapolis, IN 46202
Tel: 317 974-2775 Fax: 317 274-3007
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 361-17-22-005

Maryland
Baltimore
Johns Hopkins Hospital/University of Maryland Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Program Director: Craig A Vander Kolk, MD
601 N Caroline Street
Suite 8102D
Baltimore, MD 21207
Tel: 410 955-2138 Fax: 410 955-7069
E-mail: cvanderk@jhmi.edu
Length: 1 yr ACGME Approved/Offered Positions: 1
Program ID: 361-23-21-001

Texas
Dallas
World Craniofacial Foundation Program
Sponsor: World Craniofacial Foundation
Program Director: Kenneth B Salyer, MD
7777 Forest Lane, Suite C-717
Dallas, TX 75230
Tel: 972 666-6555 Fax: 972 666-6017
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 060-48-21-002
Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Procedent Memorial Lutheran Hospital
Program Director: Arlen D Denny, MD
9000 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-2825 Fax: 414 266-2957
E-mail: adenny@chw.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 861-56-21-004

Critical Care Medicine (Anesthesiology)
Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Program Director: Philip J McArdle, MD
419 8 19th Street, JT 845
Birmingham, AL 35244
Tel: 205 934-4990 Fax: 205 975-5663
Length: 1 Yr
Program ID: 045-01-12-007

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Maricopa Medical Center
University Medical Center
Program Director: Charles W Otto, MD
1501 N Campbell Avenue
PO Box 34514
Tucson, AZ 85724
Tel: 520 626-7221 Fax: 520 626-6043
Length: 1 Yr
Program ID: 045-03-21-046

California
Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Veterans Affairs Medical Center
562 326-5413 Fax: 562 326-5991
Length: 1 Yr
Program ID: 045-05-21-011

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Program Director: Linda Liu, MD
Box 0624
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353-1116
E-mail: landerd@anesthesia.ucsf.edu
Length: 1 Yr
Program ID: 045-05-21-021

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Myer H Rosenthal, MD
Department of Anesthesia, N 3580
380 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-6415 Fax: 650 723-8544
E-mail: mhr@stanford.edu
Length: 1 Yr
Program ID: 045-05-21-002

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Unit of Connecticut Health Center/John Dempsey Hospital
Program Director: Thomas C Mort, MD
80 Seymour Street
PO Box 5007
Hartford, CT 06102
Tel: 860 545-5201 Fax: 860 545-5866
Length: 1 Yr
Program ID: 045-08-21-035

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Christopher D Junker, MD
333 Cedar Street
PO Box 20051
New Haven, CT 06502
Tel: 203 785-2802 Fax: 203 785-6664
Length: 1 Yr
Program ID: 045-08-21-058

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University Hospital Program
Program Director: Christopher D Junker, MD
350 New Hampshire Avenue, NW
Washington, DC 20037
Tel: 202 715-6715 Fax: 202 715-2715
Length: 1 Yr
Program ID: 046-10-21-039

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Stands Hospital at the University of Florida
Program Director: A Joseph Layon, MD
PO Box 190234
Gainesville, FL 32610
Tel: 352 325-9459 Fax: 352 338-8812
Length: 1 Yr
Program ID: 045-11-21-009
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<td><strong>Miami</strong></td>
<td>Jackson Memorial Hospital/Jackson Health System Program</td>
<td>Miguel A Cobas, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-11-21-004</td>
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<td><strong>Tampa</strong></td>
<td>University of South Florida Program</td>
<td>Hans W Schweiger, MD</td>
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<td>Emory University Program</td>
<td>Todd Dorman, MD</td>
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<td><strong>Illinois</strong></td>
<td>McGaw Medical Center of Northwestern University Program</td>
<td>James G Ramsay, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-16-21-014</td>
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<td><strong>Maryland</strong></td>
<td>Johns Hopkins University Program</td>
<td>Todd Dorman, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-23-21-034</td>
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<td><strong>Massachusetts</strong></td>
<td>University of Maryland Program</td>
<td>Vadivelu Sivarman, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-23-21-029</td>
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<td>Ann Arbor University of Michigan Program</td>
<td>Stephen O Reardon, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-25-21-060</td>
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<td><strong>Boston</strong></td>
<td>Beth Israel Deaconess Medical Center Program</td>
<td>Alan Lisbon, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-24-11-001</td>
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<td>Nicholas Sadovnikoff, MD</td>
<td>Nicholas Sadovnikoff, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-23-31-060</td>
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<td><strong>Springfield</strong></td>
<td>Baystate Medical Center/Tufts University School of Medicine Program</td>
<td>Thomas L Higgins, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-24-21-063</td>
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<td><strong>Worcester</strong></td>
<td>University of Massachusetts Program</td>
<td>Stephen O Reardon, MD</td>
<td>1 Yr</td>
<td>Program ID: 045-24-31-017</td>
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Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regina Hospital
Veterans Affairs Medical Center (Minneapolis)

Program Director: Allen Miranda, MD
MMC 294
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612-624-0960 Fax: 612-626-2363
Length: 1 Yr
Program ID: 045-26-21-061

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
Mayo Clinic (Rochester)

Program Director: Bhargavi Gali, MD
Siebens 5th Floor
600 First Street, SW
Rochester, MN 55905
Tel: 507-255-3275 Fax: 507-255-4287
E-mail: mgsm.roch.mn.anesthesiology@mayo.edu
Length: 1 Yr
Program ID: 045-26-21-024

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital

Program Director: Walter A Boyle III, MD
Campus Box 8054
600 S Euclid Avenue
St Louis, MO 63110
Tel: 314-935-8548 Fax: 314-747-1710
Length: 1 Yr
Program ID: 045-26-21-056

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Athos J Rassias, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-654-0641 Fax: 603-650-0614
Length: 1 Yr
Program ID: 045-32-21-030

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Prgm Director: David Cog, MD, MS
2701 Frontier SE
Suite Building Room 110
Albuquerque, NM 87108
Tel: 505-272-2010 Fax: 505-272-1000
E-mail: anesthesiology@salud.unm.edu
Length: 1 Yr
Program ID: 045-34-13-065

New York

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Upstate Medical University

Program Director: Jean Charachtafeh, MD
450 Clarkson Avenue
Box 6
Brooklyn, NY 11203
Tel: 718-270-3290 Fax: 718-270-3977
E-mail: jcharachafeh@sunysph.edu
Length: 1 Yr
Program ID: 045-35-11-064

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center

Program Director: Andrew B Leibowitz, MD
Box 1284
One Gustave L Levy Place
New York, NY 10029
Tel: 212-241-2967 Fax: 212-580-3609
Length: 1 Yr
Program ID: 045-35-21-020

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)

Program Director: Robert N Shade, MD
630 West 168th Street, PH 527-B
New York, NY 10032
Tel: 212-935-9600 Fax: 212-935-8287
E-mail: rns54@columbia.edu
Length: 1 Yr
Program ID: 045-35-11-007

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center

Program Director: Brian S Kaufman, MD
550 First Avenue
New York, NY 10016
Tel: 212-595-2973 Fax: 212-595-7254
Length: 1 Yr
Program ID: 045-35-21-016

Ohio

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Joel B Zivot, MD
11100 Euclid Ave
LK50 2514
Cleveland, OH 44106
Tel: 216-844-8377 Fax: 216-844-3781
Length: 1 Yr
Program ID: 045-38-21-012

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital

Program Director: Peter J Papadakos, MD
Department of Anesthesiology, Box 804
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585-275-4759 Fax: 585-244-7717
Length: 1 Yr
Program ID: 045-35-11-022

Syracuse

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Christopher C Young, MD
Box 3804
Suite 3408B
Durham, NC 27710
Tel: 919-668-3400 Fax: 919-668-7893
E-mail: gcross01@mc.duke.edu
Length: 1 Yr
Program ID: 045-35-21-002

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Jeffrey S Kelly, MD
Department of Anesthesiology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-4485 Fax: 336-716-9334
Length: 1 Yr
Program ID: 045-36-21-023
Accredited Programs in Critical Care Medicine (Anesthesiology)

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Shabpour Esfandiari, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216-444-0100 Fax: 216-444-7980
E-mail: sme@ccf.org
Length: 1 Yr
Program ID: 045-38-21-031

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: John K Stenos Jr, MD, PhD
PO Box 850
Hershey, PA 17033
Tel: 717 531-8484 Fax: 717 531-0176
Length: 1 Yr
Program ID: 045-41-21-038

Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children’s Hospital of Philadelphia
Program Director: Clifford S Deutschman, MD
775 DuPont Building
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-3751 Fax: 215 662-3751
E-mail: cfd Thầnler@uphs.upenn.edu
Length: 1 Yr
Program ID: 045-41-21-045

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Program Director: Nicholas Bircher, MD
Critical Care Medicine, 605 Scaife Hall
3650 Terrace Street
Pittsburgh, PA 15213
Tel: 412 647-3113 Fax: 412 647-8609
E-mail: fabianoski@ccm.upmc.edu
Length: 1 Yr
Program ID: 045-41-21-028

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Kenneth Smithson, DO, PhD
504 Oxford House
1313 21st Avenue, South
Nashville, TN 37232
Tel: 615 343-6026 Fax: 615 343-6027
E-mail: kenneth.smithson@vanderbilt.edu
Length: 1 Yr
Program ID: 045-47-21-057

Texas
Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Mall Mathew, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-5781 Fax: 409 747-4914
Length: 1 Yr
Program ID: 045-18-21-018

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Program Director: Jonathan T Kitelede, MD
662 519 CSC
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8114 Fax: 608 263-6575
Length: 1 Yr
Program ID: 045-56-21-008

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Froedtert Memorial Lutheran Hospital
Program Director: Sylvia Y Dolinski, MD
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 860-2715 Fax: 414 359-1733
Length: 1 Yr
Program ID: 045-56-21-025

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Stuart M Lawson, MD
PO Box 800710
Charlottesville, VA 22908
Tel: 434 924-2283 Fax: 434 982-0019
Length: 1 Yr
Program ID: 045-51-11-027

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children’s Hospital and Regional Medical Center
Harborview Medical Center
University of Washington Medical Center
Program Director: Steven Deem, MD
Box 359724
Seattle, WA 98104
Tel: 206 731-8648 Fax: 206 731-8009
Length: 1 Yr
Program ID: 045-54-22-072
Florida
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Roland H Schein, MD
Dept of Medicine (D-36)
PO Box 101790
Miami, FL 33101
Tel: 305 575-3151 Fax: 305 575-3586
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 142-11-21-020

Illinois
Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: David P Gorka, MD, PhD
3653 West Congress Parkway
Chicago, IL 60612
Tel: 773 942-2097 Fax: 773 942-3460
Length: 2 Yrs
Program ID: 142-16-11-027

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Gregory Schmid, MD
Department of Medicine
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-6566 Fax: 773 702-6500
E-mail: gschmidt@medicine.bsd.uchicago.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 142-16-10-01

North Chicago
Finch University of Health Sciences/Chicago Medical School Program
Sponsor: Finch University of Health Sciences/Chicago Medical School
Mount Sinai Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Prgm Director: Eric Gluck, MD
Department of Medicine-Division of Critical Care Medicine
5333 Green Bay Road
North Chicago, IL 60064
Tel: 773 202-3201 Fax: 773 878-2753
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 142-16-21-029

Louisiana
Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital
Overtown Brooks Veterans Affairs Medical Center
Prgm Director: Steven A Conrad, MD, PhD
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-6685 Fax: 318 675-7811
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-21-21-032

Maryland
Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Thomas M Fitzpatrick, MD, PhD
825 16th Street, NW
Washington, DC 20010
Tel: 202 296-2961 Fax: 202 783-2762
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-10-21-123
US Armed Services Program
National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Washington Hospital Center
Prgm Director: Doretha R McAraway, MD
10 Center Drive
Room 7D08
Bethesda, MD 20892
Tel: 301 480-9809 Fax: 301 496-1313
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 142-22-21-129

Massachusetts
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Nicholas A Smyrniotis, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-3123 Fax: 508 856-3990
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-24-21-035

Minnesota
Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Methodist Hospital
Prgm Director: James W Leatherman, MD
701 Park Avenue
Pulmonary Division - G5
Minneapolis, MN 55415
Tel: 612 673-3023 Fax: 612 673-3889
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 142-26-21-118

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med B-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: William F Dunn, MD
300 First Street, SW
Rochester, MN 55905
Tel: 507-285-2325
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-26-21-100

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (GWU)
Prgm Director: Michael G Sennett, MD
800 23rd Street, NW
Washington, DC 20059
Tel: 202 715-4501 Fax: 202 715-4750
Length: 2 Yrs
Program ID: 142-10-21-103

Critical Care Medicine (Internal Medicine)

California
Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Lawrence S Maldonado, MD
5700 Beverly Blvd
Los Angeles, CA 90048
Tel: 310 423-4681 Fax: 310 423-6436
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 142-05-11-005

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Michael W Roth, MD
Dept of Medicine
Box 0624
San Francisco, CA 94143
Tel: 415 353-1196 Fax: 415 353-1090
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 142-05-21-011

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Norman W Rizk, MD
300 Pasteur Drive, Room C-356
Stanford, CA 94305
Tel: 650 735-6381
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 142-05-21-013

Programs

Graduate Medical Education Directory 2004-2005
Missouri
St. Louis
St. Louis University School of Medicine Program
Sponsor: St. Louis University School of Medicine
St. John's Mercy Medical Center
St. Louis University Hospital
Program Director: Robert W. Taylor, MD
821 S. New Ballas Road
Suite 402B
St. Louis, MO 63144
Tel: 314-560-6496 Fax: 314-695-4155
Length: 2 Yrs
Program ID: 142-28-21-048

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Helen K. Bush, MD
2211 Lomas Boulevard, NE, 5-ACC
Albuquerque, NM 87131
Tel: 505-272-4751 Fax: 505-272-8706
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-34-21-053

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Vladimir Khvostan, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718-835-5440 Fax: 718-632-3644
E-mail: vkvostan@fai.com
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 142-35-21-067

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Sidney Teleser, MD
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718-280-8880 Fax: 718-280-7884
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-38-21-051

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
St. John's Episcopal Hospital-South Shore
Staten Island University Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: A Ross Hall, MD
450 Clarkson Avenue, Box 19
Brooklyn, NY 11203
Tel: 718-270-1770 Fax: 718-270-1770
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 142-35-21-065

New York
Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Stephen M. Pasteur, MD
1215 York Avenue
New York, NY 10021
Tel: 212-639-8556 Fax: 212-744-8333
Length: 2 Yrs
Program ID: 142-35-21-064

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Mount Sinai Medical Center
Program Director: John M. Orapolio, MD
Box 1504
One Gustave L. Levy Place
New York, NY 10029
Tel: 212-841-7301 Fax: 212-860-3669
Length: 2 Yrs ACGME Approved/Offered Positions: 15
Program ID: 142-35-21-066

New York Medical College at St. Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St. Vincent's Catholic Medical Centers (Manhattan)
Program Director: Mack E. Aft, MD
153 West 11th Street
New York, NY 10011
Tel: 212-604-8396 Fax: 212-604-8061
Length: 2 Yrs
Program ID: 142-35-21-148

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Program Director: Michael J. Apostolakos, MD
Pulmonary & Critical Care Division
601 Elmwood Avenue Box 092
Rochester, NY 14642
Tel: 716-757-2050 Fax: 716-757-1136
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-35-21-141

North Carolina
Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Drew A. MacGregor, MD
Medical Center Blvd
Winston Salem, NC 27157
Tel: 336-716-6498 Fax: 336-716-9384
E-mail: dmacg@wfu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 142-36-21-069

Pennsylvania
Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Paul J. Rogers, MD
Department of Critical Care Medicine
665 Scaife Hall, 3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412-647-3135 Fax: 412-647-8060
E-mail: rjrogers@ccm.upmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 20
Program ID: 142-41-21-114

544
Graduate Medical Education Directory 2004-2005
Cytopathology (Pathology)

**Alabama**

**Birmingham**

University of Alabama Medical Center Program  
Sponsor: University of Alabama Hospital  
Veterans Affairs Medical Center (Birmingham)  
Prgm Director: Isaac edlin & Elizou, MD, MBA  
Knacke Bldg/3rd Floor  
1959 South 19th Street  
Birmingham, AL 35233  
Tel: 205 797-8889  
FAX: 205 964-7084  
Length: 1 Yr  
ACGME Approved/Offered Positions: 4  
Program ID: 142-43-11-083

**Arkansas**

**Little Rock**

University of Arkansas for Medical Sciences Program  
Sponsor: University of Arkansas College of Medicine  
Central Arkansas Veterans Health Center  
Prgm Director: Perkins Mokunyadi, MD  
Little Rock, AR 72205  
Tel: 501 686-8310  
FAX: 501 603-1479  
E-mail: gordonev@uams.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 307-04-21-084

**California**

**Los Angeles**

UCLA Medical Center Program  
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine  
UCLA Medical Center  
Prgm Director: Satishna Narayanan, MD  
10833 Le Conte Avenue  
Los Angeles, CA 90095  
Tel: 310 825-9670  
Fax: 310 206-8116  
E-mail: snarayana@mednet.ucla.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 307-05-21-018

University of Southern California/LAC+USC Medical Center Program  
Sponsor: University of Southern California/LAC+USC Medical Center  
LAC + USC Medical Center  
Prgm Director: Camilla J Cobb, MD  
1200 North State Street, Rin 2900  
Los Angeles, CA 90033  
Tel: 323 226-4611  
Fax: 323 226-7476  
E-mail: cobb@usc.edu  
Length: 1 Yr  
Program ID: 307-05-21-063

**Sacramento**

University of California (Davis) Health System Program  
Sponsor: UC Davis Health System  
University of California (Davis) Medical Center  
Prgm Director: Alina Aflify, MD  
4400 V Street, PATH Building  
Sacramento, CA 95817  
Tel: 916 734-8370  
FAX: 916 734-6468  
Length: 1 Yr  
Program ID: 307-05-21-081

**San Francisco**

University of California (San Francisco) Program  
Sponsor: University of California (San Francisco) School of Medicine  
San Francisco General Hospital Medical Center  
Prgm Director: Britt-Marie Ljung, MD  
1600 Divisadero Street  
Cytopathology, R-209  
San Francisco, CA 94143  
Tel: 415 653-7948  
Fax: 415 653-7676  
E-mail: jlwmorow@uhs.ucsf.edu  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 307-06-21-075

**Stanford**

Stanford University Program  
Sponsor: Stanford University Hospital  
Prgm Director: Christina S Kong, MD  
Department of Pathology  
395 Pasteur Drive  
Stanford, CA 94305  
Tel: 650 725-9016  
Fax: 650 725-6802  
E-mail: cskong@stanford.edu  
Length: 1 Yr  
Program ID: 307-05-13-096

**Connecticut**

**Hartford**

Hartford Hospital Program  
Sponsor: Hartford Hospital  
Prgm Director: Theresa M Voytek, MD  
80 Seymour Street  
PO Box 2007  
Hartford, CT 06102  
Tel: 860 445-2886  
Fax: 860 445-2886  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 307-08-21-093

**New Haven**

Yale-New Haven Medical Center Program  
Sponsor: Yale-New Haven Hospital  
Prgm Director: David L Rimmer, MD, PhD  
310 Cedar Street  
PO Box 306353  
New Haven, CT 06530  
Tel: 203 777-8204  
Fax: 203 777-8689  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 307-05-21-079
District of Columbia
Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Program Director: Mary K. Sidaway, MD
Ross Hall, Room 419
2300 Eye Street, NW
Washington, DC 20037
Tel: 202-964-8842  Fax: 202-964-6018
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-10-21-005

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Edward D. Wilkinson, MD
1600 SW Archer Road
Gainesville, FL 32610
Tel: 352-265-6208  Fax: 352-265-0437
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-11-21-047

Jacksonville

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Shalit Maisel, MD
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904-244-6307  Fax: 904-244-6050
E-mail: rebel.jones@jax.ufl.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-11-21-014

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
University of Miami Hospital and Clinics
Program Director: Parrish Gajjar-Azar, MD
PO Box 010600 (B-1)
Miami, FL 33101
Tel: 305-946-4655  Fax: 305-946-2586
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-11-21-024

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Program Director: Barbara Centeno, MD
12001 Magnolia Drive
MDC Box 11
Tampa, FL 33612
Tel: 813-976-2745
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-11-21-068

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Program Director: George G Birdsong, MD
Anatomic Pathology, Room H-155A
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404-616-3050  Fax: 404-616-0694
E-mail: gbirdso@emory.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-12-21-008

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: Bita Najafi, MD
251 East Huron Street
Feinberg Pavilion 7-210
Chicago, IL 60611
Tel: 312-995-7017  Fax: 312-995-6037
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-16-21-087

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Richard M. DeMay, MD
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773-702-8569  Fax: 773-702-6570
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-16-21-061

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Program Director: Lucy H. Liu, MD
Department of Pathology (MC 847)
1810 West Polk Street, Room 446
Chicago, IL 60612
Tel: 312-996-5270
E-mail: lucyhliu@yahoo.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 307-16-21-050

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Program Director: Eva M. Wojcik, MD
2156 South First Avenue
Maywood, IL 60153
Tel: 708-337-2014
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-16-21-001

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
William N. Wishard Memorial Hospital
Program Director: Harvey M. Cramer, MD
550 North University Boulevard
Room 3461
Indianapolis, IN 46202
Tel: 317-271-4110  Fax: 317-278-4115
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 307-17-21-002

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Chris S. Jensen, MD
300 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-4434
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-19-21-025

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: Patricia A. Thomas, MD, MA
Department of Pathology-Path West 1017 Wahn West
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913-588-7070  Fax: 913-588-7073
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 307-19-21-079

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Program Director: Diane J. Darey, MD
Department of Pathology and Laboratory Medicine
800 Rose Street MS-117
Lexington, KY 40536
Tel: 859-257-5867  Fax: 859-323-3684
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 307-20-21-068
Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Program Director: Sidney S Murphy, MD
530 S Jackson St
Baltimore, KY 40202
Tel: 502-585-1403 Fax: 502-582-1761
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-20-21-636

Bethesda
National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Program Director: Andrea Abati, MD
Building 10, Room 2A19
9000 Rockville Pike
Bethesda, MD 20892
Tel: 301-496-6105 Fax: 301-402-5585
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-28-21-682

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: Andrew H Fischer, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-556-6835 Fax: 508-556-2668
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-24-11-692

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Claire W Michael, MD
Room 2332/0064
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734-966-4776 Fax: 734-765-6065
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 007-28-31-191

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Program Director: Bernard A Ruiz, MD, PhD
Department of Pathology
1901 Perdido Street
New Orleans, LA 70112
Tel: 504-568-6681
E-mail: bruiz@lsuhsc.edu
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-21-21-651

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Helen H Wang, MD
339 Brookline Avenue
Boston, MA 02118
Tel: 617-667-2683
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 007-24-21-630

Tulane University Program
Sponsor: Tulane University School of Medicine
Program Director: Nina Dhandarad, MD
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504-588-6218 Fax: 504-587-7380
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-21-21-650

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Elba A Turbat-Herrera, MD
1501 Kings Highway
PO Box 09037
Shreveport, LA 71130
Tel: 318-675-6561 Fax: 318-675-7562
Length: 1 Year
Program ID: 007-21-21-074

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Douglas P Clark, MD
600 North Wolfe Street
Pathology 406
Baltimore, MD 21287
Tel: 410-955-1160 Fax: 410-614-8056
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 007-23-21-665

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Chen-Chih J Sun, MD
22 South Greene Street
Baltimore, MD 21201
Tel: 410-958-5560 Fax: 410-958-5508
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-28-12-688

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Robert A Goulart, MD
Department of Pathology
750 Chestnut Street
Springfield, MA 01199
Tel: 413-794-5085 Fax: 413-794-5085
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-24-21-687

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Tomi Jo Kunznan, MD
3001 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248-551-1304 Fax: 248-551-1301
Length: 1 Year ACGME Approved/Offered Positions: 1
Program ID: 007-25-21-615

Minnesota
Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Michael W Stanley, MD
701 Park Avenue
Minneapolis, MN 55415
Tel: 612-373-3070 Fax: 612-373-4232
Length: 1 Year ACGME Approved/Offered Positions: 2
Program ID: 007-26-31-877

Graduate Medical Education Directory 2004-2005
547
Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics Veterans Affairs Medical Center (Jackson)
Program Director: Minfra Baliga, MD
2550 North State Street
Jackson, MS 39216
Tel: 601 984-1897 Fax: 601 984-4967
Length: 1 Yr
Program ID: 307-27-31-087

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Program Director: Tim Lay, MD
1063 Medical Sciences Building
#1 Hospital Drive, Room ML35
Columbia, MO 65212
Tel: 573 882-1301 Fax: 573 884-4912
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-28-21-084

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Program Director: Brian T Collin, MD
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-8782
E-mail: collinb@slu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-28-21-040

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital St Louis Children's Hospital
Program Director: Rosa M Davila, MD
One Barnes Hospital Plaza
St Louis, MO 63110
Tel: 314 362-0143
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-28-21-062

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Program Director: Theresa Bucklage, MD
Department of Pathology, BNB 306
512 Camino de Salud NE
Albuquerque, NM 87113
Tel: 505 272-3696 Fax: 505 272-6726
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-34-12-091

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Leopold G Koss, MD
111 East 310th Street
Bronx, NY 10467
Tel: 718 920-5185 Fax: 718 515-8941
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 307-35-31-027

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Patricia G Tischrnan-Wasserman, MD
Dept of Pathology, Rm 607
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 450-7010 Fax: 718 347-4926
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-35-21-066

New York
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Maureen P Zakowski, MD
1275 York Avenue
Bobst Building, 6th Floor
New York, NY 10021
Tel: 212 639-5000 Fax: 212 639-6118
Email: zakowski@mskcc.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 307-35-21-066

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Arnold H Sporn, MD
I Gustave L Levy Place
Annenburg 15-64
New York, NY 10029
Tel: 212 241-9160
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-35-31-048

New York Presbyterian Hospital/Cornell Campus Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Cornell Campus)
Program Director: Madeline F Vazques, MD
5525 East 68th Street
New York, NY 10021
Tel: 212 746-6464 Fax: 212 746-8192
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-35-21-042

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Program Director: Joan Cancrarelle, MD
Suite 101 West Tower
505 First Avenue
New York, NY 10016
Tel: 212 263-6575 Fax: 212 263-6590
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-35-21-070

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Thomas A Bonfiglio, MD
Department of Pathology
661 Elmwood Avenue
Rochester, NY 14620
Tel: 716 275-6920
Length: 1 Yr
Program ID: 307-35-21-031

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Kamal K Khurana, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4370 Fax: 315 464-4267
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-35-21-022

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College Westchester Medical Center
Program Director: Muhammad B Zaman, MD
Westchester Medical Center
Valhalla, NY 10595
Tel: 914 450-1072
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-35-31-009

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Susan J Maygarden, MD
CB# 7525 Brinkhous-Bullitt Building
Department of Pathology and Laboratory Medicine Chapel Hill, NC 27599
Tel: 919 843-1871
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-36-21-044

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Claudia K Jones, MD
Box 3712
Durham, NC 27710
Tel: 919 684-3050
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-36-21-009

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital East Carolina University School of Medicine
Program Director: Nancy L Smith, MD
Broyd Building, Room 7S-20
Greenville, NC 27858
Tel: 252 744-5820 Fax: 252 847-5394
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-36-21-021
Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Pgm Director: Kim R Geisinger, MD
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336 716-3685 Fax: 336 716-7565
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-36-21-082

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Pgm Director: Anne Bades, MD
Department of Pathology, L113
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503-404-8168 Fax: 503-404-8168
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-40-21-093

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Magee-Women's Hospital
UPMC Presbyterian Shadyside
Pgm Director: N Paul Ohrori, MD
Department of Pathology, A-610
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-9843 Fax: 412 647-3465
E-mail: ohrori@upmc.edu
Length: 1 Yr
Program Id: 307-41-31-049

Ohio
Akron
Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Pgm Director: Z Woonas, MD
503 East Market Street
Akron, OH 44309
Tel: 216 357-4671
E-mail: collee@akcom
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-38-21-045

Cleveland
University Hospital/University of Cincinnati College of Medicine Program
Pgm Director: John Bishop, MD
321 Albert Sabin Way, ML 0529
Cincinnati, OH 45297
Tel: 513 558-0688
E-mail: pathology@uc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-38-21-038

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hospital (Tenet Health System)
Pgm Director: Cheryl A Hanau MD
3300 Henry Ave/W 6th PI Room 201C
Philadelphia, PA 19129
Tel: 215 702-5271 Fax: 215 246-5018
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 307-41-21-028

University of Pennsylvania Program
Pgm Director: Thomas Jefferson University Hospital
Pgm Director: Maruch Bibo, MD
260 Main Building
132 S 10th Street
Philadelphia, PA 19107
Tel: 215 955-1197 Fax: 215 955-1197
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-41-31-069

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Pgm Director: James F Silverman, MD
300 East North Avenue
Pittsburgh, PA 15212
Tel: 412 268-6886 Fax: 412 268-3568
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-41-21-076

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Pgm Director: Anne Bades, MD
Department of Pathology, L113
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503-404-8168 Fax: 503-404-8168
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-40-21-093

Pennsylvania
Danville
Geisinger Health System Program
Pgm Director: Steven O Meschter, MD
North Academy Avenue
Danville, PA 17822
Tel: 570 271-5385
E-mail: smeschter@geisinger.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-41-21-059

Dallas
University of Texas Southwestern Medical School Program
Pgm Director: Robert D Logrono, MD
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Robert D Logrono, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 622-6518 Fax: 215 622-6518
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 307-41-21-004

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Magee-Women's Hospital
UPMC Presbyterian Shadyside
Pgm Director: N Paul Ohrori, MD
Department of Pathology, A-610
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-9843 Fax: 412 647-3465
E-mail: ohrori@upmc.edu
Length: 1 Yr
Program Id: 307-41-31-049

University of Texas Southwestern Medical School Program
Pgm Director: Robert D Logrono, MD
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Robert D Logrono, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 622-6518 Fax: 215 622-6518
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 307-41-21-004

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Roberto Logrono, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-8438 Fax: 409 772-8437
Length: 1 Yr
Program Id: 307-48-18-003

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Pgm Director: Rana S Boda, MD
171 Ashley Avenue, Suite 309
PO Box 250908
Charleston, SC 29425
Tel: 843 792-6131 Fax: 843 792-0556
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-45-21-012

Tennessee
Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
Pgm Director: Elizabeth W Hubbard, MD
1024 Alcoa Highway, Box 109
Knoxville, TN 37920
Tel: 865 544-9080
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 307-47-21-095

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Rabeela Aftab, MD
5323 Harry Hines Boulevard
Dallas, TX 75235
Tel: 214 590-8887 Fax: 214 590-1473
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 307-48-21-000

Graduate Medical Education Directory 2004-2005 549
Accredited Programs in Cytopathology (Pathology)

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Pgm Director: Dina R McFadyen, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 794-6400 Fax: 713 795-1973
Length: 1 Yr
Program ID: 307-48-21-028

University of Texas M D Anderson Cancer Center Program
Sponsor: University of Texas M D Anderson Cancer Center
Pgm Director: Greg A Stankiewicz, MD
1515 Holcombe Boulevard, Unit 55
Houston, TX 77030
Tel: 713 792-2000 Fax: 713 792-2007
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 307-48-21-004

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AHCC)
Pgm Director: Karen K Nauschuetz, MD
Department of Pathology
3851 Roger Brooke Drive
Ft. Sam Houston, TX 78234
Tel: 210 916-3398 Fax: 210 916-2335
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 307-48-21-011

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Pgm Director: Philip T Valentine, MD
7000 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-9731 Fax: 210 567-9478
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-48-11-018

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Pgm Director: Lebna H Saggi, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-3601 Fax: 254 724-4391
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-48-21-096

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Pgm Director: Gladwin Leiman, MD
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-3921 Fax: 802 847-9554
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-56-21-005

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Pgm Director: Celeste N Powers, MD, PhD
Box 981034
Richmond, VA 23298
Tel: 804 828-9738 Fax: 804 828-0152
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 307-51-21-006

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
HARBORview Medical Center
Pgm Director: Nancy Kivist, MD
335 9th Avenue
Box 350791
Seattle, WA 98104
Tel: 206 731-3145 Fax: 206 731-8240
E-mail: residency@pathology.washington.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 307-54-21-084

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: Suzanne M Belvaag MD
University of Wisconsin Hospital and Clinics
600 Highland Ave
Madison, WI 53792
Tel: 608 263-0100 Fax: 608 263-1453
E-mail: selevaag@facstaff.wisc.edu
Length: 1 Yr
Program ID: 307-56-21-005
Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Pgm Director: Michael Girardi, MD
333 Cedar Street
New Haven, CT 06520
Tel: 203 786-4683 Fax: 203 786-7637
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 080-08-21-023

District of Columbia

Washington

Washington University Program
Sponsor: Washington University School of Medicine
Department of Dermatology
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2618 Fax: 202 741-2522
Length: 3 Yrs
Program ID: 080-19-21-024

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Pgm Director: Lawrence A Schachner, MD
PO Box 108250 (B-250)
Miami, FL 33101
Tel: 305 241-6702 Fax: 305 241-6191
Length: 3 Yrs ACGME Approved/Offered Positions: 21 Subspecialties: DMP
Program ID: 080-11-21-025

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Pgm Director: Neil A Fenske, MD
MDC Box 70
12001 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-2854 Fax: 813 974-4222
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-11-21-096

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Pgm Director: Calvin D McCull, MD
Department of Dermatology
5001 Woodruff Memorial Building
Atlanta, GA 30322
Tel: 404 778-3786 Fax: 404 778-5395
E-mail: cmccull@emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 14 Subspecialties: DMP
Program ID: 080-12-21-025

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Pgm Director: Jack L Lesher Jr, MD
1120 15th St F1100
Augusta, GA 30912
Tel: 706 721-6201 Fax: 706 721-6220
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-12-16-029

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Standing Hospitals at the University of Florida
Pgm Director: Stanton K Wesson, MD
PO Box 100277
Division of Dermatology & Cutaneous Surgery
Gainesville, FL 32610
Tel: 352 392-6494 Fax: 352 392-5376
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 080-11-21-115

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Pgm Director: Jerry Feldman, MD
Administration Bldg, 5th Floor, Room 519
1900 W Polk Street
Chicago, IL 60612
Tel: 312 833-8734 Fax: 312 833-5547
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-16-12-020

Chicago Medical Center of Northwestern University Program
Sponsor: Chicago Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Pgm Director: Joan Gallant, MD
645 N Michigan Avenue
Suites 520
Chicago, IL 60611
Tel: 312 695-3721 Fax: 312 695-0694
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 080-16-21-031

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Pgm Director: Michael D Tharp, MD
1653 West Congress Parkway
507 Kidston House
Chicago, IL 60612
Tel: 312 942-8006 Fax: 312 942-7778
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 080-16-11-032

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Christopher R Shea, MD
Section of Dermatology
890 S Maryland, MC 8647
Chicago, IL 60637
Tel: 773 702-6559 Fax: 773 702-8998
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-16-11-033

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Edward Hines, Jr Veterans Affairs Hospital
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Pgm Director: Iris K Accaoua, MD
840 S Wood Street (MC #24), Room 376 CME
Chicago, IL 60612
Tel: 312 696-6966 Fax: 312 696-1168
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 080-16-21-034

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Pgm Director: Lorinda S Becherer, MD
PO Box 19644
Springfield, IL 62764
Tel: 217 645-5405 Fax: 217 645-4485
E-mail: smiller@siu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 080-16-21-118
Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Program Director: William N Winhard Memorial Hospital
Prgm Director: Jeffrey B Travens, MD, MPH
500 N University Blvd, Suite 2340
Indianapolis, IN 46202
Tel: 317 274-7744  Fax: 317 274-7051
Length: 4 Yrs 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 080·17·21·035

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Warren W Pettee, MD
200 Hawkins Drive, BT2045-1
Iowa City, IA 52242
Tel: 319 356-9006  Fax: 319 356-8317
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 080·18·21·030

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Donald V Belsito, MD
3001 Rainbow Boulevard
Room 4018 Warren
Kansas City, KS 66160
Tel: 913 588-3840
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080·19·11·037

Kentucky
Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Jeffrey P Cullen, MD
310 East Broadway
Louisville, KY 40223
Tel: 502 852-7287  Fax: 502 852-4720
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080·20·21·038

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Department of Dermatology
542 Tulane Avenue, Room 634
New Orleans, LA 70112
Tel: 504 569-7110  Fax: 504 569-2170
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 080·21·21·109

Tulane University Program
Sponsor: Tulane University School of Medicine
140 Tulane Avenue, TB-36
New Orleans, LA 70112
Tel: 504 588·6114  Fax: 504 587-7362
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: DMP
Program ID: 080·21·21·108

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Lee C Millikan, MD
410 328·0098
Tel: 410 955-7640
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080·23·21·040

University of Maryland Program
Sponsor: University of Maryland School of Medicine
Prgm Director: Mark H Lowitt, MD
30 West Redwood Street, 6th Floor
Baltimore, MD 21201
Tel: 410 338·5706  Fax: 410 338·0098
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 080·23·21·041

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: George W Turian, MD
6800 Georgia Avenue NW
Washington, DC 20017
Tel: 202 722·4980  Fax: 202 722·4968
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080·10·21·123

US Armed Services Program
National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Mark C Udey, PhD
Building 10, Room 12N238
10 Center Drive MSC 1908
Bethesda, MD 20892
Tel: 301 496·2481  Fax: 301 496·5370
Length: 1 Yr 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 080·23·12·008

Massachusetts
Boston
Boston University Medical Center/Tufts University Program
Sponsor: Boston Medical Center
Tufts-New England Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Barbara A Gleichrodt, MD
900 Albany Street
Boston, MA 02118
Tel: 617 638·5338  Fax: 617 636·5236
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080·24·21·044

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Children's Hospital
Prgm Director: Joseph Kvedar, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 736·5254  Fax: 617 736·1875
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 080·24·31·043

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Prgm Director: Thomas G Cregley, MD
Division of Dermatology
51 Lincoln Schaeferman Campus
Worcester, MA 01605
Tel: 508 334·0971  Fax: 508 384·9681
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 080·24·21·114

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Charles N Ellis, MD
1910 Taubman Center 4014 - Residency
1500 E Financial Center Drive
Ann Arbor, MI 48109
Tel: 734 936·6974  Fax: 734 936·6959
E-mail: Derms.Bes.App@umich.edu
Length: 4 Yrs 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 080·25·31·045

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Tor Shwayder, MD
2790 West Grand Boulevard
Department of Dermatology - K16
Detroit, MI 48202
Tel: 313 910·2177  Fax: 313 910·2063
Length: 3 Yrs 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 080·25·12·046
Wayne State University/Detroit Medical Center Program  
Sponsor: Wayne State University/Detroit Medical Center  
Children's Hospital of Michigan  
Detroit, MI 48201  
Tel: 313-577-3057 Fax: 313-577-8866  
Length: 3 Yrs  
Program ID: 059-35-21-047

Missouri

Columbia
University of Missouri-Columbia Program  
Sponsor: University of Missouri-Columbia School of Medicine  
Harry S Truman Memorial Veterans Hospital  
University Hospitals and Clinics  
Program Director: Dana S Ward, MD  
One Hospital Drive, Bldg MA111HSC  
Columbia, MO 65212  
Tel: 573-884-5941 Fax: 573-884-5997  
Length: 3 Yrs  
Program ID: 060-28-21-050

St Louis

St Louis University School of Medicine Program  
Sponsor: St Louis University School of Medicine  
St Louis University Hospital  
Program Director: Scott W Fosko, MD  
1403 South Grand Boulevard  
St Louis, MO 63104  
Tel: 314-256-3493 Fax: 314-256-3491  
E-mail: scott.fosko@tenethealth.com  
Length: 3 Yrs  
Program ID: 060-28-21-116

Washington University/B-JH/SLCH Consortium Program  
Sponsor: Washington University/B-JH/SLCH Consortium  
Barnes-Jewish Hospital  
Program Director: Arthur Z Eisen, MD  
Division of Dermatology  
960 South Euclid Avenue, Box S123  
St Louis, MO 63110  
Tel: 314-962-8180 Fax: 314-454-5958  
Length: 3 Yrs  
Program ID: 059-28-21-051

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program  
Sponsor: Mary Hitchcock Memorial Hospital  
Veterans Affairs Medical Center (White River Junction)  
Program Director: Kathryn A Zog, MD  
One Medical Center Drive  
Lebanon, NH 03756  
Tel: 603-650-5180 Fax: 603-650-5489  
Length: 3 Yrs  
Program ID: 060-32-21-045

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program  
Sponsor: Cooper Hospital-University Medical Center  
Program Director: Warren R Heymann, MD  
Three Cooper Plaza  
Camden, NJ 08103  
Tel: 856-942-3498 Fax: 856-965-0755  
Length: 3 Yrs  
Program ID: 060-35-31-058

Newark
UMDNJ-New Jersey Medical School Program  
Sponsor: UMDNJ-New Jersey Medical School  
UMDNJ-New Jersey Health Sciences  
Veterans Affairs New Jersey Health Care System  
Program Director: Robert A Schwartz, MD  
185 South Orange Avenue  
MS-1576  
Newark, NJ 07103  
Tel: 973-972-6864  
Length: 3 Yrs  
Program ID: 060-33-21-107

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program A  
Sponsor: UMDNJ-Robert Wood Johnson Medical School  
Robert Wood Johnson University Hospital  
Program Director: Babak K Rao, MD  
125 Patterson Street  
CBS #230, Dermatology  
New Brunswick, NJ 08991  
Tel: 732-235-7688 Fax: 732-235-6588  
Length: 3 Yrs  
Program ID: 059-35-31-128

New Mexico

Albuquerque
University of New Mexico Program  
Sponsor: University of New Mexico School of Medicine  
University of New Mexico Health Sciences  
Veterans Affairs Medical Center (Albuquerque)  
Program Director: Edgar B Smith, MD  
Dept of Dermatology  
1031 Medical Arts Avenue, NE  
Albuquerque, NM 87103  
Tel: 505-272-0090 Fax: 505-272-6003  
Length: 3 Yrs  
Program ID: 059-34-21-054

New York

Bronx
Albert Einstein College of Medicine Program  
Sponsor: Albert Einstein College of Medicine of Yeshiva University  
Jacobi Medical Center  
Montefiore Medical Center-Henry and Lucy Moses Division  
North Central Bronx Hospital  
Program Director: Michael Fisher, MD  
Van Etten 2A13  
1300 Morris Park Avenue  
Bronx, NY 10461  
Tel: 718-918-4273 Fax: 718-918-7401  
Length: 3 Yrs  
Program ID: 060-35-31-058

Graduate Medical Education Directory 2004-2005
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Alan P Shalita, MD
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 771-1229
Length: 3 Yrs
Program ID: 080-35-21-085

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Veterans Affairs Medical Center (Buffalo)
Program Director: Allan Zucker, MD, PhD
950 Elmwood Avenue, Internal Medicine-Dermatology
Elm and Carlton Streets
Buffalo, NY 14263
Tel: 716 845-8818 Fax: 716 845-3056
Length: 3 Yrs
Program ID: 080-35-21-085

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Emmanuel Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Program Director: Steven R Cohen, MD, MPH
388 Second Avenue
New York, NY 10029
Tel: 212 659-5559
E-mail: scodermm@icnet.com
Length: 3 Yrs
Program ID: 080-35-21-061

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: David R Bickers, MD
161 Fort Washington Avenue
New York, NY 10023
Tel: 212 305-5556 Fax: 212 305-4571
E-mail: nd3112@columbia.edu
Length: 3 Yrs
Program ID: 080-35-21-104

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Sheryl R Miller, MD
525 E 69th Street
New York, NY 10021
Tel: 212 746-1214 Fax: 212 746-8666
Length: 3 Yrs
Program ID: 080-35-21-082

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Health Care System
Program Director: Dushan Puskas, MD, PhD
500 First Avenue, Room R106
New York, NY 10016
Tel: 212 263-3545 Fax: 212 263-8702
Length: 3 Yrs
Program ID: 080-35-21-064

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's - Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Program Director: Albert A DeLeo, MD
100 Amsterdam Avenue
Suite 11B
New York, NY 10025
Tel: 212 523-3514 Fax: 212 523-3808
Length: 3 Yrs
Program ID: 080-35-21-124

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Alice P Pentland, MD
960 Medical Center Avenue, Box 607
Rochester, NY 14642
Tel: 585 275-0030 Fax: 585 275-0002
E-mail: marylou.williams@urmc.rochester.edu
Length: 3 Yrs
Program ID: 080-35-21-102

Stony Brook
SUNY at Stony Brook Program
Sponsor: Stony Brook University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Richard S Kalish, MD, PhD
Dept of Dermatology
HSC 7-16, Room 960
Stony Brook, NY 11794
Tel: 631 444-3848 Fax: 631 444-3844
E-mail: richard.kalish@stonybrook.edu
Length: 3 Yrs
Program ID: 080-35-21-113

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Our Lady of Mercy Medical Center
Program Director: Rimon Safai, MD
Department of Dermatology
Vestibule Pavilion, Room 217
Valhalla, NY 10596
Tel: 914 594-4566 Fax: 914 594-4010
Length: 3 Yrs
Program ID: 080-35-21-083

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Luis A Blaz, MD
Department of Dermatology, CB#7287
1300 Thurston-Bowles Building
Chapel Hill, NC 27516
Tel: 919 966-0769 Fax: 919 966-3868
E-mail: latinw@med.unc.edu
Length: 3 Yrs
Program ID: 080-38-11-066

Duke
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Sarah A Myers, MD
Division of Dermatology
PO Box 3852
Durham, NC 27710
Tel: 919 684-5155
Length: 3 Yrs
Program ID: 080-35-21-067

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Program Director: William S Burks, MD
Division of Dermatology
200 W Washington Street
Greenville, NC 27834
Tel: 252 744-2556 Fax: 252 744-4354
Length: 3 Yrs
Program ID: 080-38-13-132

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Amy J McMicken, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2768 Fax: 336 716-7712
E-mail: anmich@wfubmc.edu
Length: 3 Yrs
Program ID: 080-35-21-110

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Hyla F Mustain, MD
Department of Dermatology
231 Albert Sabin Way, PO Box 670592
Cincinnati, OH 45267
Tel: 513 558-6242 Fax: 513 558-0180
Length: 3 Yrs
Program ID: 080-35-21-088
Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Metropolitan Health Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Bryan B Davis, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7984
E-mail: kristina.myers@uhhs.com
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program Id: 009-38-21-120

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Allison V Vaidson, MD
5900 Euclid Avenue, Desk A61
Cleveland, OH 44105
Tel: 216 444-3345
Fax: 216 444-0060
Length: 4 Yrs
Program Id: 080-38-12-070

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: David & Lambert, MD
150 Doan Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-8111
Fax: 614 293-8900
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program Id: 080-38-11-972

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Children's Medical Center
Good Samaritan Hospital and Health Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Program Director: Michael J White, MD
Division of Dermatology
PO Box 297
Dayton, OH 45401
Tel: 937 224-3845
Fax: 937 224-3856
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program Id: 080-38-21-073

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Raymond L Cornelison, Jr, MD
Department of Dermatology
616 Northeast 1st Street
Oklahoma City, OK 73104
Tel: 405 271-4662
Fax: 405 271-7216
E-mail: ray-cornelison@okstate.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 1
Program Id: 080-39-21-074

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)
Program Director: Neil A Swanson, MD
3181 SW Sam Jackson Park Rd OPV
Portland, OR 97201
Tel: 503 494-1976
Fax: 503 494-6844
E-mail: dermrecruitment@ohsu.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program Id: 080-48-21-075

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Michele S Maroon, MD
100 North Academy Drive
Danville, PA 17822
Tel: 570 217-3806
Fax: 570 217-3840
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program Id: 080-41-12-076

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Jeffrey J Miller, MD
Department of Dermatology, UPC II Ste 4300 (H114)
500 University Drive, PO Box 850
Hershey, PA 17033
Tel: 717 531-8007
Fax: 717 531-6516
E-mail: dermatology@hmc.psu.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program Id: 080-38-11-972

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tetrad Health System)
Program Director: Herbert Allen, MD
249 North Broad Street
Mail Stop 401 HHH
Philadelphia, PA 19102
Tel: 215 762-5550
Fax: 215 762-5570
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Subspecialties: DMP
Program Id: 080-41-21-077

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Veterans Affairs Medical Center (Wilmington)
Program Director: Jauhi Uitto, MD, PhD
Blasdel Life Sciences Building, Ste 450
233 S 10th St
Philadelphia, PA 19107
Tel: 215 695-5785
Fax: 215 503-5788
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program Id: 080-41-11-079

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Program Director: William D James, MD
Department of Dermatology
5000 Spruce Street, 2 Maloney Building
Philadelphia, PA 19104
Tel: 215 663-7883
Fax: 215 663-7884
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program Id: 080-41-21-080

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Joseph C English III, MD
180 Lothrop Street
Suite 145, Lothrop Hall
Pittsburgh, PA 15213
Tel: 412 648-0369
Fax: 412 648-1962
E-mail: englishjo@upmc.edu
Length: 9 Yrs
ACGME Approved/Offered Positions: 9
Program Id: 080-41-11-091

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Program Director: Jorge L Sanchez, MD
University Hospital Medical Center
PO Box 365067
San Juan, PR 00936
Tel: 787 765-7550
Fax: 787 767-0467
Length: 3 Yrs
Program Id: 080-42-21-082

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Memorial Hospital of Rhode Island
Veterans Affairs Medical Center (Providence)
Program Director: Candace S Lapidus, MD
APC U1th, Dermatology Department
600 Edwards Street
Providence, RI 02903
Tel: 401 444-7199
Fax: 401 444-7195
Length: 3 Yrs
ACGME Approved/Offered Positions: 11
Program Id: 080-43-21-132

Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Providence Community Health Center
Program Director: Vincent Palanga, MD
50 Maude Street
Providence, RI 02908
Tel: 401 456-2521
Fax: 401 456-6440
Length: 3 Yrs
ACGME Approved/Offered Positions: 7
Program Id: 080-43-21-083
South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Program Director: Bruce H Thiers, MD
96 Jonathan Lucas Street, Suite 623
PVS 25061A
Charleston, SC 29425
Tel: 843 792-5858 Fax: 843 792-9157
E-mail: thiersb@musc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 8
Program ID: 080-48-21-099

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Program Director: E William Rosenberg, MD
Department of Medicine, Bt 2922
950 Court Avenue
Memphis, TN 38163
Tel: 901 448-5765 Fax: 901 448-8384
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 080-47-21-094

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Metropolitan Nashville General Hospital
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Program Director: Darrel L Ellis, MD
1901 22nd Avenue S
Suite 3900
Nashville, TN 37232
Tel: 615 232-0845
Length: 3 yrs ACGME Approved/Offered Positions: 9
Program ID: 080-47-21-098

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Program Director: Sharon S Raizer, MD
4112 McClennan Blvd
201 University Blvd
Galveston, TX 77555
Tel: 409 772-1911 Fax: 409 772-1943
Length: 3 yrs ACGME Approved/Offered Positions: 8
Subspecialties: DMP
Program ID: 080-48-11-086

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Program Director: John E Wolf Jr, MD
6525 Fannin FB404
Houston, TX 77030
Tel: 713 798-7620 Fax: 713 798-6923
Length: 3 yrs ACGME Approved/Offered Positions: 10
Subspecialties: DMP
Program ID: 080-48-21-087

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B. Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Program Director: Ronald P Rapini, MD
6433 Fannin, Suite 1204
Houston, TX 77030
Tel: 713 500-7110 Fax: 713 500-7170
E-mail: Irene.M.Morales@uth.tmc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 10
Program ID: 080-48-21-100

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AFRC)
Program Director: Jeffrey J Meffert, MD
750 MDOS/MMID
2200 Bergquist Dr Suite I
Lackland AFB, TX 78236
Tel: 210 262-5380 Fax: 210 262-3781
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 080-48-21-121
US Armed Services Program

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Clovis L Stetson, MD
4A-100 Stop 9400
3601 Fourth Street
Lubbock, TX 79490
Tel: 806 743-2450 Fax: 806 743-1165
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 080-48-21-105

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veteran's Hospital (San Antonio)
University Health System
Program Director: Ronald E Grimwood Jr, MD
Division of Dermatology 2876
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 587-4855 Fax: 210 587-9679
Length: 3 yrs ACGME Approved/Offered Positions: 3
Program ID: 080-48-22-088

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Marta J Fallstrom, MD
40454 School of Medicine
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-6484 Fax: 801 581-6484
Length: 3 yrs
Program ID: 080-49-21-112

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Program Director: Glenn D Goldman, MD
1 South Prospect Street
Burlington, VT 05401
Tel: 802 847-9761 Fax: 802 847-4116
Length: 3 yrs
Program ID: 080-50-18-129

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Program Director: Kenneth E Green, MD
PO Box 900178
Charlottesville, VA 22908
Tel: 434 294-5115 Fax: 434 294-6936
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 080-51-11-099

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
Veterans Affairs Medical Center (Hampton)
Program Director: Antoinette Purcell, MD
700 Wynn Road
Norfolk, VA 23507
Tel: 757 446-6114
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 080-51-21-130

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Program Director: Ponchon D Cruz Jr, MD
5333 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8677
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 080-48-21-085
Richmond  
Virginia Commonwealth University Health System Program  
Sponsor: Virginia Commonwealth University Health System  
Program Director: Hunter Holmes McGuire VA Medical Center (Richmond)  
Medical College of Virginia Hospitals  
Length: 3 Yrs  
Program ID: 090-51-21-090  
Tel: 804 828-9361  
Fax: 804 828-9596  

Milwaukee  
Medical College of Wisconsin Program  
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc  
Program Director: Janet A Fairley, MD  
Length: 3 Yrs  
Program ID: 086-56-21-095  
Tel: 414 456-4078  
Fax: 414 456-6518  

Washington  
Seattle  
University of Washington Program  
Sponsor: University of Washington School of Medicine  
Program Director: Gregory J Raugi, MD  
Division of Dermatology, Box 356524  
1595 NE Pacific Avenue  
Seattle, WA 98105  
Tel: 206 543-2820  
Fax: 206 543-2489  
Length: 3 Yrs  
Program ID: 080-54-31-091  

West Virginia  
Morgantown  
West Virginia University Program  
Sponsor: West Virginia University School of Medicine  
Program Director: Rodney F Kovach, MD  
Health Sciences Center North  
PO Box 9158  
Morgantown, WV 26506  
Tel: 304 293-6618  
Length: 3 Yrs  
Program ID: 080-50-11-092  

Wisconsin  
Madison  
University of Wisconsin Program  
Sponsor: University of Wisconsin Hospital and Clinics  
Program Director: Donald Miech, MD  
1000 North Oak Avenue  
Madison, WI 53792  
Tel: 608 263-2729  
Fax: 608 263-2676  
Length: 3 Yrs  
Program ID: 080-58-21-093  

Marshall  
Marshall Clinic-St Joseph's Hospital Program  
Sponsor: Marshall Clinic-St Joseph's Hospital  
Program Director: Donald Miech, MD  
1000 North Oak Avenue  
Marshfield, WI 54449  
Tel: 715 387-6311  
Fax: 715 387-6312  
Length: 3 Yrs  
Program ID: 080-58-12-131  

Dermatopathology  
(Dermatology)  
Alabama  
Birmingham  
University of Alabama Medical Center Program  
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)  
Program Director: Emily F Omura, MD  
Dept of Pathology, Knaake Building, RM 506  
619 South University Street  
Birmingham, AL 35233  
Tel: 205 975-6964  
Fax: 205 975-9622  
Length: 1 Yr  
Program ID: 100-41-21-024  

Arkansas  
Little Rock  
University of Arkansas for Medical Sciences Program  
Sponsor: University of Arkansas College of Medicine  
Central Arkansas Veterans Health Center  
University of Arkansas  
Program Director: Bruce R Smoller, MD  
4301 West Markham  
Department of Pathology, SB4 517  
Little Rock, AR 72205  
Tel: 501 603-1506  
Fax: 501 603-1479  
E-mail: gordonreneen@uams.edu  
Length: 1 Yr  
Program ID: 100-04-21-082  

California  
Los Angeles  
UCLA Medical Center Program  
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine  
Program Director: Scott W Bindler, MD  
10833 Le Conte Avenue  
Los Angeles, CA 90095  
Tel: 310 267-2667  
Fax: 310 267-2680  
E-mail: sbinder@mednet.ucla.edu  
Length: 1 Yr  
Program ID: 100-05-21-071  

Orange  
University of California (Irvine) Program  
Sponsor: University of California (Irvine) Medical Center  
Program Director: Ronald J Barr, MD  
101 City Drive, South  
Orange, CA 92868  
Tel: 714 456-5556  
Fax: 714 456-8859  
Length: 1 Yr  
Program ID: 100-09-21-053  

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Length</th>
<th>Program ID</th>
<th>ACGME Approved/Offered Positions:</th>
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<tbody>
<tr>
<td>San Francisco</td>
<td>University of California (San Francisco)</td>
<td>Program</td>
<td>University of California (San Francisco) School of Medicine</td>
<td>Mount Zion Medical Center of the University of California</td>
<td>Philip E. Leavitt, MD</td>
<td>14th Year</td>
<td>100-05-21-635</td>
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<td>Florida</td>
<td>Gainesville</td>
<td>University Program</td>
<td>University of Florida College of Medicine</td>
<td>Shands Hospital at the University of Florida</td>
<td>Ashraf M. Hassanein, MD</td>
<td>1 Year</td>
<td>100-11-31-096</td>
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<td>Florida</td>
<td>Gainesville</td>
<td>Program</td>
<td>University of Florida College of Medicine</td>
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<td>Ashraf M. Hassanein, MD</td>
<td>1 Year</td>
<td>100-11-31-096</td>
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<td>Indiana</td>
<td>Indianapolis</td>
<td>University Program</td>
<td>Indiana University School of Medicine</td>
<td>Clarian Indiana University Hospital</td>
<td>William B. Moones, MD</td>
<td>1 Year</td>
<td>100-17-21-020</td>
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<td>Louisiana</td>
<td>New Orleans</td>
<td>Tulane University Program</td>
<td>Tulane University School of Medicine</td>
<td>Medical Center of Louisiana at New Orleans</td>
<td>AHN R. Wang, MD</td>
<td>1 Year</td>
<td>100-12-21-052</td>
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<td>Maryland</td>
<td>Baltimore</td>
<td>Johns Hopkins University Program</td>
<td>Johns Hopkins University School of Medicine</td>
<td>Johns Hopkins Hospital</td>
<td>Terry L Barrett, MD</td>
<td>1 Year</td>
<td>100-23-21-036</td>
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<td>Massachusetts</td>
<td>Boston</td>
<td>Beth Israel Deaconess Medical Center/Harvard Medical School Program</td>
<td>Beth Israel Deaconess Medical Center</td>
<td>Brigham and Women's Hospital</td>
<td>Steven B. Tihan, MD</td>
<td>1 Year</td>
<td>100-24-31-002</td>
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<td>Massachusetts</td>
<td>Boston</td>
<td>Beth Israel Deaconess Medical Center/Harvard Medical School Program</td>
<td>Beth Israel Deaconess Medical Center</td>
<td>Brigham and Women's Hospital</td>
<td>Steven B. Tihan, MD</td>
<td>1 Year</td>
<td>100-24-31-002</td>
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Roosevelt Hospital Center Program
Sponsor: Roosevelt Hospital Center
Prum: Lawrence J Bhawan, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 100-24-1-033

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Program Director: Lawrence E Gibson, MD
290 First Street, SW
Rocheester, MN 55905
Tel: 507 284-3108 Fax: 507 284-0996
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 100-26-21-004

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Program Director: Louis F Delauer, MD
660 South Euclid Avenue
Campus Box 8118
St Louis, MO 63110
Tel: 314 362-0150 Fax: 314 362-0037
Length: 3 Yrs
ACGME Approved/Offered Positions: 1
Program ID: 100-29-21-936

New Jersey
Newark
UMDNJ/New Jersey Medical School Program
Program Director: W Clark Lambert, MD
Room C-520, Medical Sciences Building
185 South Orange Avenue
Newark, NJ 07103
Tel: 973 972-6205 Fax: 973 972-7293
E-mail: lamberwe@umdnj.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 100-33-21-054

New York
New York
Mount Sinai School of Medicine Program
Program Director: Robert G Phillips, MD
One Gustave Levy Place, Box 1194
New York, NY 10029
Tel: 212 341-6664 Fax: 212 354-7491
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 100-35-21-006

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Rockefeller University Hospital
Program Director: N Scott McVoyt, MD
596 East 68th Street (F-906)
New York, NY 10021
Tel: 212 746-6434 Fax: 212 746-8570
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 100-38-21-003

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan Va Harbor Health Care System
Program Director: Richard Kamino, MD
530 First Avenue, Suite 7J
New York, NY 10016
Tel: 212 263-7260 Fax: 212 684-2961
Length: 1 Yr
ACGME Approved/Offered Positions: 5
Program ID: 100-39-21-005

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s- Roosevelt Hospital Center
Academy of Dermatopathology
Program Director: A Bernard Ackerman, MD
145 East 33rd Street, 10th Floor
New York, NY 10016
Tel: 212 868-6225 Fax: 212 886-8288
Length: 1 Yr
ACGME Approved/Offered Positions: 7
Program ID: 100-33-31-063

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: M Angelica Selim, MD
Box 3712
Durham, NC 27710
Tel: 919 684-4450 Fax: 919 684-4445
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 100-38-21-006

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Oscar P Sanguesa, MD
Medical Center Boulevard
Winston-Salem, NC 27107
Tel: 336 716-4596 Fax: 336 716-7595
Length: 1 Yr
Program ID: 100-38-21-039

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Doyu Matsumu, MD
231 Albert Sabia Way, Room 7409
PO Box 679093
Cincinnati, OH 45267
Tel: 513 588-0432 Fax: 513 588-0198
E-mail: Doyu.matsumu@uc.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 100-38-12-070

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Program Director: Michael J Palko, MD
UPMC Shadyside
500 Center Avenue, W02.2
Pittsburgh, PA 15222
Tel: 412 623-2614 Fax: 412 622-6450
E-mail: mj.palko@upmc.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 100-41-21-034
Rhode Island

Providence
Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Prgm. Director: Caroline S Wilke, MD
285 Chalkstone Avenue
Providence, RI 02908
Tel: 401-456-2162 Fax: 401-456-2131
E-mail: cwilke@rwmc.org
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 109-43-21-081

South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm. Director: John S Metcalf, MD
171 Ashley Avenue
Charleston, SC 29425
Tel: 843 792-3401 Fax: 843 792-8974
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 109-43-21-023

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Prgm. Director: Clay J Cockerell, MD
2300 Butler Street, Suite 115
Dallas, TX 75235
Tel: 214 630-5201 Fax: 214 630-5210
E-mail: ccockerell@skincancer.com
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 100-43-21-013

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm. Director: Ramon L Sanchez, MD
Department of Dermatology
301 University Blvd
Galveston, TX 77555
Tel: 409 772-1911
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 100-43-21-045

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Prgm. Director: Jon A Reed, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-4083 Fax: 713 798-3660
E-mail: ybonney@bcm.tmc.edu
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 100-43-21-057

University of Texas MD Anderson Cancer Center Program
Sponsor: University of Texas MD Anderson Cancer Center
Harris County Hospital District-Ben Taub General Hospital
Memorial Hermann Hospital System
Prgm. Director: Victor G Prieto, MD, PhD
Department of Pathology Box SS
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 792-3187 Fax: 713 746-3740
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 100-43-21-072

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm. Director: James W Patterson, MD
Department of Pathology
PO Box 800214
Charlottesville, VA 22908
Tel: 434 982-4462 Fax: 434 243-6757
Length: 1 Yr ACGME Approved/Offers Positions: 2
Program ID: 100-51-21-061

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Prgm. Director: Sooz B Argenty, MD
1505 NE Pacific Street
Box 356100
Seattle, WA 98195
Tel: 206 598-2110 Fax: 206 598-4892
E-mail: residency@ pathology.washington.edu
Length: 1 Yr ACGME Approved/Offers Positions: 1
Program ID: 100-54-11-073

Developmental-Behavioral Pediatrics (Pediatrics)

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
University Hospital of Arkansas
Prgm. Director: Ridon G Schulz, MD
1001 Maryland, Suite 2
Little Rock, AR 72202
Tel: 501 364-1806 Fax: 501 364-6829
Length: 3 Yrs
Program ID: 336-04-21-002

California

Los Angeles
UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm. Director: Judy Howard, MD
David Geffen School of Medicine at UCLA
300 UCLA Medical Plaza, Suite 3396
Los Angeles, CA 90095
Tel: 310 794-1456 Fax: 310 206-4215
Length: 3 Yrs
Program ID: 336-06-13-003

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm. Director: Robin L Hansen, MD
4850 Y Street, Suite 3302
Sacramento, CA 95817
Tel: 916 734-7825 Fax: 916 734-0246
Length: 3 Yrs
Program ID: 336-06-22-018

Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm. Director: David J Schonfeld, MD
333 Cedar Street
PO Box 30864
New Haven, CT 06520
Tel: 203 737-2182 Fax: 203 737-1366
E-mail: david.schonfeld@yale.edu
Length: 3 Yrs
Program ID: 336-06-11-001
Accredited Programs in Developmental-Behavioral Pediatrics (Pediatrics)

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Deborah C Lin-Dyken, MD
100 Hawkins Drive
Iowa City, IA 52242
Tel: 319 353-6102 Fax: 319 354-8284
Length: 3 Yrs
Program ID: 336-18-31-021

Maryland

Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Linda S Grossman, MD
Department of Pediatrics
630 W Fayette Street - Room 5-880
Baltimore, MD 21201
Tel: 410 706-0146 E-mail: lgrossma@umaryland.edu
Length: 3 Yrs
Program ID: 336-23-31-004

Massachusetts

Boston
Children's Hospital University Medical Center Program
Sponsor: Children's Hospital
Program Director: Leonard Bapaport, MD, MS
80 Longwood Avenue
Boston, MA 02115
Tel: 617 735-0700 Fax: 617 730-0523
Length: 3 Yrs
Program ID: 336-24-31-019

Children's Hospital/Boston University Medical Center Program
Sponsor: Children's Hospital
Program Director: Leonard Bapaport, MD, MS
80 Longwood Avenue
Boston, MA 02115
Tel: 617 735-0700 Fax: 617 730-0523
Length: 3 Yrs
Program ID: 336-24-31-019

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: Kristin PanHenderson, MD
1300 McKnight Road, Suite 210
Minneapolis, MN 55455
Tel: 612 624-4200 Fax: 612 624-0897
Length: 3 Yrs
Program ID: 336-26-31-023

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Program Director: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center
Division: Pediatrics
Program Director: Marie D Rosenberg, MD
1410 Pelham Parkway South
Bronx, NY 10461
Tel: 718 430-5934 Fax: 718 892-2286
Length: 3 Yrs
Program ID: 336-32-21-015

New York

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Program Director: New York University School of Medicine
Length: 3 Yrs
Program ID: 336-35-21-005

Ohio

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Nancy E Lanphear, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-8383 Fax: 513 636-2387
Length: 3 Yrs
Program ID: 336-38-31-006

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Program Director: Daniel L Coursy, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-2438 Fax: 614 722-4666
Length: 3 Yrs
Program ID: 336-38-13-013

Pennsylvania

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Mary Pian, MD
Behavioral Development Pediatrics Training Program
5101 Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 590-7994 Fax: 215 590-6804
Length: 3 Yrs
Program ID: 336-41-13-007

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
Program ID: 336-41-13-006

Rhode Island

Providence
Brown University Program
Sponsor: Rhode Island Hospital/Lifespan
Program Director: Pamela High, MD
APC-6, 109 Eddy Street
Providence, RI 02903
Tel: 401 444-5071 Fax: 401 444-5285
Length: 3 Yrs
Program ID: 336-44-21-012

South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Program Director: Michelle M Mucius, MD
171 Ashley Avenue
PO Box 525087
Charleston, SC 29425
Tel: 843 876-1515 Fax: 843 876-1518
Length: 3 Yrs
Program ID: 336-45-12-020

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: James A Blackman, MD, MPH
2270 Ivy Road
Charlottesville, VA 22903
Tel: 434 982-1676 Fax: 434 982-2780
Length: 3 Yrs
Program ID: 336-51-22-014

Washington

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Program Director: Madigan Army Medical Center
Department of Pediatrics
Attn: MGULP
Tacoma, WA 98431
Tel: 253 968-1330 Fax: 253 968-0884
Length: 3 Yrs
Program ID: 336-54-13-009
US Armed Services Program
Emergency Medicine

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Children’s Hospital of Alabama
Prgm Director: Thomas E Terndrup, DO
Department of Emergency Medicine
3801 Flower Street
Birmingham, AL 35205
Tel: 205-934-1640 Fax: 205-976-8037
E-mail: consradius@uabmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-01-31-106

Arizona

Phoenix

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Prgm Director: Paul A Blackburn, DO
2501 East Roosevelt
PO Box 5060
Phoenix, AZ 85001
Tel: 602-344-5083 Fax: 602-344-5097
E-mail: nedra_kissling@medprodoctors.com
Length: 3 Yrs ACGME Approved/Offered Positions: 42 Subspecialties: ETX
Program ID: 110-03-21-082

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Samuel M Kcin, MD
1501 North Campbell
Tucson, AZ 85724
Tel: 520-626-7223 Fax: 520-626-1035
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-03-21-006

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
University Hospital of Arkansas
Prgm Director: Lawrence E Kass, MD
4301 West Markham, Slot 584
Little Rock, AR 72205
Tel: 501-686-5516 Fax: 501-686-5588
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-04-21-071

California

Bakersfield

Kern Medical Center Program
Sponsor: Kern Medical Center
Prgm Director: Rick AMcPheters, DO
13000 Delano Street
Bakersfield, CA 93306
Tel: 661-326-2165 Fax: 661-326-2165
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-05-12-001

Fresno

University of California (San Francisco)Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Prgm Director: Herbert G Hinvis, MD
University Medical Center
445 S Cedar Avenue, Room 275
Fresno, CA 93702
Tel: 559-459-6160 Fax: 559-459-3844
E-mail: emp@ucsfstros.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 110-05-12-002

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Riverside County Regional Medical Center
Prgm Director: Gregory T Guilbert, MD
11234 Anderson Street, Room A-106
Loma Linda, CA 92354
Tel: 909-558-4085 Fax: 909-558-6121
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Subspecialties: PE
Program ID: 110-05-12-088

Los Angeles

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC/King/Drew Medical Center
Prgm Director: Eugene Harbin, MD
Emergency Medicine Rm 1094
12021 South Wilshire Avenue
Los Angeles, CA 90059
Tel: 310-666-4510 Fax: 310-762-6115
Length: 3 Yrs ACGME Approved/Offered Positions: 42 Subspecialties: ETX
Program ID: 110-05-12-094

UCLA Medical Center/Olive View Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Elm View/EUCLA Medical Center
UCLA Medical Center
Prgm Director: Pamela L Dyne, MD
Emergency Medicine Center
1033 Le Conte Avenue
Los Angeles, CA 90024
Tel: 818-364-3114 Fax: 818-364-2668
E-mail: pdyne@ucla.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-05-12-003

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
Prgm Director: William M Mallon, MD
1200 North State Street
Room 1511 GH
Los Angeles, CA 90033
Tel: 213-236-6667 Fax: 213-226-9414
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Program ID: 110-05-12-009

Oakland

Alameda County Medical Center Program
Sponsor: Alameda County Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Eric R Silver, MD
1411 East 31st Avenue
Oakland, CA 94609
Tel: 510-437-4584 Fax: 510-437-8322
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 110-05-12-006

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Prgm Director: Jennifer A Oman, MD
101 The City Drive South, Route 125
Orange, CA 92868
Tel: 714-456-5320 Fax: 714-456-5300
E-mail: jreiman@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 110-05-21-078

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
Prgm Director: Peter V Sakulove, MD
2115 Stockton Boulevard
PSSB, Suite 2100
Sacramento, CA 95817
Tel: 916-734-8271 Fax: 916-734-7960
E-mail: enrique@ucdm.ucdavis.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36 Subspecialties: ETX
Program ID: 110-05-21-097

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Robert G Buckley, MD
Department of Emergency Medicine
Suite 118
San Diego, CA 92134
Tel: 619-543-8229 Fax: 619-543-5807
E-mail: rgbotkins@nmc.nmcd.navy.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 30 Subspecialties: PE
Program ID: 110-05-12-067
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Prgm Director: Stephen W Hayden, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619-543-9296 Fax: 619-543-7598
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-05-21-080
Accredited Programs in Emergency Medicine

Stanford
Stanford University Hospital/Kaiser Permanente Medical Center Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
San Francisco General Hospital Medical Center
Prgm Director: Phillip M. Harter, MD
Division of Emergency Medicine
701 Welch Rd, Bldg C
Palo Alto, CA 94304
Tel: 650 723-0121 Fax: 650 723-0121
E-mail: em.residency@med.stanford.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Program ID: 110-05-21-098

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: David B Burbulys, MD
1000 West Carson Street, D5
Harbor Mail Box 21, PO Box 2610
Torrance, CA 90502
Tel: 310 222-3500 Fax: 310 782-1763
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Program ID: 110-05-12-008

Colorado
Denver
Denver Health Medical Center Program
Sponsor: Denver Health Medical Center
University of Colorado School of Medicine
Prgm Director: Lee W Shookley, MD
Mail Code 6198
777 Bannock Street
Denver, CO 80218
Tel: 303 438-7143 Fax: 303 436-7541
Length: 3 Yrs ACGME Approved/Offered Positions: 46 Subspecialties: ETX Program ID: 110-07-12-009

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Susan R Duck, MD
Dept of Traumatology/Inser Medicoln
30 Seymour Street
Hartford, CT 06102
Tel: 860 545-1467 Fax: 860 545-1461
Length: 3 Yrs ACGME Approved/Offered Positions: 36 Subspecialties: ETX, PF Program ID: 110-06-21-129

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Bridgeport Hospital
Prgm Director: Scott W Julin, MD
Emergency Medicine Residency
464 Congress Avenue, Suite 250
New Haven, CT 06519
Tel: 203 785-6174 Fax: 203 785-6500
E-mail: scott.julin@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 40 Program ID: 110-08-21-130

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Prgm Director: Robert E O'Conor, MD, MPH
4755 Ogletown-Stanton Road
PO Box 6601
Newark, DE 19718
Tel: 302 775-4176 Fax: 302 775-1595
Length: 3 Yrs ACGME Approved/Offered Positions: 45 Program ID: 110-08-12-057

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (GW)
Georgetown University Hospital
Inova Fairfax Hospital
Prgm Director: Yikunfa C Haywood, MD
5100 Pennsylvania Avenue, NW
Suite 2B-411
Washington, DC 20037
Tel: 202 741-0511 Fax: 202 741-0521
Length: 3 Yrs ACGME Approved/Offered Positions: 31 Program ID: 110-10-12-011

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Michael A Washington, MD
2414 Georgia Avenue, NW
Washington, DC 20039
Tel: 202 865-1121 Fax: 202 865-7836
Length: 3 Yrs Program ID: 110-10-12-010

Florida
Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Steven A Godwin, MD
655 West 8th Street, Building 1
Jacksonville, FL 32209
Tel: 904 244-3887 Fax: 904 244-4508
E-mail: monica.howard@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 48 Subspecialties: ETX, PF Program ID: 110-11-12-058

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Prgm Director: Jay L Falk, MD
1414 South Kahl Avenue
Orlando, FL 32886
Tel: 407 297-0224 Fax: 407 648-3983
Length: 3 Yrs ACGME Approved/Offered Positions: 35 Program ID: 110-11-21-072

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Prgm Director: Kelly P O'Keefe, MD
4 Columbia Drive, Suite 815
Harbourside Medical Tower
Tampa, FL 33606
Tel: 813 637-5800 Fax: 813 254-6440
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 110-11-21-167

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Grady Memorial Hospital
Prgm Director: Philip Shane, MD
60 Jesse Hill Jr Drive, SE
Atlanta, GA 30303
Tel: 404 616-9673 Fax: 404 616-9191
Length: 3 Yrs ACGME Approved/Offered Positions: 54 Subspecialties: ETX Program ID: 110-12-12-012

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Prgm Director: Carl R Meneckehoff, MD
1150 15th Street
AF 2037
Augusta, GA 30912
Tel: 706 721-3613 Fax: 706 721-9081
Length: 3 Yrs ACGME Approved/Offered Positions: 27 Program ID: 110-12-21-090

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Steven H Bowman, MD
1865 West Polk Street-11th Floor
Chicago, IL 60612
Tel: 312 633-3235 Fax: 312 633-8189
Length: 3 Yrs ACGME Approved/Offered Positions: 69 Program ID: 110-16-21-083
Accredited Programs in Emergency Medicine

**McGaw Medical Center of Northwestern University Program**
Sponsor: McGaw Medical Center of Northwestern University
Downtown Hospital
Northwestern Memorial Hospital
Program Director: Jamie L. Collins, MD
359 E Erie
Suite 100
Chicago, IL 60611
Tel: 312 696-9620 Fax: 312 926-9274
E-mail: medres@northwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-16-12-015

**Resurrection Medical Center Program**
Sponsor: Resurrection Medical Center
St Francis Hospital
Program Director: Teresa M Hogan, MD
Emergency Medicine Residency Program
7435 West Talcott Avenue
Chicago, IL 60635
Tel: 773 584-5510 Fax: 773 584-0850
E-mail: docmail@reshealthcare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-16-12-016

**University of Chicago Program**
Sponsor: University of Chicago Hospitals
Advocate Lutheran General Hospital
Program Director: David S. Howes, MD
5841 South Maryland Avenue, MD668
Chicago, IL 60637
Tel: 773 702-2881 Fax: 773 702-3135
Length: 3 Yrs ACGME Approved/Offered Positions: 43
Program ID: 110-16-12-017

**University of Illinois College of Medicine at Chicago Program**
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Mercy Hospital and Medical Center
University of Illinois Hospital and Clinics
Program Director: Timothy B. Erickson, MD
Suite 471 College of Medicine, East
808 S Wood Street
Chicago, IL 60612
Tel: 312 413-7360 Fax: 312 413-0390
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-16-12-018

**Oak Lawn**
Advocate Christ Medical Center Program
Sponsor: Advocate Christ Medical Center
Program Director: Robert C. Harmwood, MD, MPH
4440 West 95th Street
Dept of Emergency Medicine rm 185W
Oak Lawn, IL 60453
Tel: 708 346-3075 Fax: 708 346-1029
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program ID: 110-16-12-017

**Peoria**
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Program Director: Marc D Squillante, DO
530 North East Glen Oak Avenue
Peoria, IL 61605
Tel: 309 655-6710 Fax: 309 654-9987
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-16-12-009

**Indianapolis**
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
William N. Wishard Memorial Hospital
Program Director: Carey D. Chalnon, MD
1-45 at 21st Street
PO Box 1367
Indianapolis, IN 46206
Tel: 317 963-5075 Fax: 317 963-8206
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: E/TX
Program ID: 110-17-12-018

**Iowa**
Iowa City
Iowa Emergency Medicine Program
Sponsor: University of Iowa Hospitals and Clinics
St Luke’s Methodist Hospital
Program Director: Alfred R. Hansen, MD, PhD
200 Hawkins Drive
1185 RCP
Iowa City, IA 52242
Tel: 319 384-6511 Fax: 319 384-9184
E-mail: Alfred-hansen@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 110-16-12-017

**Kentucky**
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Program Director: Roger L. Humphries, MD
Department of Medicine
500 Rose Street, Room M-55
Lexington, KY 40536
Tel: 859 323-8055 Fax: 859 323-8056
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 110-20-21-129

**Louisville**
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children’s Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Program Director: Salvador J. Vicario, MD
530 South Jackson
Louisville, KY 40202
Tel: 502 852-0068 Fax: 502 852-0056
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 110-20-21-020

**Louisiana State University (Baton Rouge) Program**
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Thomas C. Arnold, MD
1541 Kings Highway
PO Box 53622
Shreveport, LA 71120
Tel: 318 675-6885 Fax: 318 675-6578
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 110-21-22-170

**Maine**
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Andrew D. Perron, MD
22 Bramhall Street
ED Residency Office 321 Brackett Street, 2nd Floor
Portland, ME 04102
Tel: 207 842-7000 Fax: 207 842-7054
E-mail: kane@mmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-22-12-142

**Maryland**
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Program Director: Gabor D Kelen, MD
600 North Wolfe Street
Marburg B186
Baltimore, MD 21287
Tel: 410 955-0101 Fax: 410 955-0141
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-23-12-022
University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Prgm Director: Anam Mattu, MD
410 West Redwood St, Suite 280
Baltimore, MD 21201
Tel: 410 328-6025 Fax: 410 328-6028
E-mail: amattu@comcast.net
Length: 5 Yrs ACGME Approved/Offered Positions: 31
Program ID: 110-23-21-101

Massachusetts

Boston
Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Prgm Director: Carlo Rosen, MD
One Deaconess Pl, West/CX
Boston, MA 02215
Tel: 617 754-2338 Fax: 617 754-2350
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-24-31-183

Boston University Medical Center Program
Sponsor: Boston Medical Center
Prgm Director: Andrew S Urich, MD
818 Harrison Avenue, Dewing 1
Boston, MA 02118
Tel: 617 414-6023 Fax: 617 414-7759
E-mail: aulrich@bu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-24-21-094

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Prgm Director: Erik Nadel, MD
Department of Emergency Medicine
55 Francis Street - Netlive House
Boston, MA 02114
Tel: 617 726-6078 Fax: 617 734-1689
E-mail: pcampus@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: RTX
Program ID: 110-24-21-150

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Prgm Director: Stephen J Playe, MD
750 Chestnut Street
Springfield, MA 01199
Tel: 413 794-9699 Fax: 413 794-8070
Length: 5 Yrs ACGME Approved/Offered Positions: 60
Program ID: 110-24-21-116

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Jeffrey M Cukor, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-9429 Fax: 508 834-7411
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: RTX
Program ID: 110-24-21-074

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Huron Medical Center
St Joseph Mercy Health System
Prgm Director: Terry Kovashenko, MD
1500 E Medical Center Drive
Bl 300 Taubman Center
Ann Arbor, MI 48109
Tel: 734 763-7910 Fax: 734 763-9296
Length: 4 Yrs ACGME Approved/Offered Positions: 56
Program ID: 110-25-21-106

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Christopher A Lewandowski, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1583 Fax: 313 916-7437
E-mail: jowensl@hfhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 43
Program ID: 110-25-12-029

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Prgm Director: Don M Beanon, DO
22011 Moross Road
Detroit, MI 48226
Tel: 313 543-7876 Fax: 313 543-7620
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-25-21-132

Wayne State University/Detroit Medical Center (Grace Hospital) Program
Sponsor: Wayne State University/Detroit Medical Center
Sina-Grace Hospital
Prgm Director: Matthew J Griffin, MD
6071 West Outer Drive
Detroit, MI 48239
Tel: 313 966-1020 Fax: 313 966-1024
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-059

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Robert P Wahl, MD
60 University Health Center
4301 St Antoine
Detroit, MI 48201
Tel: 313 983-2530 Fax: 313 1893-7708
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: RTX
Program ID: 110-25-12-034

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health Butterworth Campus
Prgm Director: Michael D Brown, MD, PhD
1000 Monroe, NW MC-46
Grand Rapids, MI 49503
Tel: 616 391-3659 Fax: 616 391-3674
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-026

Kalamazoo
Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Kalamazoo Center for Medical Studies
Borgess Medical Center
St Joseph's Hospital
Prgm Director: David T Overtorn, MD, MBA
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6900 Fax: 269 337-6475
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-25-21-124

Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Ingham Regional Medical Center
Prgm Director: Gregory L Walker, MD
PO Box 30380
Lansing, MI 48909
Tel: 517 364-2383 Fax: 517 364-2763
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-027

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Frank McGeorge, MD
Department of Emergency Medicine
3901 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 551-2001 Fax: 248 551-2017
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-25-12-065

Saginaw
Synergy Medical Education Alliance/Michigan State University Program
Sponsor: Synergy Medical Education Alliance
Covance HealthCare System-Cooper Campus
St Mary's Medical Center
Prgm Director: Mary Jo Wagner, MD
1000 Houghton Avenue
Saginaw, MI 48602
Tel: 989 583-8618 Fax: 989 583-7406
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-25-11-138

Minnesota

Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Prgm Director: Douglas D Brunette, MD
7th Floor - 701 Park Avenue South
Minneapolis, MN 55415
Tel: 612 347-5089 Fax: 612 904-4314
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-25-12-026
Accredited Programs in Emergency Medicine

Nebraska
Omaha
University of Nebraska Medical Center Program
Sponsor: University of Nebraska Medical Center College of Medicine
Regional West Medical Center
The Nebraska Medical Center
Program Director: Michael C. Wiman, MD
691150 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6701 Fax: 402 559-6659
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-36-31-168

New Jersey
Camden
UMDNS-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital/University Medical Center
Program Director: Sarah A. Stathier, MD
One Cooper Plaza
Camden, NJ 08103
Tel: 856 342-5600 Fax: 856 988-6072
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PE
Program ID: 110-39-21-118

Morristown
Atlantic Health System (Morristown) Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Program Director: Richard D Shih, MD
100 Madison Avenue Box 8
Morristown, NJ 07960
Tel: 973 971-7925 Fax: 973 970-7925
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-39-32-060

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
St Barnabas Medical Center
Program Director: Robert A Schwab, MD
2301 Holmes Street
Newark, NJ 07112
Tel: 973 509-6513 Fax: 973 509-6569
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 110-39-31-029

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Program Director: Douglas M Char, MD
660 South Euclid Avenue, Box 8072
St Louis, MO 63110
Tel: 314 463-0377 Fax: 314 463-0478
Length: 4 Yrs ACGME Approved/Offered Positions: 56
Program ID: 110-28-12-029

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Thomas B Peere, MD
47 New Scotland Avenue
MC-159
Albany, NY 12208
Tel: 518 262-3773 Fax: 518 262-3236
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-39-21-086

Bronx
Albert Einstein College of Medicine (Jacobi/Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Program Director: Adrienne Birnbaum, MD
1-1 L W 201
1400 Pelham Parkway South
Bronx, NY 10461
Tel: 718 918-5814 Fax: 718 918-7468
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Program ID: 110-39-12-090

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Our Lady of Mercy Medical Center
Program Director: Joel Gershbein, MD
234 East 14th Street
Bronx, NY 10451
Tel: 718 570-6010 Fax: 718 570-6282
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program ID: 110-39-12-063

Brooklyn
Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Program Director: Benson Tey, MD
121 DeKalb Avenue
Dept Emergency Medicine
Brooklyn, NY 11201
Tel: 718 250-8296 Fax: 718 250-6528
E-mail: yeh@BrooklynEM.org
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-39-21-098

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Lutheran Medical Center
Program Director: Amy Church, MD
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 293-6034 Fax: 718 635-7228
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 110-39-21-164

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Theodore J Gaeta, DO, MPH
566 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-0040 Fax: 718 780-8153
E-mail: thyk@m1.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-35-21-147

Graduate Medical Education Directory 2004-2005
Accredited Programs in Emergency Medicine

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kingston County Hospital Center
Mailinordea Medical Center
Program Director: Stephen Rinehart, MD
405 Clarkson Avenue, Box 1228
Department of Emergency Medicine
Brooklyn, NY 11203
Tel: 718 245-3230 Fax: 718 245-4799
Email: rinehart@nychhc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 64
Program ID: 110-55-31-135

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Program Director: Richard S Krause, MD
Dept of Emergency Medicine
100 High Street A-183
Buffalo, NY 14203
Tel: 716 858-1565 Fax: 716 858-1565
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-55-31-127

Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
St Barnabas Hospital
Program Director: James G Ryan, MD
54-45 Main Street
Flushing, NY 11355
Tel: 718 670-4126 Fax: 718 661-7746
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-55-31-173

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: Joseph LaMantia, MD
300 Community Drive
Manhattan, NY 11004
Tel: 516 553-2244 Fax: 516 552-3569
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-55-21-141

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Albert Einstein College of Medicine at Long Island Jewish Medical Center
Jaciobi Medical Center
Program Director: Gina A Farina, MD
270-06 70th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7873 Fax: 718 470-1113
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-55-12-982

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Kai Storirmann, MD
First Avenue at 16th Street
New York, NY 10010
Tel: 212 420-4223 Fax: 212 420-2654
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-35-11-149
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Emile Thorpe Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Andy S Jagoda, MD
One Gustave L Levy Place, Box 1149
New York, NY 10029
Tel: 212 241-2677 Fax: 212 241-4665
Email: andy.jagoda@mountsinai.org
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 110-35-21-087
New York Medical College (Metropolitan) Program
Sponsor: New York Medical College Metropolitan Hospital Center
Program Director: Monica Farraga, MD
1001 First Avenue, Room 2A20
New York, NY 10029
Tel: 212 423-6380 Fax: 212 423-6383
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-35-12-081
New York Presbyterian Hospital Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Program Director: Wallace A Carter Jr, MD
Columbia University College of Physicians and Surgeons
525 East 68th Street Mailbox 361
New York, NY 10021
Tel: 212 746-0435 Fax: 212 746-0487
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-35-13-169
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Program Director: Eric L Legome, MD
Department of Emergency Medicine, Room M404
462 First Avenue
New York, NY 10016
Tel: 212 552-4317 Fax: 212 263-6826
Email: heissio10@med.nyu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: ETX
Program ID: 110-35-21-092
St Luke’s- Roosevelt Hospital Center Program
Sponsor: St Luke’s- Roosevelt Hospital Center
St Luke’s-Roosevelt Hospital Center-Roosevelt Division
St Luke’s-Roosevelt Hospital Center-St Luke’s Division
Program Director: Richard Lamox, MD
St Luke’s-Roosevelt Hospital Center
1000 Tenth Avenue
New York, NY 10019
Tel: 212 232-6782 Fax: 212 232-8000
Email: rlamox@chpnet.org
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 110-35-21-109

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Linda L Spillane, DO
Strong Memorial Hospital Emergency Medicine Dept
601 Elmwood Avenue, Box 165
Rochester, NY 14642
Tel: 585 273-4124 Fax: 585 473-3516
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: ETX
Program ID: 110-35-21-131

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Gregory P Garra, DO
Department of Emergency Medicine
University Hospital Level 4 Room 515
Stony Brook, NY 11794
Tel: 631 444-3580 Fax: 631 444-3819
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-35-21-091

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
St Joseph’s Hospital Health Center
Program Director: Yogendra Prasad, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4363 Fax: 315 464-5229
Email: rsvpapp@upsate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-35-21-121

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Program Director: Robert J Visners, MD
Department of Emergency Medicine
CB4 7584
Chapel Hill, NC 27599
Tel: 919 966-5805 Fax: 919 966-3049
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-36-21-130

Charlotte
Carolina’s Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: E Parker Harris Jr, MD
1000 Byrthe Blvd, PO Box 32861
2nd Floor MEB
Charlotte, NC 28222
Tel: 704 355-3799 Fax: 704 355-7647
Email: mary.fiorillo@carolinashealthcare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: ETX
Program ID: 110-36-12-032
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Durham Regional Hospital
Prgm Director: Susan B Promes, MD
Box 3835
Durham, NC 27710
Tel: 919 681-2247 Fax: 919 669-6115
E-mail: emresidency@nc.duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-36-15-166

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Wake Medical Center
Prgm Director: Charles K Brown, MD
Department of Emergency Medicine
400 Moye Boulevard
Greenville, NC 27838
Tel: 252 744-4184 Fax: 252 744-9014
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Program ID: 110-36-12-063

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Mitchell C Sokolovsky, MD
Medical Center Boulevard
Winston-Salem, NC 27110
Tel: 336 716-4655 Fax: 336 716-4648
E-mail: medresidency@wakehealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 110-36-12-083

Ohio
Akron
Akron General Medical Center/NEUCOM Program
Sponsor: Akron General Medical Center
Prgm Director: Christ G Kyriakides, DO
400 Mahah Avenue
Akron, OH 44307
Tel: 330 344-5236 Fax: 330 253-8328
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-36-12-033

Summa Health System/NEUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: Michael S Beeson, MD, MBA
505 East Market Street
PO Box 3060
Akron, OH 44309
Tel: 330 375-4021 Fax: 330 375-4052
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-36-12-094

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: W Brian Gibler, MD
231 Albert Sabin Way
Cincinnati, OH 45227
Tel: 513 558-8814 Fax: 513 558-5791
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: FTX
Program ID: 110-36-12-036

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Grant Medical Center (OhioHealth)
Riverside Methodist Hospital (OhioHealth)
Prgm Director: Daniel R Martin, MD
170A Meany Hall
1654 Upham Dr
Columbus, OH 43210
Tel: 614 293-3551 Fax: 614 293-3134
E-mail: harr1@osu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-36-12-038

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Kettering Medical Center
Miami Valley Hospital
Wright - Patterson Medical Center
Prgm Director: James E Brown Jr, MD
3035 Southern Boulevard
Kettering, OH 45449
Tel: 937 285-8930 Fax: 937 285-8387
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FST
Program ID: 110-36-12-039

Toledo
St Vincent Mercy Medical Center Program
Sponsor: St Vincent Mercy Medical Center
Prgm Director: Randall W King, MD
2213 Cherry Street
c/o Emergency Medicine
Toledo, OH 43608
Tel: 419 251-4723 Fax: 419 251-3088
E-mail: kin20@mbahn.org
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-36-12-040

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Grant Medical Center (OhioHealth)
Riverside Methodist Hospital (OhioHealth)
Prgm Director: Jeffrey Pennington, MD
3560 Metrohealth Drive
Cleveland, OH 44109
Tel: 216 778-5508 Fax: 216 778-6349
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 110-38-21-110

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Mercy Hospital of Philadelphia
Prgm Director: Richard J Hamilton, MD
MCP Hospital
3530 Henry Ave
Philadelphia, PA 19129
Tel: 215 842-6546 Fax: 215 843-5121
E-mail: richard.hamilton@drexel.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: FTX
Program ID: 110-41-12-045

Pennsylvania
Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Prgm Director: Douglas L McGee, DO
5500 Old York Road
Kemps B-9
Philadelphia, PA 19141
Tel: 215 456-7036 Fax: 215 456-8902
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-41-12-122

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
St Vincent Hospital and Medical Center
Prgm Director: Patrick Brunett, MD
3151 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-6500 Fax: 503 494-8327
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FTX
Program ID: 110-40-12-042

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
St Vincent Hospital and Medical Center
Prgm Director: Patrick Brunett, MD
3151 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-6500 Fax: 503 494-8327
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FTX
Program ID: 110-40-12-042

Temple University Program
Sponsor: Temple University Hospital
Prgm Director: Robert M McNamara, MD
4461 N Broad Street
Philadelphia, PA 19141
Tel: 215 707-5000 Fax: 215 707-9484
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-41-12-135
Accredited Programs in Emergency Medicine

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Sharon K Griswold, MD
Address: 1020 Sansom Street
City: Philadelphia
State: PA
ZIP: 19107
Tel: 215 655-8837 Fax: 215 655-9870
E-mail: lor.herryman@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-41-12-094

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Francis D Boon, MD
Address: 3400 Spruce Street
City: Philadelphia
State: PA
ZIP: 19104
Tel: 215 662-6305 Fax: 215 662-3063
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: E/TX
Program ID: 110-41-21-148

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Dennis P Hanlon, MD
Address: 320 East North Avenue
City: Pittsburgh
State: PA
ZIP: 15212
Tel: 412 359-4693 Fax: 412 359-4693
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Subspecialties: ESM
Program ID: 110-41-12-054

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Mercy Hospital of Pittsburgh
The Western Pennsylvania Hospital
UPMC Presbyterian Shadyside
Pynm Director: Allan B Wolfson, MD
Address: 320 E North Avenue
City: Pittsburgh
State: PA
ZIP: 15212
Tel: 412 647-8225 Fax: 412 647-8225
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-41-12-055

York
York Hospital Program
Sponsor: York Hospital
Children's Hospital of Philadelphia
Milan S Hershey Medical Center
Program Director: David A Kramer, MD
Address: 1001 South George Street
City: York
State: PA
ZIP: 17405
Tel: 717 851-3075 Fax: 717 851-3469
E-mail: dkrramer@wellspan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-41-21-099

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
Program Director: Juan A Gonzalez-Sanchez, MD
Address: PO Box 39207
San Juan, PR 00930
Tel: 787 736-8010 Fax: 787 734-6890
E-mail: prgmdoc@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-42-18-046

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital Lifespan
Program Director: Robert D Sidman, MD
Address: 563 Eddy Street
Samuel's Building, 2nd Floor
Providence, RI 02903
Tel: 401 444-6553 Fax: 401 444-6553
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 110-43-21-114

South Carolina
Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Program Director: Thomas B Cook, MD
Address: Five Richland Medical Park Drive
Suite S20
Columbia, SC 29203
Tel: 803 434-3790 Fax: 803 434-3946
E-mail: pspoele@poh.net
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-45-12-047

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Keith D Wrenn, MD
Address: 705 Oxford House
1131 21st Avenue South
Nashville, TN 37232
Tel: 615 936-1316 Fax: 615 936-1316
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: E/TX, PE
Program ID: 110-47-21-113

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Michael P Wainscott, MD
Emergency Medicine Residency Program
5335 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 592-0705 Fax: 214 592-0705
E-mail: emed@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: E/TX
Program ID: 110-48-21-153

El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thompson General Hospital
Program Director: Brian K Nelson, MD
Emergency Medicine Residency Program
6900 Soutley Drive, Suite 412
El Paso, TX 79905
Tel: 915 771-6455 Fax: 915 771-7405
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 110-48-12-070

Fort Hood
Darnall Army Community Hospital Program
Sponsor: Darnall Army Community Hospital
Program Director: Maj Michael A Miller, MD
Emergency Medicine Residency Program
20000 Darnall Loop, Box 23
Fort Hood, TX 76544
Tel: 254 298-6200 Fax: 254 298-7965
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 110-48-12-048
US Armed Services Program

Houston
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Program Director: Eric F Reichman, MD
Address: 6411 Fannin, JLI 431
Houston, TX 77030
Tel: 713 500-7854 Fax: 713 500-7758
E-mail: Eric.F.Reichmann@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-48-21-099

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brook Army Medical Center
Wilford Hall Medical Center (ABTC)
Program Director: Robert A De Lorenzo, MD
Department of Emergency Medicine
1851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-4000 Fax: 210 916-3305
E-mail: Robert.DeLorenzo@amedd.army.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 49
Program ID: 110-48-21-085
US Armed Services Program
Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Prgm Director: Timothy C Stallard, MD
3401 South 31st Street
Temple, TX 76508
Tel: 254-734-5815 Fax: 254-734-1044
E-mail: crush@swmail.sw.org
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 110-48-21-102

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Chris A Gheuemmaghani, MD
Department of Emergency Medicine
Box 808689
Charlottesville, VA 22908
Tel: 434-822-6318 Fax: 434-822-6118
E-mail: cghe@virginia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: EMT Program ID: 110-51-21-125

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Prgm Director: Francis L Counselman, MD
Raleigh Building Room 301
301 Gresham Drive
Norfolk, VA 23507
Tel: 757-668-3387 Fax: 757-668-3985
Length: 2 Yrs ACGME Approved/Offered Positions: 34
Program ID: 110-51-12-060

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Children's Hospital of the King's Daughters
DePaul Medical Center
Riverside Regional Medical Center
Prgm Director: James V Ritchie, MD
602 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757-668-1480 Fax: 757-668-0821
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-51-21-105
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Timothy C Evans, MD
401 North 12th Street
PO Box 890401
Richmond, VA 23298
Tel: 804-628-0281 Fax: 804-828-4601
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 110-51-21-160

Washington
Tacoma
Madigan Army Medical Center/University of Washington Program
Sponsor: Madigan Army Medical Center
University of Washington Medical Center
Prgm Director: Benjamin P Harrison, MD
Department of Emergency Medicine
MCB-EM
Tacoma, WA 98431
Tel: 253-968-1250 Fax: 253-968-3550
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 110-54-12-051
US Armed Services Program

Endocrinology, Diabetes, and Metabolism (Internal Medicine)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Prgm Director: Fernando Ouaile, MD
510 20th Street South
PVT Suite 708
Birmingham, AL 35234
Tel: 205 394-4112 Fax: 205 934-4579
Length: 2 Yrs Program ID: 143-01-21-103

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Prgm Director: B Sylvia Vela, MD
Carl T Hayden Veterans Affairs Medical Center
650 E Indian School Road
Phoenix, AZ 85012
Tel: 602-277-5551 Fax: 602-260-6004
E-mail: sylvia.vela@med.va.gov
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-09-21-169

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine-Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Debra L Simmons, MD, MS
4301 W Markham Street, Slot 587
Little Rock, AR 72205
Tel: 501-686-5100 Fax: 501-686-8148
Length: 2 Yrs Program ID: 143-04-21-165

California
La Jolla
Scripps Clinic/Scripps Greene Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: James D McCollum, MBCHB
10668 North Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-3324 Fax: 858 554-3323
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-05-21-057
Accredited Programs in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Anthony Heaney, MD, PhD
8700 Beverly Blvd
Becker Bldg B-131
Los Angeles, CA 90048
Tel: 310 423-4774 Fax: 310 423-0440
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-05-11-092

Charles R. Drew University Program
Sponsor: Charles R. Drew University of Medicine and Science
LAC/King/Drew Medical Center
Program Director: Theodore C Friedman, MD, PhD
1731 East 10th Street
Division of Endocrinology
Los Angeles, CA 90059
Tel: 323 563-9553 Fax: 323 563-9552
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-05-31-173

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Andre Van Herle, MD
Center for the Health Sciences
Los Angeles, CA 90024
Tel: 310 825-5874 Fax: 310 794-7654
Length: 2 Yrs
Program ID: 143-05-11-105

UCLA-VA Greater Los Angeles Program
Sponsor: VA Greater Los Angeles Healthcare System
Program Director: Gregory A Brent, MD
11301 Wilshire Blvd 111D
Los Angeles, CA 90073
Tel: 310 268-3950 Fax: 310 268-4979
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-05-31-049

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC - USC Medical Center
USC University Hospital
Program Director: Jonathan S LoPrusti, MD
1333 San Pablo Street BMT-611
Los Angeles, CA 90033
Tel: 323 442-9806 Fax: 323 442-9899
Length: 2 Yrs
Program ID: 143-05-21-041

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Children's Hospital of Orange County
VA Long Beach Healthcare System
Program Director: Andersen Bogh, MD
Medical Sciences 1, Room C240
Irvine, CA 92697
Tel: 949 824-9063 Fax: 949 824-2200
Length: 2 Yrs
Program ID: 143-05-21-122

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
University of California (Davis) School of Medicine
Program Director: Steven C Grifffen, MD
Department of Medicine
4160 V Street, PSBB Suite 4640
Sacramento, CA 95817
Tel: 916 734-7970 Fax: 916 734-7953
Length: 2 Yrs
Program ID: 143-05-21-078

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Steven V Edelman, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 858 552-8955 Fax: 858 641-8242
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 143-05-21-139

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Dolores M Shoback, MD
Veterans Affairs Hospital
4150 Clement Street (11.1N)
San Francisco, CA 94121
Tel: 415 750-2089
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-05-21-124

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Saratoga Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Andrew B Hoffman, MD
Department of Medicine, Division of Endocrinology
300 Pasteur Drive, Room 8086
Stanford, CA 94305
Tel: 650 725-2088 Fax: 650 725-7085
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-05-21-022

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Ronald S Swedlof, MD
1060 W Carson Street, Bldg 690
Torrance, CA 90609
Tel: 310 312-1837 Fax: 310 303-0677
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-06-11-160

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: E. Chestet Ridgway, MD
4200 E Ninth Ave, Box 8611
Denver, CO 80262
Tel: 303 315-8443 Fax: 303 315-4525
E-mail: daniel.bessesen@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-07-31-059

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
UConn of Connecticut Health Center/John Dempsey Hospital
Program Director: Kamal C Shouklet, MD
200 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-2128 Fax: 860 679-1256
E-mail: lineburner@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-08-31-001

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Robert S Sherwin, MD
20 York St
New Haven, CT 06511
Tel: 203 780-4183 Fax: 203 777-5568
E-mail: anna.lorian@yale.edu
Length: 2 Yrs
Program ID: 143-08-21-023

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, DC)
Washington Hospital Center
Program Director: Kenneth I Becker, MD, PhD
2150 Pennsylvania Avenue, NW
Endocrinology 3rd Floor
Washington, DC 20037
Tel: 202 874-0526 Fax: 202 745-8302
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-10-21-003

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Washington Hospital Center
Program Director: Kenneth D Burman, MD
Division of Endocrinology (G322 Bldg D)
4000 Reservoir Road, NW
Washington, DC 20007
Tel: 202 877-3839 Fax: 202 877-2040
E-mail: steelews@gmu.georgetown.edu
Length: 2 Yrs
Program ID: 143-10-21-072
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Program Director: Mark S. Nanos, MD, PhD
Department of Medicine
PO Box 19002
Atlanta, GA 30322
Tel: 404-727-1300 Fax: 404-727-1390
E-mail: mnanos@emory.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-12-21-109

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Program Director: Anthony L. Mullony, MD, DO
Department of Medicine
1407 Harper Street, MD 2005
Augusta, GA 30912
Tel: 706-721-2131 Fax: 706-721-6882
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-11-21-083

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: Herbert P. Baumann, MD
Department of Medicine
500 East Chicago Avenue
Chicago, IL 60611
Tel: 312-503-4128 Fax: 312-908-9062
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-16-21-060

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John S. Gough Hospital of Cook County
Program Director: Leon Fogelfeld, MD
Department of Medicine
1901 W Harrison Street
Chicago, IL 60612
Tel: 312-896-0650 Fax: 312-896-9734
Length: 2 Yrs
Program ID: 143-16-21-174

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Samuel Rebeff, MD
5841 S Maryland Avenue, MC3060
Chicago, IL 60637
Tel: 773-702-0550 Fax: 773-702-6940
Length: 2 Yrs
Program ID: 143-16-21-167

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Adovice Christ Medical Center
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Program Director: Elena Baranoglova, MD
Section of Endocrinology (MC 461)
1810 West Polk Street
Chicago, IL 60612
Tel: 312-966-0690 Fax: 312-413-0437
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-16-21-170

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Program Director: Nicholas V Emanuelle, MD
1810 S First Ave
Building 117 - Room 11
Maywood, IL 60153
Tel: 708-216-0456 Fax: 708-216-5606
Length: 2 Yrs
Program ID: 143-16-21-003

North Chicago

Finch University of Health Sciences/ Chicago Medical School Program
Sponsor: Finch University of Health Sciences/Chicago Medical School
Swedish Covenant Hospital
Veterans Affairs Medical Center (North Chicago)
Program Director: Sant P Singh, MD
Department of Medicine-Division of Endocrinology
3333 Green Bay Road
North Chicago, IL 60064
Tel: 847-587-3501
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-16-21-042

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St. John’s Hospital
Program Director: Romesh Khardt, MD
101 North First Street, D Wing
PO Box 1893
Springfield, IL 62704
Tel: 217-545-0166 Fax: 217-545-1229
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-16-21-164

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Richard L. Roudebush Veterans Affairs Medical Center
William N. Stallard Memorial Hospital
Program Director: T. J. Moraghan, MD
Dept of Medicine, Emerson Hall 421
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 317-274-0550
E-mail: jballard@iupui.edu
Length: 2 Yrs
Program ID: 143-17-21-125
Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: William J. Scott, MD
Length: 2 Yrs
Program ID: 143-18-21-079

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Paul W. Ladenson, MD
School of Medicine
1850 E Monument Street, Suite 333
Baltimore, MD 21287
Tel: 410 955-3690 Fax: 410 955-8172
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-24-11-061

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Steven M. Levine, MD
Department of Medicine
1501 Kings Highway
Shreveport, LA 71100
Tel: 318 675-5946 Fax: 318 675-5984
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-21-21-074

Scraping program: Northwestern University Program
Sponsor: Northwestern University Program
Program Director: Alan Malabanan, MD
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-21-21-074

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Barbara B Kahan, MD
Department of Medicine-Endocrinology
330 Brookline Ave/Business North 525
Boston, MA 02215
Tel: 617 667-2151 Fax: 617 667-2027
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-24-21-004

Kentucky

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Norton Healthcare - Norton Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Stephen J. Winters, MD
Department of Medicine
550 South Jackson Street
Louisville, KY 40202
Tel: 502 855-9277 Fax: 502 852-4076
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-20-31-677

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Alan Barnhill, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 541-4023 Fax: 504 843-3619
E-mail: gme@ochsner.org
Length: 2 Yrs
Program ID: 143-21-22-119

Ochsner Clinic Foundation
Program Director: Alan Barnhill, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 541-4023 Fax: 504 843-3619
E-mail: gme@ochsner.org
Length: 2 Yrs
Program ID: 143-21-22-119

Tulane University Program
Sponsor: Tulane University School of Medicine
Department of Medicine
1439 Tulane Avenue, SL 53
New Orleans, LA 70112
Tel: 504 584-1851
Length: 2 Yrs
Program ID: 143-21-21-689

Ochsner Clinic Foundation
Program Director: Alan Barnhill, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 541-4023 Fax: 504 843-3619
E-mail: gme@ochsner.org
Length: 2 Yrs
Program ID: 143-21-22-119

Tulane University Program
Sponsor: Tulane University School of Medicine
Department of Medicine
1439 Tulane Avenue, SL 53
New Orleans, LA 70112
Tel: 504 584-1851
Length: 2 Yrs
Program ID: 143-21-21-689

Ochsner Clinic Foundation
Program Director: Alan Barnhill, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 541-4023 Fax: 504 843-3619
E-mail: gme@ochsner.org
Length: 2 Yrs
Program ID: 143-21-22-119

Tulane University Program
Sponsor: Tulane University School of Medicine
Department of Medicine
1439 Tulane Avenue, SL 53
New Orleans, LA 70112
Tel: 504 584-1851
Length: 2 Yrs
Program ID: 143-21-21-689

Tulane University Program
Sponsor: Tulane University School of Medicine
Department of Medicine
1439 Tulane Avenue, SL 53
New Orleans, LA 70112
Tel: 504 584-1851
Length: 2 Yrs
Program ID: 143-21-21-689

University of Louisville Program
Sponsor: University of Louisville Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Thomas W Donner, MD
22 S Greene Street
Baltimore, MD 21201
Tel: 410 328-4219 Fax: 410 328-1623
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-23-21-036

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: EM M Shailer, MD
9511 Wisconsin Avenue
Bethesda, MD 20814
Tel: 301 285-5160 Fax: 301 285-5170
E-mail: mshailer@bethesda.med.navy.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 143-24-11-126

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Ronald M Lechan, MD
750 Washington Street, #260
Boston, MA 02111
Tel: 617 368-6589 Fax: 617 368-4719
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-24-21-006

Virginia Hospital
Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Mary Beth Hodge, MD
51 Mall Road
Burlington, MA 01805
Tel: 781 744-8439 Fax: 781 744-6546
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-24-21-119

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Robert B Burr, MD
Springfield, MA 01199
Tel: 413 794-0207 Fax: 413 794-9329
E-mail: robert.burr@bhs.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-24-11-062

574

Graduate Medical Education Directory 2004-2005
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Marjorie Salzman, MD
55 Lake Ave, N
Worcester, MA 01605
Tel: 508 856-3115  Fax: 508 856-6150
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-24-21-007

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Ariel L Barkan, MD
1390 W Medical Center Dr
3920 Taubman Center, Box 0554
Ann Arbor, MI 48109
Tel: 734 615-3133  Fax: 734 936-9040
Length: 2 Yrs  Program ID: 143-25-21-063

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: D Sudhaker Rao, MD
2790 West Grand Blvd
Detroit, MI 48202
Tel: 313 916-2369  Fax: 313 556-8943
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-25-21-112

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Health Hospital
Program Director: Paulus Berhanu, MD
Division of Endocrinology, UHC-DMC
4015 St Antoine
Detroit, MI 48201
Tel: 313 745-4068
E-mail: pberhanu@intmed.wayne.edu
Length: 2 Yrs  Program ID: 143-25-21-040

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Veterans Affairs Medical Center (Jackson)
Program Director: Jose E Salas, MD
1404 School St
Jackson, MS 39216
Tel: 601 894-9525  Fax: 601 894-9709
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-27-21-171

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
Program Director: Stephen A Brietzke, MD
1110A Diabetes & Endocrinology Center UMC
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-2273  Fax: 573 884-4409
E-mail: brietzke@health.missouri.edu
Length: 2 Yrs  Program ID: 143-28-21-064

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Omaha - SJHF)
Program Director: Jennifer L Lazenby, MD
DEM-Diabetes, Endocrinology Metabolism
28302 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-4877  Fax: 402 559-9064
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 143-30-21-160

New Jersey
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-Robert Wood Johnson Medical Center
Veterans Affairs New Jersey Health Care System
Program Director: Marvin A Kirschner, MD
105 S Orange Avenue, MSB 1-588
Newark, NJ 07103
Tel: 973 972-0171  Fax: 973 972-5185
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 143-30-21-148

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: Louis A Amorosa, MD
One Robert Wood Johnson Place
PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7748  Fax: 732 233-7066
Length: 2 Yrs  Program ID: 143-33-21-026

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Kathleen Collieran, MD
Department of Medicine
615 Camino de Salud
Albuquerque, NM 87131
Tel: 505 272-4563  Fax: 505 272-5155
Length: 2 Yrs  Program ID: 143-34-21-113
New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Prgm Director: Matthew C Leirung, MD
Department of Medicine
32 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5185 Fax: 518 262-6303
E-mail: bedarcc@alum.unc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-35-21-027

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Prgm Director: Lawrence E Shapiro, MD
222 Station Plaza North, #300
Mineola, NY 11501
Tel: 516 683-4775 Fax: 516 683-4780
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-35-11-065

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: Leonard Poretsky, MD
Division of Endocrinology and Metabolism
317 East 17th Street, Room 7F05
New York, NY 10003
Tel: 212 420-2225 Fax: 212 420-2224
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-35-11-069

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Queens Hospital Center
Prgm Director: Terry P Davies, MD
One Gustave L Levy Place
Box 1055
New York, NY 10029
Tel: 212 493-6427
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 143-35-21-180

New York Medical College at St. Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Cabrini Medical Center
Prgm Director: Iven S Young, MD
130 West 12th Street
New York, NY 10011
Tel: 212 654-8518 Fax: 212 654-3844
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-35-21-162

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
Prgm Director: John P Bilezikian, MD
622 W 168th Street, Ph 8 West - 864
New York, NY 10032
Tel: 212 343-6668 Fax: 212 343-6666
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-35-11-068

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Richard J Robbins, MD
1235 York Avenue
Box 386
New York, NY 10021
Tel: 212 343-2531 Fax: 212 343-2647
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-136

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Ann Dunoff, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212 784-5200 Fax: 212 784-5100
E-mail: ann.dunoff@med.nyu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 143-35-21-098

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's - Roosevelt Hospital Center
Prgm Director: F Xavier Pi-Sunyer, MD, MPH
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 533-4161 Fax: 212 533-4630
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-094

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Martin Surka, MD
1300 Morris Park Avenue
New York, NY 10461
Tel: 718 930-4391 Fax: 718 920-5202
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-097

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Staten Island University Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Sammy I McFarlane, MD
45 Clarkson Ave, Box 90
Brooklyn, NY 11203
Tel: 718 270-1688 Fax: 718 270-6356
Length: 2 Yrs
Program ID: 143-35-21-010

SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Harold E Carlin, MD
15, Room 060
Stony Brook, NY 11794
Tel: 631 444-1078 Fax: 631 444-9002
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-35-21-011

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Harold E Carlin, MD
15, Room 060
Stony Brook, NY 11794
Tel: 631 444-1078 Fax: 631 444-9002
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-35-21-011

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Ruth S Weinstock, MD
769 E Adams Street
Syracuse, NY 13210
Tel: 315 470-5726 Email: haisenm@upstate.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-35-21-087

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Stony Brook Medical Center-Valhalla
Westchester Medical Center
Prgm Director: A Louis Southren, MD
Westchester County Medical Center
Valhalla, NY 10595
Tel: 914 489-7575 Fax: 914 594-4398
E-mail: Aaron_Southren@wmcny.edu
Length: 2 Yrs
Program ID: 143-35-21-172

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Prgm Director: Kenneth H Hupart, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6604 Fax: 516 572-0682
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-35-21-081
Accredited Programs in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

North Carolina

Chapel Hill
University of North Carolina Hospitals
Program
Sponsor: University of North Carolina Hospitals
Program Director: David P. Clemmons, MD
3015 Old Clinic Blvd, 226H
Chapel Hill, NC 27599
Tel: 919 966-4750
Length: 2 Yrs
Program ID: 143-36-21-115

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Mark N. Feinglos, MD
Box 3021
Durham, NC 27710
Tel: 919 668-4805 Fax: 919 681-8477
Length: 2 Yrs
Program ID: 143-36-21-116

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest Baptist Medical Center
Program Director: K. Patrick Ober, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-6686 Fax: 336 716-6895
Length: 2 Yrs
Program ID: 143-36-21-013

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: James A Paglin, MD
Mail Location 0647
Cincinnati, OH 45267
Tel: 513 558-4444 Fax: 513 558-8581
Length: 2 Yrs
Program ID: 143-38-21-066

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Program Director: Baha M Arifah, MD
10600 Euclid Avenue
Cleveland, OH 44106
Tel: 216 966-9120 Fax: 216 844-3120
E-mail: bma@po.cwru.edu
Length: 2 Yrs
Program ID: 143-38-21-131

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: S Sethu Reddy, MD, MRA
Dept of Endocrinology, A 53
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-1868 Fax: 216 445-1656
E-mail: redsy@ccf.org
Length: 2 Yrs
Program ID: 143-38-12-132

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Matthew D. Ringel, MD
465 McCampbell Hall
1661 Dodd Drive
Columbus, OH 43210
Tel: 614 292-4356 Fax: 614 292-1550
Length: 2 Yrs
Program ID: 143-38-11-121

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Variety Medical Center
Program Director: Leeann Olansky, MD
PO Box 26001
Oklahoma City, OK 73100
Tel: 405 271-0596 Fax: 405 271-9322
E-mail: carla-deal@ouhsc.edu
Length: 2 Yrs
Program ID: 143-39-21-067

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Robert F. Kline, MD
3181 SW Sam Jackson Park Road
Division of Endocrinology - 1067
Portland, OR 97239
Tel: 503 418-3400 Fax: 503 494-5990
Length: 2 Yrs
Program ID: 143-40-31-147

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Andrea Madari, MD
500 University Drive
PO Box 859
Hershey, PA 17033
Tel: 717 531-8956 Fax: 717 531-8736
Length: 2 Yrs
Program ID: 143-41-11-016

Philadelphia
Temple University Program
Sponsor: Temple University Hospital
Program Director: Allan D Marx, MD
3401 North Broad St, Suite 907
Philadelphia, PA 19140
Tel: 215 707-9886 Fax: 215 707-8588
Length: 2 Yrs
Program ID: 143-41-21-029

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Barry J. Goldstein, MD
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 696-1272
Length: 2 Yrs
Program ID: 143-41-21-166

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Susan J. Mandel, MD, MPH
3400 Spruce Street
1 Maloney Building
Philadelphia, PA 19104
Tel: 215 662-6125 Fax: 215 614-1949
Length: 2 Yrs
Program ID: 143-41-21-021

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian University
Program Director: Andrew F. Stewart, MD
1200 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15210
Tel: 412 648-3517 Fax: 412 648-3250
Length: 2 Yrs
Program ID: 143-41-21-037

Puerto Rico

San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Program Director: Margarita Ramirez-Vick, MD
University Hospital
Box 5067
San Juan, PR 00938
Tel: 787 754-0100 Fax: 787 294-3622
Length: 2 Yrs
Program ID: 143-42-21-100

Rhode Island

Providence
Brown University Program
Sponsor: Brown University Program
Program Director: Robert J. Smith, MD
Rhode Island Hospital, Box G
500 Eddy Street
Providence, RI 02906
Tel: 401 444-3240 Fax: 401 444-9021
Length: 2 Yrs
Program ID: 143-48-11-101

Graduate Medical Education Directory 2004-2005
South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
800 Military Road
Charleston, SC 29425
Tel: 843-792-2659 Fax: 843-792-4114
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-45-21-008

Columbia

Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
1701 Huger Street
Columbia, SC 29201
Tel: 803-733-0112 Fax: 803-733-1547
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-45-21-077

Tennessee

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Progm Director: Abbas A Kitsaichi, MD, PhD
Division of Endocrinology
911 Court Avenue
Memphis, TN 38163
Tel: 901-448-3010 E-mail: akitsaich@utmem.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 143-47-21-117

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Progm Director: James M May, MD
1915 West End Avenue
Nashville, TN 37232
Tel: 615-936-2673 Fax: 615-936-7273
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-47-31-016

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Columbia, SC 29425
Tel: 214-648-3404 Fax: 214-648-8917
E-mail: Endocrine.Fellowship@UTSouthwestern.edu
Length: 2 Yrs
Program ID: 143-48-21-083

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Progm Director: Randall J Urban, MD
8.138 Medical Research Building
Galveston, TX 77555
Tel: 409-772-1176 Fax: 409-772-8709
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-48-21-163

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
5000 Fannin Street
Houston, TX 77030
Tel: 713-798-8534 Fax: 713-798-4585
E-mail: aabshi@bcm.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 143-48-21-070

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
One Baylor Plaza, Room 9S20
Houston, TX 77030
Tel: 713-798-9860 Fax: 713-798-8585
E-mail: aabshi@bcm.tmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-48-21-175

San Antonio

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
Veterans Affairs Health System
Progm Director: Jan M Bruder, MD
7103 Floyd Curl Drive MSC 7877
San Antonio, TX 78229
Tel: 210-567-4900 Fax: 210-567-6083
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-49-21-055

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Progm Director: Donald A McClain, MD, PhD
50 N Medical Drive
Bldg 585 Room 155
Salt Lake City, UT 84132
Tel: 801-581-7786 Fax: 801-585-0986
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-49-21-175

Vermont

Burlington

University of Vermont Program
Sponsor: Fletcher Allen Health Care
Progm Director: Jack L Leahy, MD
4331 Goddard Hospital
82 Beaumont Avenue
Burlington, VT 05408
Tel: 802-666-2500 Fax: 802-666-8031
E-mail: jleahy@fahc.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 143-50-21-134

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Progm Director: Alan C Dalim, MD
Department of Internal Medicine
PO Box 801412
Charlottesville, VA 22908
Tel: 434-243-2033 Fax: 434-243-2033
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 143-51-21-019

Norfolk

Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Norfolk General Hospital
Progm Director: John T O'Brien, MD
885 West Brambleton Avenue
Norfolk, VA 23510
Tel: 757-446-5049 Fax: 757-446-5070
Length: 2 Yrs
Program ID: 143-51-12-176
Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Diane M Biskobing, MD
Medical College of Virginia
POB 880111
Richmond, VA 23298
Tel: 804 828-9596 Fax: 804 828-8380
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 143-61-21-020

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
St Luke's Medical Center
Program Director: Albert L Jochen, MD
9200 W Wisconsin Ave Milwaukee, WI 53226
Tel: 414 456-6815 Fax: 414 456-6210
Length: 2 Yrs Program ID: 143-56-01-039

Washington
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
W. Puget Sound Health Care System
Program Director: John D Brunzell, MD
1959 NE Pacific Street
Seattle, WA 98195
Tel: 206 598-4700 Fax: 206 598-2890
E-mail: jbrunzell@u.washington.edu
Length: 2 Yrs Program ID: 143-54-21-071

West Virginia
Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Program Director: Bruce S Chertow, MD
Department of Medicine
1000 Medical Center Dr, Suite 5G90
Huntington, WV 25701
Tel: 304 691-1095 Fax: 304 691-1693
Length: 2 Yrs Program ID: 143-55-21-031

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William E Middleton Veterans Hospital
Program Director: Marc K Drezner, MD
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7780 Fax: 608 263-9983
E-mail: yshenker@facstaff.wisc.edu
Length: 2 Yrs Program ID: 143-56-01-102

Endovascular Surgical Neuroradiology (Radiology)

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Program Director: Colin P Derdeyn, MD
510 South Kingshighway, WUSM Box 8131
St Louis, MO 63110
Tel: 314 363-5860 Fax: 314 362-4886
E-mail: derdeync@wustl.edu
Length: 1 Yr Program ID: 422-38-12-003

Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Thomas J Masaryk, MD
9500 Euclid Avenue, 8-80
Cleveland, OH 44195
Tel: 216 444-2685 Fax: 216 444-8974
Length: 1 Yr Program ID: 422-38-13-004
Family Practice

Alabama

Anniston
Northeast Alabama Regional Medical Center Program
Sponsor: Northeast Alabama Regional Medical Center
Program Director: Nelson W Cook, MD
PO Box 2208
Anniston, AL 36202
Tel: 205 231-8877 Fax: 205 231-8701
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-01-21-836

Birmingham
Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
Program Director: Marshall N Boise Jr, MD, PhD
3001 27th Street North
Birmingham, AL 35207
Tel: 205 562-5801 Fax: 205 562-5566
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Subspecialties: FSM
Program ID: 120-01-31-019

Medical Center East Program
Sponsor: Medical Center East
Program Director: Marion H Sims, MD
3150 Old Springdale Road
Birmingham, AL 35215
Tel: 205 538-6023 Fax: 205 538-6009
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-01-31-020

University of Alabama Medical Center (Selma Dallas County) Program
Sponsor: University of Alabama Hospital
Vaugahn Regional Medical Center
Program Director: Boyd L Bailey, MD
1025 Medical Center Parkway
Suite 200
Selma, AL 36701
Tel: 334 877-4184 Fax: 334 874-3911
E-mail: shunter@wisp.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-01-21-026

Huntsville
University of Alabama Medical Center (Huntsville) Program
Sponsor: University of Alabama Hospital
Huntsville Hospital
Program Director: Michael M Linder, MD
901 Governor Drive, SW
Huntsville, AL 35801
Tel: 205 551-4622 Fax: 205 551-4623
E-mail: francis@uasomh.uab.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FSM
Program ID: 120-01-11-023

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
Children's and Women's Hospital
Program Director: Allen Perkins, MD, MPH
1604 Springhill Avenue
Suite 314
Mobile, AL 36604
Tel: 251 434-3480 Fax: 251 434-3495
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-01-11-024

Montgomery
Baptist Outreach Services (Montgomery) Program
Sponsor: Baptist Outreach Services
Baptist Medical Center South
Program Director: Samuel J Saliba, MD
4571 Narrow Lane Rd #100
Montgomery, AL 36116
Tel: 334 613-5680 Fax: 334 613-5685
E-mail: samj@bsouthbaptist.net
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-01-21-024

Tuscaloosa
University of Alabama Medical Center (Tuscaloosa) Program
Sponsor: University of Alabama Hospital
DCH Regional Medical Center
Program Director: Samuel E Gaskins, MD
PO Box 870277
Tuscaloosa, AL 35487
Tel: 205 348-1373 Fax: 205 348-2095
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-01-21-027

Alaska
Anchorage
Alaska Family Practice/Providence Hospital Program
Sponsor: Providence Hospital
Program Director: Harold Johnston, MD
1201 East 36th Avenue
Anchorage, AK 99508
Tel: 907 561-4500 Fax: 907 561-4506
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 120-02-21-096

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Program Director: Jeffrey D Wolley, MD
1300 North 12th Street, Suite 8065
Phoenix, AZ 85006
Tel: 602 239-3668 Fax: 602 239-2067
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-03-12-025

Phoenix Baptist Hospital and Medical Center Program
Sponsor: Phoenix Baptist Hospital and Med
ClrVanguaard Health System
Maricopa Medical Center
Program Director: Walter A Forreld, MD
Family Practice Residency Program
2000 West Bethany Home Road
Phoenix, AZ 85015
Tel: 602 246-5621 Fax: 602 243-6541
E-mail: shriggs@abrazoshc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-03-12-029

St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Program Director: Patrick Steinberg, MD, MSW
2927 North 7th Avenue
Phoenix, AZ 85013
Tel: 602 406-3591 Fax: 602 406-4122
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PPG
Program ID: 120-03-12-030

Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Stoutsdale Healthcare
Mayo Clinic Hospital
Program Director: Frederick D Edwards, MD
13737 North 89th Street
Scottsdale, AZ 85259
Tel: 480 306-4898 Fax: 480 866-4830
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-03-21-070

Scottsdale Healthcare-Osborn Program
Sponsor: Scottsdale Healthcare-Osborn
Program Director: Robert J Cogare, MD
Family Practice Center
7301 R Second Street, Suite 210
Scottsdale, AZ 85251
Tel: 480 575-4800 Fax: 480 675-6901
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 120-03-32-031

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Pazicia Lebehnoin, MD
Family Practice Office
707 North Alvernon, Ste 101
Tucson, AZ 85711
Tel: 220 204-1007 Fax: 530 694-1428
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-03-12-052

Arkansas
El Dorado
University of Arkansas for Medical Sciences AHEC (South Arkansas) Program
Sponsor: UAMS-Area Health Education Centers
Medical Center of South Arkansas (Union Medical Center)
Program Director: Marilyn D Marshall, MD
440 West Oak, 3rd Floor east
El Dorado, AR 71730
Tel: 870 881-4495 Fax: 870 881-4497
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-04-21-040

Fort Smith
University of Arkansas for Medical Sciences AHEC (Fort Smith) Program
Sponsor: UAMS-Area Health Education Centers
Sparks Regional Medical Center
Program Director: Jimmy D Acklin, MD
AHEC-Family Medical Center
612 South 2nd Street
Fort Smith, AR 72901
Tel: 479 785-2431 Fax: 479 785-0732
E-mail: cmckinlay@ahsche.uams.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-04-21-034

Graduate Medical Education Directory 2004-2005
California

Anaheim
Kaiser Permanente Southern California (Anaheim) Program
Sponsor: Kaiser Permanente Southern California
Program Director: Timothy A. Munning, MD
1200 E 4th Street
Santa Ana, CA 92705
Tel: 714 997-4765 Fax: 714 997-4767
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-09-31-416

Bakersfield
Kern Medical Center Program
Sponsor: Kern Medical Center
Program Director: James A Sproat, MD
1380 Flower Street
Bakersfield, CA 93305
Tel: 661 328-5050 Fax: 661 862-7658
Length: 3 Yrs ACGME Approved/offer Positions: 19
Program ID: 120-05-11-038

Camp Pendleton
Naval Hospital (Camp Pendleton) Program
Sponsor: Naval Hospital (Camp Pendleton)
Program Director: William L Roberts, MD
Family Medicine
Box 555191
Camp Pendleton, CA 92055
Tel: 760 775-0408 Fax: 760 775-1101
Length: 3 Yrs ACGME Approved/offer Positions: 36
Subspecialties: FSM
Program ID: 120-06-12-014
US Armed Services Program

Chula Vista
Scrpps Memorial Hospital (Chula Vista) Program
Sponsor: Scripps Memorial Hospital-Chula Vista
Program Director: Marianne McKennett, MD
450 Fourth Avenue
Suite 201
Chula Vista, CA 919l0
Tel: 619 691-7107 Fax: 619 691-7120
Length: 3 Yrs ACGME Approved/offer Positions: 18
Program ID: 120-04-21-032

Colton
Arrowhead Regional Medical Center Program
Sponsor: Arrowhead Regional Medical Center
Program Director: Andre V Blazock, MD
400 North Pepper Avenue
Colton, CA 92324
Tel: 909 589-8230 Fax: 909 589-8308
Length: 3 Yrs ACGME Approved/offer Positions: 54
Subspecialties: FMG
Program ID: 120-06-11-057

Fontana
Kaiser Permanente Southern California (Fontana) Program
Sponsor: Kaiser Permanente Southern California
Program Director: Kendall G Scott, MD
9631 Sierra Avenue
Fontana, CA 92335
Tel: 909 427-5053 Fax: 909 427-5619
Length: 3 Yrs ACGME Approved/offer Positions: 17
Subspecialties: FSM
Program ID: 120-05-12-040

French Camp
San Joaquin General Hospital Program
Sponsor: San Joaquin General Hospital
Program Director: Frederick R Krueger, DO
500 W Hospital Road
French Camp, CA 95321
Tel: 209 485-6760 Fax: 209 485-6747
Length: 3 Yrs ACGME Approved/offer Positions: 21
Program ID: 120-03-31-066

Fresno
University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Program Director: John Zweifler, MD, MPH
445 South Cedar Avenue
Fresno, CA 93702
Tel: 559 459-5760 Fax: 559 459-4443
Length: 3 Yrs ACGME Approved/offer Positions: 39
Program ID: 120-05-21-941

Glendale
Glendale Adventist Medical Center Program
Sponsor: Glendale Adventist Medical Center
Program Director: Janet A Cunningham, MD, MPH
Family Medicine Center, Suite 201
801 South Chevy Chase Drive
Glendale, CA 91205
Tel: 818 600-9544 Fax: 818 600-9550
Length: 3 Yrs ACGME Approved/offer Positions: 24
Program ID: 120-06-21-372

Loma Linda
Loma Linda University Medical Center Program
Sponsor: Loma Linda University Medical Center
Program Director: Jamie S Osborn, MD
Family Medicine Center
26455 Barton Road, Suite 209-B
Loma Linda, CA 92354
Tel: 909 558-6698 Fax: 909 558-6656
E-mail: stacie@som.lmu.edu
Length: 3 Yrs ACGME Approved/offer Positions: 18
Program ID: 120-06-21-471

Long Beach
Long Beach Memorial Medical Center Program
Sponsor: Long Beach Memorial Medical Center
Program Director: Susan Y Melvin, DO
450 East Spring Street, #1
Long Beach, CA 90806
Tel: 562 933-0055 Fax: 562 933-0079
Length: 3 Yrs ACGME Approved/offer Positions: 24
Program ID: 120-06-21-444

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Program Director: Muhammad A Farooq, MD, MHA
12021 S Wilmington Avenue
Los Angeles, CA 90059
Tel: 323 846-4500 Fax: 323 846-4546
E-mail: DrFarooqMD@yahoo.com
Length: 3 Yrs ACGME Approved/offer Positions: 24
Program ID: 120-06-11-048
Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Pgm Director: Jimmy H Haan, MD
4050 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 783-4516 Fax: 323 783-4030
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: FPC, FSM
Program ID: 120-05-11-047

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
Santa Monica-UCLA Medical Center
Pgm Director: Denise S Sur, MD
50-071 CHS
Los Angeles, CA 90095
Tel: 310 319-4709 Fax: 310 453-5616
Length: 3 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: FSM
Program ID: 120-06-11-049

University of Southern California Program
Sponsor: University of Southern California School of Medicine
LAC + USC Medical Center
San Gabriel Valley Medical Center
Pgm Director: Tracey L Norton, DO
1420 San Pablo Street
PMB B-206
Los Angeles, CA 90033
Tel: 323 442-1903 Fax: 323 442-2367
E-mail: uscpgl@usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-06-22-874

University of Southern California/California Medical Center (Los Angeles) Program
Sponsor: California Hospital Medical Center
Pgm Director: Maureen P Stromh, MD
1420 South Grand Ave Suite 101
Los Angeles, CA 90015
Tel: 213 744-8981 Fax: 213 741-1434
E-mail: mstromh@hsc.usc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FPG
Program ID: 120-06-21-458

White Memorial Medical Center Program
Sponsor: White Memorial Medical Center
Pgm Director: Luis Sanmiguel, MD
1720 Cesar E Chavez Avenue
Los Angeles, CA 90033
Tel: 323 260-5789 Fax: 323 881-8641
E-mail: wmmcmep@wmmcpo.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-06-21-480

Martinez
Contra Costa County Health Services Program
Sponsor: Contra Costa Regional Medical Center
Pgm Director: Jeffrey V Smith, MD, JD
2000 Alhambra Avenue
Martinez, CA 94553
Tel: 925 373-5117 Fax: 925 370-5142
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-06-31-000

Merced
Mercy Medical Center (Merced) Program
Sponsor: Mercy Medical Center Merced
Pgm Director: David Araujo, MD
Family Practice Residency Program
316 East 13th Street
Merced, CA 95340
Tel: 209 385-7172 Fax: 209 385-7993
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-06-21-409

Modesto
Stanislaus Residency Program
Sponsor: Stanislaus County Health Services Doctors Medical Center
Pgm Director: John C Payne, MD
530 Scenic Drive
Modesto, CA 95350
Tel: 209 576-3536 Fax: 209 576-3501
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-06-11-082

Moreno Valley
Riverside County Regional Medical Center Program
Sponsor: Riverside County Regional Medical Center
Pgm Director: Asma A Jafri, MD
26330 Cactus Avenue
Moreno Valley, CA 92555
Tel: 909 486-5610 Fax: 909 486-5620
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-06-21-421

Northridge
Northridge Hospital Medical Center Program
Sponsor: Northridge Hospital Medical Center
Pgm Director: Pamela M Davis, MD
18400 Roscoe Boulevard
Northridge, CA 91325
Tel: 818 993-4054 Fax: 818 727-0793
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-06-11-053

Orange
University of California (Irvine) Medical Center
Western Medical Center
Pgm Director: Mark V Giglio, MD
Department of Family Medicine
Bldg 200, RT 81, Suite 512
Orange, CA 92668
Tel: 714 456-6502 Fax: 714 456-7084
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 120-06-21-042

Pomona
Pomona Valley Hospital Medical Center Program
Sponsor: Pomona Valley Hospital Medical Center
Pgm Director: James E Cruz, MD
1770 N Orange Grove/Suite 201
Pomona, CA 91767
Tel: 909 440-9490 Fax: 909 885-2982
E-mail: james.cruz@pvhmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-06-11-010

Redding
Mercy Medical Center (Redding) Program
Sponsor: Mercy Medical Center
Pgm Director: Doane D Blund, MD
2175 Bonaline Avenue
PO Box 69060
Redding, CA 96064
Tel: 530 225-9092 Fax: 530 225-6068
E-mail: dbland@fcw.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-06-31-054

Riverside
Kaiser Permanente Southern California (Riverside) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Riverside)
Pgm Director: Walter E Morgan, MD
10800 Magnolia Avenue (EMC-3F)
Family Medicine Residency
Riverside, CA 92505
Tel: 909 353-4944 Fax: 909 353-3088
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-06-21-009

Sacramento
Methodist Hospital of Sacramento Program
Sponsor: Methodist Hospital of Sacramento
Mercy General Hospital (Mercy Healthcare Sacramento)
Pgm Director: Amir Sweha, MD
7500 Hospital Drive
Sacramento, CA 95823
Tel: 916 423-6609 Fax: 916 468-0225
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-06-21-564

Sutter Health Program
Sponsor: Sutter Health
Sutter Davis Hospital
Sutter General Hospital
Sutter Memorial Hospital
Pgm Director: Marion Leff, MD
1201 Alhambra Blvd, Suite 320
Sacramento, CA 95819
Tel: 916 731-7866 Fax: 916 731-7867
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-04-9-550

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: James Nuovo, MD
Department of Family Medicine
4800 Y Street, Suite 2300
Sacramento, CA 95817
Tel: 916 734-3048 Fax: 916 734-5041
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-06-11-039

Salinas
Natividad Medical Center Program
Sponsor: Natividad Medical Center
Pgm Director: Marc E Tanui, MD
1441 Constitution Blvd, Bldg 300
PO Box 81611
Salinas, CA 93912
Tel: 831 773-4201 Fax: 831 775-6315
Length: 3 Yrs ACGME Approved/Offered Positions: 25
Program ID: 120-06-21-056
San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Tyson Ikeda, MD
200 West Arbor Drive, #8809
San Diego, CA 92103
Tel: 619 543-5776 Fax: 619 543-5886
E-mail: tikeda@ucsd.edu
Length: 3 Yrs ACGME Approved/Offers: 21 Subspecialties: PM
Program ID: 120-05-21-056

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Program Director: Lt Col Jefferson H Harman Jr, MD
60th Medical Operations Sqd/SOGOL
101 Bodin Circle
Travis Air Force Base, CA 94535
Tel: 707 423-3755 Fax: 707 423-3501
Length: 3 Yrs ACGME Approved/Offers: 30
Program ID: 120-05-11-001
US Armed Services Program

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Program Director: Teresa J Villa, MD
Building 50-83
1001 Potrero Avenue
San Francisco, CA 94110
Tel: 415 206-6883 Fax: 415 206-8387
E-mail: svilla@hsa.ucsf.edu
Length: 3 Yrs ACGME Approved/Offers: 39
Program ID: 120-05-11-059

San Jose
San Jose Medical Center Program
Sponsor: San Jose Medical Center
Program Director: Robert M Normand, MD
Family Practice Residency Program
25 North 14th Street, Suite 1900
San Jose, CA 95112
Tel: 408 977-4307 Fax: 408 977-4456
E-mail: re norm@jalapenterprise.com
Length: 3 Yrs ACGME Approved/offers: 18 Subspecialties: PM
Program ID: 120-05-23-061

Santa Rosa
University of California (San Francisco)/Santa Rosa Program
Sponsor: Sutter Medical Center of Santa Rosa
Program Director: Marshall K Kubota, MD
Family Practice Center
3214 Chanticleer Road
Santa Rosa, CA 95401
Tel: 707 576-4011 Fax: 707 576-4087
Length: 3 Yrs ACGME Approved/Offers: 36
Program ID: 120-05-11-065

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County Harbor-UCLA Medical Center
Program Director: Daniel B Castro, MD
Department of Family Medicine
1401 W Lomita Boulevard, 3rd Floor
Harbor City, CA 90710
Tel: 310 634-6221 Fax: 310 226-7206
Length: 3 Yrs ACGME Approved/Offers: 36 Subspecialties: PM
Program ID: 120-05-21-478

St Anthony Hospital Program
Sponsor: St Anthony Hospital Central
St Anthony Hospital North
Program Director: Patrick Sankovitz, MD
421 W 16th Avenue
Kuhlman Building
Denver, CO 80224
Tel: 303 629-2112 Fax: 303 596-6655
Length: 3 Yrs ACGME Approved/Offers: 27
Program ID: 120-05-12-069

University of Colorado (HealthONE Rose Medical Center) Program
Sponsor: University of Colorado School of Medicine HealthONE Rose Medical Center
Program Director: Colleen M Corey, MD
2149 South Holly Street
Denver, CO 80202
Tel: 303 584-7913 Fax: 303 584-7960
E-mail: pam.sullivan@ftm.com
Length: 3 Yrs ACGME Approved/Offers: 24
Program ID: 120-07-21-071

University of Colorado (University Hospital) Program
Sponsor: University of Colorado School of Medicine Denver Health Medical Center
University of Colorado Hospital
Program Director: Timothy Ridge, MD
5250 Leetsdale Drive, Suite 300
Denver, CO 80246
Tel: 303 372-8751 Fax: 303 372-9783
Length: 3 Yrs ACGME Approved/Offers: 18 Subspecialties: PM
Program ID: 120-07-21-619

Englewood
University of Colorado (Columbia Sweedish Medical Center) Program
Sponsor: University of Colorado School of Medicine Columbia Swedish Medical Center
Program Director: Saint Joseph Hospital
303 584-7913 Fax: 303 584-7960
E-mail: pam.sullivan@ftm.com
Length: 3 Yrs ACGME Approved/Offers: 24
Program ID: 120-07-21-544

Fort Collins
Fort Collins Family Medicine Program
Sponsor: Poudre Valley Hospital
Program Director: Austin G Bailey Jr, MD
Fort Collins Family Medicine Residency Program
1025 Pennock Place
Fort Collins, CO 80524
Tel: 970 495-8880 Fax: 970 495-8881
Length: 3 Yrs ACGME Approved/Offers: 18
Program ID: 120-07-21-072

Grand Junction
St Mary's Hospital and Medical Center Program
Sponsor: St Mary's Hospital and Medical Center
Program Director: David M West, MD
1160 Patterson
Grand Junction, CO 81506
Tel: 970 244-2800 Fax: 970 244-7522
E-mail: jcox@stmarygj.com
Length: 3 Yrs ACGME Approved/Offers: 20
Program ID: 120-07-01-079

Colorado
Cortez
St Mary's Hospital and Medical Center Rural Program
Sponsor: St Mary's Hospital and Medical Center Southwest Memorial Hospital-Southwest Health System
Program Director: David M West, MD
1160 Patterson Road
Grand Junction, CO 81506
Tel: 970 244-2800 Fax: 970 244-7522
E-mail: jcox@stmarygj.com
Length: 3 Yrs ACGME Approved/Offers: 3
Program ID: 120-07-21-597

Denver
Exempla St Joseph Hospital Program
Sponsor: Exempla St Joseph Hospital
Program Director: William P Fournier, MD
2005 Franklin Street
Midtown I, Suite 200
Denver, CO 80206
Tel: 303 318-2015 Fax: 303 318-2040
Length: 3 Yrs ACGME Approved/Offers: 24
Program ID: 120-07-12-070

Accredited Programs in Family Practice

Programs

Graduate Medical Education Directory 2004-2005
Accredited Programs in Family Practice

Greeley
North Colorado Medical Center Program
Sponsor: North Colorado Medical Center
Prgm Director: H Daniel Fahrenholtz, MD, MBA
Residency Training Program
1600 23rd Avenue
Greeley, CO 80634
Tel: 970-346-2892 Fax: 970-346-3828
E-mail: residency@bannerhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-07-1-974

Pueblo
Southern Colorado Family Medicine Program
Sponsor: St Mary-Corwin Medical Center
Prgm Director: Charles H Kaye, MD
584 Woodland
Pueblo, CO 81004
Tel: 719-568-5872 Fax: 719-568-4780
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 120-07-21-975

Wray
North Colorado Medical Center Rural Program
Sponsor: North Colorado Medical Center
Wray Community District Hospital
Prgm Director: H Daniel Fahrenholtz, MD, MBA
1600 23rd Avenue
Wray, CO 80658
Tel: 970-346-2892 Fax: 970-346-3828
E-mail: residency@bannerhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 120-07-31-624

Connecticut
Hartford
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
St Francis Hospital and Medical Center
Prgm Director: Allen L. Hixson, MD
99 Woodland Street
Hartford, CT 06105
Tel: 860 714-6212 Fax: 860 714-8079
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-08-21-976

Middletown
Middletown Hospital Program
Sponsor: Middletown Hospital
Prgm Director: Michael A. Stavney, MD, MPH
90 South Main Street
Middletown, CT 06457
Tel: 860 344-6466 Fax: 860 344-6600
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-08-21-977

Stamford
Stamford Hospital/Columbia University College of Physicians and Surgeons Program
Sponsor: Stamford Hospital
Prgm Director: Joseph V Connolly, MD
Shelburne Road at West Broad Street
PO Box 3017
Stamford, CT 06904
Tel: 203 333-2270 Fax: 203 353-2413
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-08-21-978

Delaware
Wilmington
Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Prgm Director: Daniel L DeRozario, MD
Family Medicine Center
1401 Fourth Road
Wilmington, DE 19893
Tel: 302 477-3220 Fax: 302 477-3211
E-mail: WWestergard@ChristianaCare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-08-16-709

St Francis Hospital Program
Sponsor: St Francis Hospital
Prgm Director: Timothy F Dowling, DO
Medical Services Bldg, Level II
PO Box 2500
Wilmington, DE 19865
Tel: 302 575-5901 Fax: 302 575-8905
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-08-21-416

District of Columbia
Washington
Howard University Program
Sponsor: Howard University Program
Prgm Director: Monique H Golding, MD
2130 Georgia Avenue, NW
Suite 3B
Washington, DC 20001
Tel: 202 865-2280 Fax: 202 865-7720
E-mail: angordon@huhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-10-21-081

Providence Hospital/Georgetown University Hospital Program
Sponsor: Providence Hospital
Prgm Director: Patricia Evans, MD, MA
4151 Bladensburg Road
Suite 3B
Washington, DC 20011
Tel: 301 608-7707 Fax: 301 779-7001
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: FPG
Program ID: 120-10-21-199

Florida
Clearwater
University of South Florida (Morton Plant Mease Health Care) Program
Sponsor: University of South Florida College of Medicine
Morton Plant Hospital
Prgm Director: Bruce Flaveau, MD
897 N Myrtle Avenue
Clearwater, FL 33755
Tel: 727 467-2002 Fax: 727 467-2471
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-11-23-635

Daytona Beach
Halifax Medical Center Program
Sponsor: Halifax Medical Center
Prgm Director: Raoul L. Zimmerman, MD
PO Box 2830
303 N Clyde Morris Blvd
Daytona Beach, FL 32120
Tel: 386 254-4167 Fax: 386 258-4967
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FSM
Program ID: 120-11-11-483

Eglin AFB
Headquarters Air Armament Center (AFMC) Program
Sponsor: US Air Force Regional Hospital
Prgm Director: Jeffrey A Schiewen, MD
96 MDOS/SGOL
307 Boettner Road, Suite 114
Eglin AFB, FL 32542
Tel: 850 583-8098 Fax: 850 583-8182
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-11-12-208

US Armed Services Program
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands at AGH
Prgm Director: Karen L. Hall, MD
825 SW 4th Avenue
Gainesville, FL 32601
Tel: 352 392-4847 Fax: 352 392-7216
E-mail: zielke@ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-11-21-904

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke’s Hospital
Prgm Director: Sandra I. Argeos, MD
4500 San Pablo Rd
Jacksonville, FL 32224
Tel: 904 953-9627 Fax: 904 953-3430
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-11-21-545

Naval Hospital (Jacksonville) Program
Sponsor: Naval Hospital (Jacksonville)
Prgm Director: Jeffrey D. Quinnell, MD, MBA
Department of Family Medicine
2080 Child Street
Jacksonville, FL 32214
Tel: 904 542-7763 Fax: 904 543-7809
E-mail: cahonsinger@navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 120-11-21-915

US Armed Services Program
St Vincent’s Medical Center Program
Sponsor: St Vincent’s Medical Center
Prgm Director: David A McLennan, MD, MEd
7108 St John Avenue
Jacksonville, FL 32205
Tel: 904 208-9274 Fax: 904 208-9288
E-mail: Fmvs@onehealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 120-11-11-085

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Anna M Wright, MD
1255-B Lila Ave
Jacksonville, FL 32206
Tel: 904 244-5840 Fax: 904 244-5825
E-mail: fpgresidency@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Program ID: 120-11-21-546
Illinois

Aurora
Rush University Medical Center/Copley Memorial Hospital Program
Sponsor: Rush University Medical Center
Pgm. Director: Michael P. Temporal, MD
900 North State Street, Suite 220
Aurora, IL 60504
Tel: 630 375-2812
Fax: 630 375-2819
Length: 3 Years ACGME Approved/Offered Positions: 24
Program ID: 120-14-21-502
US Armed Services Program

Belleville
St Louis University School of Medicine (Belleville) Program
Sponsor: St Louis University School of Medicine
St Elizabeth's Hospital
Scott Medical Center
Pgm. Director: Michael P. Temporal, MD
196 South Third Street, Suite 400
Belleville, IL 62220
Tel: 618 233-7788
Fax: 618 222-4702
Length: 3 Years ACGME Approved/Offered Positions: 42
Subspecialties: FSM
Program ID: 120-16-21-427

Berwyn
MacNeal Memorial Hospital Program
Sponsor: MacNeal Memorial Hospital
Pgm. Director: Dennis Lawlor, MD
3321 South Euclid Avenue
Berwyn, IL 60402
Tel: 708 735-0994
Fax: 708 735-0956
Length: 3 Years ACGME Approved/Offered Positions: 36
Subspecialties: FSM
Program ID: 120-16-11-998

Carbondale
Southern Illinois University (Carbondale) Program
Sponsor: Southern Illinois University School of Medicine
Carbondale Hospital
Pgm. Director: Penelope K. Tippy, MD
305 West Jackson Street, Suite 200
Carbondale, IL 62903
Tel: 618 529-0621
Fax: 618 453-1102
Length: 3 Years ACGME Approved/Approved Positions: 18
Program ID: 120-16-11-099

Chicago
Jackson Park Hospital Program
Sponsor: Jackson Park Hospital
Pgm. Director: Lakshmi Dodda, MD
7601 Stony Island Avenue
Chicago, IL 60649
Tel: 773 947-7310
Fax: 773 947-2487
Length: 3 Years ACGME Approved/Approved Positions: 15
Program ID: 120-16-13-363

Mount Sinai Hospital Medical Center of Chicago Program
Sponsor: Mount Sinai Hospital Medical Center of Chicago
Pgm. Director: Augustine Wong, MD
Dept of Family Medicine & Community Health
California Avenue at 1565 Street
Chicago, IL 60608
Tel: 773 257-6045
Fax: 773 257-6045
E-mail: OpMDisn.org
Length: 3 Years ACGME Approved/Approved Positions: 18
Program ID: 120-16-31-018

Resurrection Medical Center Program
Sponsor: Resurrection Medical Center
Pgm. Director: Timothy B. McCurry, MD
7447 W Touhy Avenue
Suite 100
Chicago, IL 60631
Tel: 773 792-9992
Fax: 773 594-7075
Length: 3 Years ACGME Approved/Approved Positions: 18
Program ID: 120-16-11-102

St Joseph Hospital/Northwestern University Program
Sponsor: St Joseph Hospital
Pgm. Director: Roger A. Nosal, MD
2000 North Lake Shore Drive
Chicago, IL 60657
Tel: 773 865-3388
Fax: 773 865-3228
Length: 3 Years ACGME Approved/Approved Positions: 18
Program ID: 120-16-11-103

Swedish Covenant Hospital Program
Sponsor: Swedish Covenant Hospital
Pgm. Director: Walton B. Bab, MD, PhD
5145 North California Avenue
Chicago, IL 60625
Tel: 773 865-3098
Fax: 773 865-1548
E-mail: meded@schosp.org
Length: 3 Years ACGME Approved/Approved Positions: 19
Program ID: 120-16-31-106

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Pgm. Director: Mark M. Potter, MD
Dept of Family Medicine (MC 663)
1010 West Taylor Street
Chicago, IL 60612
Tel: 312 996-8209
Fax: 312 996-2579
Length: 3 Years ACGME Approved/Approved Positions: 18
Program ID: 120-16-21-498

University of Illinois College of Medicine at Chicago/Advocate Illinois Masonic Med Ctr Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Pgm. Director: Margaret Wiedemer, MD
Family Practice Residency Program
856 West Wellington Avenue
Chicago, IL 60657
Tel: 773 229-8248
Fax: 773 229-8348
Length: 3 Years ACGME Approved/Approved Positions: 24
Program ID: 120-16-21-467

Hawaii

Tripler AMC
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Pgm. Director: Dawn C. Uithof, MD
Residency Director
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-1115
Fax: 808 433-1153
Length: 3 Years ACGME Approved/Approved Positions: 24
Program ID: 120-14-21-502

Wahiawa
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Wahiawa General Hospital
Pgm. Director: Rebecca H. Glade, MD
A Family Practice Clinic
95-560 Kualihana Avenue
Wahiawa, HI 96786
Tel: 808 627-3230
Fax: 808 627-3265
E-mail: rglade@uhhosp.org
Length: 3 Years ACGME Approved/Approved Positions: 18
Subspecialties: FSM
Program ID: 120-14-21-541

Idaho

Boise
Family Practice Residency of Idaho Program
Sponsor: Family Practice Residency of Idaho
St Alphonsus Regional Medical Center
St Luke's Regional Medical Center
Pgm. Director: Ted Eyeperry, MD
777 North Raymond Street
Boise, ID 83704
Tel: 208 367-6042
Fax: 208 367-6133
Length: 3 Years ACGME Approved/Approved Positions: 26
Subspecialties: FSM
Program ID: 130-15-11-097

Caldwell
Family Practice Residency of Idaho Rural Program
Sponsor: Family Practice Residency of Idaho
West Valley Medical Center
St Luke's Regional Medical Center
Pgm. Director: Ted D Eyeperry, MD
777 N Raymond
Boise, ID 83704
Tel: 208 367-6042
Fax: 208 367-6123
Length: 3 Years ACGME Approved/Approved Positions: 3
Program ID: 120-16-21-688

Pocatello
Idaho State University Program
Sponsor: Idaho State University
Portneuf Regional Medical Center
Pgm. Director: Jonathan Cree, MD, MA
Department of Family Medicine
Campus Box 8037
Pocatello, ID 83209
Tel: 208 282-3253
Fax: 208 282-4818
Length: 3 Years ACGME Approved/Approved Positions: 15
Program ID: 120-15-21-521
Decatur
Southern Illinois University (Decatur) Program
Sponsor: Southern Illinois University School of Medicine
Decatur Memorial Hospital
St Mary's Hospital
Prgm Director: John G Bradley, MD
250 West Kemper Avenue
Decatur, IL 62521
Tel: 217 876-0555
Fax: 217 876-5282
E-mail: decaturinfo@slmed.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-16-21-354

Evanston
McGaw Medical Center of Northwestern University (Evanston) Program
Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Prgm Director: Mitchell S King, MD
3000 First Street, Suite 320
Evanston, IL 60201
Tel: 847 467-1940
Fax: 847 467-1653
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-16-21-654

St Francis Hospital of Evanston Program
Sponsor: St Francis Hospital
Prgm Director: J Chava Zimmerman, MD
7121 North Lincoln Avenue
Lincolnwood, IL 60061
Tel: 847 310-3985
Fax: 847 310-3967
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-16-21-599

Hinsdale
Hinsdale Hospital Program
Sponsor: Hinsdale Hospital
Prgm Director: Clara L Carl, DO
125 North Oak Street
Hinsdale, IL 60521
Tel: 630 856-9850
Fax: 630 856-8925
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-16-21-109

LaGrange
LaGrange Memorial Hospital Program
Sponsor: LaGrange Memorial Hospital
Prgm Director: William J Nelon, MD
1323 Memorial Drive, Suite 214
LaGrange, IL 60525
Tel: 708 420-1561
Fax: 708 570-8958
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-16-11-110

Maywood
Loyola University(Cook County Hospital Program
Sponsor: Loyola University Medical Center
John H Stroger Hospital of Cook County
Provincial Hospital of Cook County
Prgm Director: Crystal D Cash, MD
Department of Family Practice
500 E 51st Street, 7th Floor
Chicago, IL 60615
Tel: 312 572-2873
Fax: 312 572-2669
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 120-16-11-100

Quincy
Southern Illinois University (Quincy) Program
Sponsor: Southern Illinois University School of Medicine
Blessing Hospital
Prgm Director: Thomas H Miller, MD
612 N 11th Street, Suite B
Quincy, IL 62301
Tel: 217 224-6484
Fax: 217 224-7500
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-16-21-365

Rockford
University of Illinois College of Medicine (Rockford) Rural Program
Sponsor: University of Illinois College of Medicine at Rockford
Katherine Shaw Bethea Hospital
Swedish American Hospital
Prgm Director: Farion R Williams, MD
1221 1 East State Street
Rockford, IL 61104
Tel: 815 972-1052
Fax: 815 828-1447
Length: 3 Yrs
Program ID: 120-16-11-675

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Janet B Albers, MD
520 N 4th Street
Springfield, IL 62702
Tel: 217 750-6140
Fax: 217 750-8155
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-16-21-117

Urbana
Carle Foundation Hospital Program
Sponsor: Carle Foundation Hospital
Prgm Director: Timothy S Menecy, DO
602 W University Avenue
South Clinic 2
Urbana, IL 61801
Tel: 217 333-5300
Fax: 217 333-4837
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-16-21-452

Indiana
Beech Grove
St Francis Hospital and Health Centers Program
Sponsor: St Francis Hospital and Health Centers
Prgm Director: Richard D Feldman, MD
1500 Albany Street, Suite 207
Beech Grove, IN 46107
Tel: 317 783-8641
Fax: 317 783-6782
E-mail: nancy.miller@sflhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-17-11-125

Evansville
Deaconess Hospital Program
Sponsor: Deaconess Hospital
Prgm Director: Kim A Vola, MD
Wallace M Adye Center
515 East Street
Evansville, IN 47710
Tel: 812 450-9227
Fax: 812 450-5952
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-17-21-119
St Mary's Medical Center Program
Sponsor: St Mary's Medical Center
Program Director: Charles A Strickland, MD
3700 Washington Avenue
Evansville, IN 47715
Tel: 812 485-4173 Fax: 812 485-7698
E-mail: dmsohn@stmarys.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-17-21-120

Fort Wayne
Fort Wayne Medical Education Program
Sponsor: Fort Wayne Medical Education Program
Lutheran Hospital of Indiana
Parkview Memorial Hospital
St Joseph Hospital
Program Director: Brenda S O'Hara, MD
3448 Lake Avenue
Fort Wayne, IN 46805
Tel: 260 423-6573 Fax: 260 425-6621
E-mail: hoibin@lwmed.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-17-21-121

Gary
Methodist Hospitals Program
Sponsor: Methodist Hospitals
Program Director: David E Ross, MD
600 Grant Street
Gary, IN 46402
Tel: 219 886-4030 Fax: 219 886-4106
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-17-21-483

Indianapolis
Community Hospitals of Indianapolis Program
Sponsor: Community Hospitals of Indianapolis
Program Director: Cliffon Knight, MD
10122 East 10th Street - Suite #106
Indianapolis, IN 46223
Tel: 317 535-5913 Fax: 317 886-9760
E-mail: fpres@ecommunity.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-17-11-123

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Program Director: Peter Nalin, MD
1520 North Senate Avenue
Indianapolis, IN 46202
Tel: 317 962-5620 Fax: 317 962-6722
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FPM
Program ID: 120-17-11-120

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: Judith A Monroe, MD
8220 Naab Road, Suite 506
Indianapolis, IN 46260
Tel: 317 336-7600 Fax: 317 336-7606
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Subspecialties: FPG
Program ID: 120-17-11-127

Muncie
Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Program Director: Stewart C Brown, MD
Edmund F Ball Medical Education Bldg
221 North Celia Avenue
Muncie, IN 47303
Tel: 765 741-4454 Fax: 765 741-1983
E-mail: scbrown@lbs.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: Ty
Program ID: 120-17-11-128

South Bend
Memorial Hospital of South Bend Program
Sponsor: Memorial Hospital of South Bend
Program Director: Robert J Riley, MD
714 North Michigan Street
South Bend, IN 46601
Tel: 574 284-7613 Fax: 574 284-8849
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FSM
Program ID: 120-17-11-129

St Joseph's Regional Medical Center (South Bend) Program
Sponsor: St Joseph's Regional Medical Center (South Bend)
Program Director: Martin F Wieschhaus, MD
801 E LaSalle Street
PO Box 1935
South Bend, IN 46634
Tel: 574 239-6152 Fax: 574 472-0085
E-mail: Mastaghpi@rmc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: FSM
Program ID: 120-17-11-100

Terre Haute
Union Hospital Program
Sponsor: Union Hospital, Inc
Program Director: James R Buechiller, MD
1512 N 6-72 Street
Terre Haute, IN 47807
Tel: 812 236-7031 Fax: 812 236-7003
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-17-11-131

Iowa
Cedar Rapids
Cedar Rapids Medical Education Foundation Program
Sponsor: Cedar Rapids Medical Education Foundation
Mercy Medical Center
St Luke's Methodist Hospital
Program Director: Gordon H Baustian, MD
1026 A Avenue, NE
Cedar Rapids, IA 52401
Tel: 519 369-7393 Fax: 519 369-8551
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-18-51-312

Davenport
Genesis Medical Education Foundation Program
Sponsor: Genesis Medical Education Foundation
Genesis Medical Center
Program Director: Monte L Scoulke, MD
1345 W Central Park
Davenport, IA 52804
Tel: 563 421-4450 Fax: 563 421-4449
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-21-130

Des Moines
Broadlawns Medical Center Program
Sponsor: Broadlawns Medical Center
Program Director: Larry D Beatty, MD
1801 Hickman Road
Des Moines, IA 50314
Tel: 515 282-2545 Fax: 515 282-3232
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-19-11-134

Central Iowa Health System (Iowa Lutheran Hospital) Program
Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Program Director: LW (Lorn) Matthews, III, DO
540 East University Avenue
Des Moines, IA 50316
Tel: 515 285-1050
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-18-51-135

Mayo School of Graduate Medical Education (Des Moines) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mercy Hospital Medical Center
Program Director: Charles H Korte, MD
250 Laurel Street
Des Moines, IA 50314
Tel: 515 643-4610 Fax: 515 643-4602
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-18-21-308

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Michael K Maharry, MD
Department of Family Medicine
200 Hawkins Dr
Iowa City, IA 52242
Tel: 319 384-7167 Fax: 319 384-7822
E-mail: fp-residency@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-19-11-136

Mason City
Mercy Medical Center (Mason City) Program
Sponsor: Mercy Medical Center-North Iowa
Program Director: Scott T Henderson, MD
1009 4th Street SW
Mason City, IA 50401
Tel: 641 422-7779 Fax: 641 422-7125
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-19-51-373

Pella
University of Iowa Hospitals and Clinics Rural (Pella) Program
Sponsor: University of Iowa Hospitals and Clinics
Pella Regional Health Center
Program Director: Michael K Maharry, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 384-7767 Fax: 319 384-7822
E-mail: fp-rural@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 120-18-31-668
Sioux City
Siouxland Medical Education Foundation Program
Sponsor: Siouxland Medical Education Foundation
Mercy Medical Center (Sioux City)
St Luke's Regional Medical Center
Pgm Direct: Kurt A Buseman, MD
3501 Pierce Street
Sioux City, IA 51104
Tel: 712 394-6089 Fax: 712 394-6091
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-21-137

Waterloo
Northeast Iowa Medical Education Foundation Program
Sponsor: Northeast Iowa Medical Education Foundation
Athens Memorial Hospital
Covenant Medical Center
Pgm Direct: Ellen L Nakornstuen, MD
2085 Kimball Avenue
Waterloo, IA 52170
Tel: 319 272-2535 Fax: 319 272-2527
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-18-21-138

Kansas
Junction City
University of Kansas Medical Center (Junction City) Rural Program
Sponsor: University of Kansas School of Medicine, Geary Community Hospital
University of Kansas Medical Center
Pgm Direct: Belinda A Vail, MD
3001 Rainbow Boulevard
1060 Delp
Kansas City, KS 66160
Tel: 913 588-1160 Fax: 913 588-1161
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-19-21-553

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine, University of Kansas Medical Center
Pgm Direct: Belinda Vail, MD
3001 Rainbow Boulevard
1060 Delp
Kansas City, KS 66160
Tel: 913 588-1160 Fax: 913 588-1161
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-19-21-139

Salina
University of Kansas (Wichita)/Salina Program
Sponsor: University of Kansas School of Medicine (Wichita)
Salina Regional Health Center
Pgm Direct: Charles T Allred, MD
Salina Health Education Foundation
501 South Santa Fe, Ste 200
Salina, KS 67401
Tel: 785 825-7221 Fax: 785 825-1605
E-mail: salina@kshp.com
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-19-21-365

Wichita
University of Kansas (Wichita)/Via Christi Regional Medical Center Program
Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis
Via Christi Regional Medical Center-St Joseph
Pgm Direct: Richard H Levy, MD
925 N Emporia
Wichita, KS 67214
Tel: 316 268-5996 Fax: 316 281-7849
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Program ID: 120-19-21-630

University of Kansas (Wichita)/Wesley Program
Sponsor: University of Kansas School of Medicine (Wichita)
Wesley Medical Center
Pgm Direct: Paul A Callaway, MD
850 N Hillside
Wichita, KS 67214
Tel: 316 962-3876 Fax: 316 962-7164
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-18-11-142

Kentucky
Edgewood
St Elizabeth Medical Center Program
Sponsor: St Elizabeth Medical Center
Pgm Direct: Donald J Swickert, MD
413 South Loop Road
Edgewood, KY 40310
Tel: 859 344-3044 Fax: 859 344-3920
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-20-11-143

Glasgow
University of Louisville (Glasgow) Program
Sponsor: University of Louisville School of Medicine
T J Samson Medical Center
Pgm Direct: Brent Wright, MD
1225 North Race Street
Louisville, KY 40204
Tel: 502 859-3456 Fax: 502 859-4751
E-mail: bwrightmd@hotmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-20-21-613

Hazard
University of Kentucky Medical Center (Hazard) Program
Sponsor: University of Kentucky A B Chandler Medical Center
ABH Regional Medical Center (Hazard)
Pgm Direct: Robert B Casey, MD
100 Airport Gardens Road
Hazard, KY 41701
Tel: 606 439-3557 Fax: 606 439-1131
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-20-21-612

Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
University of Kentucky Hospital
Pgm Direct: Steve Wrightson, MD
University of Kentucky Family Practice
Lexington, KY 40536
Tel: 859 323-1719 Fax: 859 333-6661
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FPM
Program ID: 120-20-21-144

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Pgm Direct: Stephen F Wheeler, MD
201 Abraham Flexner Way, Suite 680
Louisville, KY 40292
Tel: 502 852-5489 Fax: 502 852-4944
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FPM
Program ID: 120-20-21-145

Madisonville
Troyer Clinic Foundation Program
Sponsor: Troyer Clinic Foundation
Regional Medical Center of Hopkins County
Pgm Direct: Robert L Wood, MD
309 Clinic Drive
Madisonville, KY 42431
Tel: 270 823-6600 Fax: 270 823-6696
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-20-21-140

Morehead
University of Kentucky Medical Center (Morehead) Rural Program
Sponsor: University of Kentucky A B Chandler Medical Center
St Claire Medical Center
Pgm Direct: Steve Wrightson, MD
5020 Kentucky Clinic
Lexington, KY 40536
Tel: 859 323-6712 Fax: 859 323-6661
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-20-21-663

Louisiana
Alexandria
Louisiana State University (Shreveport)/Rapides Regional Medical Center Program
Sponsor: LSU Health Sciences Center-University Hospital of Shreveport
Rapides Regional Medical Center
Pgm Direct: Michael Madden, MD
821 Elliott Street
Alexandria, LA 71301
Tel: 318 441-1041 Fax: 318 441-1065
E-mail: recplan@lsufsu.net
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-21-91-566
Accredited Programs in Family Practice

Baton Rouge

Baton Rouge General Medical Center Program
Sponsor: Baton Rouge General Medical Center
Program Director: Derek J Anderson, MD
2891 North Boulevard
Baton Rouge, LA 70806
Tel: 225-387-2799 Fax: 225-381-2379
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-21-1-760

Kenner

Louisiana State University (Kenner) Program
Sponsor: Louisiana State University School of Medicine
Program Director: Roger J Roux, MD, MEd
Department of Family Medicine
3002 East Bank Boulevard, Suite 409
Kenner, LA 70065
Tel: 504-471-2767 Fax: 504-471-2764
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-21-21-641

Lafayette

Louisiana State University (Lafayette) Program
Sponsor: University Medical Center (Lafayette)
Program Director: Albert C Rees, MD
1200 West Congress Street
Lafayette, LA 70503
Tel: 337-261-6660 Fax: 337-261-6662
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-21-1-149

Lake Charles

Louisiana State University (Lake Charles) Program
Sponsor: Louisiana State University School of Medicine
Lake Charles Memorial Hospital
Program Director: Alan LeBato, MD
1525 Oak Park Boulevard
Lake Charles, LA 70601
Tel: 337-494-2022 Fax: 337-430-6966
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-21-21-594

Metairie

East Jefferson General Hospital Program
Sponsor: East Jefferson General Hospital
Program Director: David W Evans, MD
Family Practice Center
4220 Houma Boulevard, Suite 230
Metairie, LA 70005
Tel: 504-883-3722 Fax: 504-883-3723
Length: 2 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-21-21-611

Monroe

Louisiana State University (Shreveport) Monroe Program
Sponsor: Louisiana State University School of Medicine
Program Director: Brian P Kriner, MD, MA
4846 Jackson Street
PO Box 1851
Monroe, LA 71210
Tel: 318-330-7500 Fax: 318-330-7513
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-21-21-440

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Michael B Harper, MD
PO Box 293902
1501 Kings Highway
Shreveport, LA 71130
Tel: 318-675-8315 Fax: 318-675-7505
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-21-21-150

Vivian

Louisiana State University Medical Center (Shreveport) Rural Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Michael B Harper, MD
PO Box 293902
1501 Kings Highway
Shreveport, LA 71130
Tel: 318-675-8315 Fax: 318-675-7505
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 120-21-11-567

Maine

Augusta

Maine-Dartmouth Family Practice Program
Sponsor: Maine-Dartmouth Family Practice Residency
Program Director: James A. Schirmer, MD
15 F Chestnut Street
Augusta, ME 04330
Tel: 207-626-1902 Fax: 207-626-1902
Length: 2 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PFP
Program ID: 120-23-25-151

Bangor

Eastern Maine Medical Center Program
Sponsor: Eastern Maine Medical Center
Program Director: Robin M Prinham, MD, MS
Family Practice Center
895 Union Street - Suite 12
Bangor, ME 04401
Tel: 207-973-7973 Fax: 207-973-7894
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-23-12-152

Lewiston

Central Maine Medical Center Program
Sponsor: Central Maine Medical Center
Program Director: Edmund Claxton Jr, MD
75 High Street
Lewiston, ME 04240
Tel: 207-785-2800 Fax: 207-795-2100
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-23-11-152

Portland

Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Alain J Montegut, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207-871-0678 Fax: 207-871-6655
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: FSM
Program ID: 120-23-11-154

Maryland

Andrews AF

National Capital Consortium Program
Sponsor: National Capital Consortium
Program Director: Col Douglas C Warren, MD
50 Bethesda Road
1075 W Perimeter Road
Andrews AF, MD 20917
Tel: 240-887-3806 Fax: 240-887-3811
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-23-21-002

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Kevin S Parenta, MD
Department of Family Medicine
29 South Paca Street, Lower Level
Baltimore, MD 21201
Tel: 410-238-4382 Fax: 410-238-4659
E-mail: kfrenets@umm.edu
Program ID: 120-23-15-155

Boston

Boston University Medical Center Program
Sponsor: Boston University Medical Center
Program Director: Thomas C Hines, MD
Dowling 6 South
One Boston Medical Center Place
Boston, MA 02118
Tel: 617-414-4465 Fax: 617-414-3345
E-mail: familymedicine@bmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-23-21-644

Fitchburg

University of Massachusetts (Fitchburg) Program
Sponsor: University of Massachusetts Medical School
Program Director: Beth Kurs, MD
Fitchburg Family Practice
276 Nichols Road
Fitchburg, MA 01420
Tel: 978-666-6025 Fax: 978-666-6023
E-mail: kursb@umassmed.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-23-11-159

590
Graduate Medical Education Directory 2004-2005
Lawrence
Greater Lawrence Family Health Center Program
Sponsor: Greater Lawrence Family Health Center Inc
Lawrence General Hospital
Program Director: Scott C Early, MD
74 Haverhill Street
Lawrence, MA 01841
Tel: 978 725-7410 Fax: 978 837-2166
E-mail: residency@glfhc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-24-21-528

Medford
Tufts University/Hallmark Health System Program
Sponsor: Hallmark Health System
Tufts-New England Medical Center
Program Director: Joseph W Gravel Jr, MD
100 Hospital Road
Malden, MA 02148
Tel: 781 338-7309 Fax: 781 338-7358
E-mail: tuftsphp@phinches.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-24-21-506

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
Program Director: Gerry Gloch, MD
Memorial Campus
119 Belmont Street, Jaquith 2
Worcester, MA 01655
Tel: 508 334-6111 Fax: 508 334-6494
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 120-24-21-160

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Chelsea Community Hospital
Program Director: Eric P Skye, MD
1500 E Medical Center Dr
Room L2005, Box 0259
Ann Arbor, MI 48109
Tel: 734 615-2660 Fax: 734 615-2687
E-mail: jholl@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: FSM
Program ID: 120-25-21-425

Dearborn
Oakwood Hospital Program
Sponsor: Oakwood Hospital
Program Director: Michael J Wroniak, MD
3015 Annapolis Avenue
Wayne, MI 48184
Tel: 313 993-7789 Fax: 313 436-2071
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-25-21-141

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: James P Meza, MSA
One Ford Place, Room 7C
Detroit, MI 48202
Tel: 313 874-5378 Fax: 313 874-5391
E-mail: dailyhirn1@hfhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FSM
Program ID: 120-25-21-484

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Kenneth W Ballin, MD
2401 S Little Mack
28 Clair Shores, MI 48080
Tel: 810 447-9064 Fax: 810 447-9081
Length: 2 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-25-11-168

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: Virend Marikova, MD
Department of Family Medicine
5400 W McNichols, #202
Detroit, MI 48202
Tel: 313 340-4232 Fax: 313 272-1679
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-25-21-164

Flint
McLaren Regional Medical Center Program
Sponsor: McLaren Regional Medical Center
Program Director: Paul A Lazar, MD
Family Practice Education
411 S Ballenger Highway
Flint, MI 48502
Tel: 810 733-9654 Fax: 810 733-9600
Length: 2 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-25-21-573

Grand Blanc
Genesys Regional Medical Center Program
Sponsor: Genesys Regional Medical Center
Program Director: Kenneth E Yokosawa, MD
One Genesys Parkway
Grand Blanc, MI 48439
Tel: 810 606-5800 Fax: 810 606-5900
Length: 2 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-25-31-166

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Program Director: Susan L Hadecky, MD
200 Jefferson, SE
Grand Rapids, MI 49503
Tel: 616 732-6741 Fax: 616 732-3938
E-mail: cripinal@trinity-health.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-25-21-107

Grosse Pointe
Bon Secours Hospital Program
Sponsor: Bon Secours Cottage Hospital System
Program Director: Peter Rodin, DO
340 Cadillac Road
Grosse Pointe, MI 48230
Tel: 313 843-1940 Fax: 313 843-1611
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-25-21-168

Kalamazoo
Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ/Kalamazoo Center for Medical Studies
Borgens Medical Center
Bretonson Methodist Hospital
Program Director: William W Allen, MD
3000 Oakwood Drive
Kalamazoo, MI 49008
Tel: 616 337-6554 Fax: 616 337-5655
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-25-21-169

Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Program Director: George F Smith, MD
1300 E Michigan
Suite 245-C
Lansing, MI 48912
Tel: 517 364-5762 Fax: 517 364-5764
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FSM
Program ID: 120-25-21-170

Marquette
Marquette General Hospital Program
Sponsor: Marquette General Hospital
Program Director: Paul M Short, MD
1414 W Fair Ave, Suite #36
Marquette, MI 49855
Tel: 906 225-5867 Fax: 906 225-7667
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-25-21-470

Midland
MidMichigan Regional Medical Center Program
Sponsor: MidMichigan Medical Center-Midland
Program Director: William R Derry, MD
Office of Medical Education
4005 Orchard Drive
Midland, MI 48670
Tel: 989 839-3520 Fax: 989 839-1949
E-mail: spresidency@midmichigan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-25-31-171

Pontiac
North Oakland Medical Centers Program
Sponsor: North Oakland Medical Centers
Program Director: Anthony N Vettraino Jr, MD
Family Practice Center
461 West Huron
Pontiac, MI 48401
Tel: 248 857-6700 Fax: 248 857-7114
E-mail: avettraino@nomc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-25-12-172

Graduate Medical Education Directory 2004-2005
Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Paul W. Mosch, MD
Family Practice Residency Program
41300 Dequindre Road
Sterling Heights, MI 48314
Tel: 248 944-0690 Fax: 248 944-8500
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-26-21-374

Saginaw
Synergy Medical Education Alliance Program
Sponsor: Synergy Medical Education Alliance
Covenant HealthCare System-Cooper Campus
Program Director: Edward A. Jackson, MD
1000 Houghton Avenue
Saginaw, MI 48602
Tel: 989 583-7017 Fax: 989 583-7010
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-26-21-174

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Program Director: Gary G. Osuji, MD
Murray N. Deighton Family Practice Ctr
22250 Providence Dr, Ste 572
Southfield, MI 48075
Tel: 248 849-5447 Fax: 248 849-8271
Length: 3 yrs ACGME Approved/Offered Positions: 27
Subspecialties: FSM
Program ID: 120-26-21-175

Traverse City
Munson Medical Center Program
Sponsor: Munson Medical Center
Program Director: Daniel M. Webster, MD
Graduate Medical Education Office
1400 Medical Campus Drive
Traverse City, MI 49684
Tel: 231 935-8070 Fax: 231 935-8008
E-mail: dwebster@mhc.net
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 120-26-21-602

Minnesota
Duluth
Duluth Graduate Medical Education Council Program
Sponsor: St Luke's Hospital
St Mary's Medical Center
Program Director: Thomas W. Day, MD
330 North Eighth Avenue East
Duluth, MN 55805
Tel: 218 529-0165 Fax: 218 529-0150
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-26-21-176

Minneapolis
Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Patricia M. Cole, MD
Family Medicine Center
5 West Lake Street
Minneapolis, MN 55408
Tel: 612 644-9295 Fax: 612 644-9299
Length: 3 yrs ACGME Approved/Offered Positions: 36
Subspecialties: FSM
Program ID: 120-26-21-177

University of Minnesota (Waseca-Mankato) Program
Sponsor: University of Minnesota Medical School
Immanuel St Joseph's Hospital
Program Director: John C. McCabe III, MD
561 N State Street
Waseca, MN 56093
Tel: 507 837-4143 Fax: 507 837-4268
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 120-26-21-608

University of Minnesota/Fairview-University Medical Center Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Kenneth Kopfart, MD
Smiley's Clinic
2615 E. Franklin Avenue
Minneapolis, MN 55406
Tel: 612 333-0774 Fax: 612 339-6475
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-26-21-609

Robbinsdale
University of Minnesota/North Memorial Health Care Program
Sponsor: University of Minnesota Medical School
North Memorial Health Care
Program Director: Mark R. Bixley, MD
1520 West Broadway
Minneapolis, MN 55411
Tel: 612 392-8200 Fax: 612 392-8275
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-26-21-610

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine-Rochester Medical Center
Program Director: Robert T. Flensbrough, DO
Department of Family Medicine
200 First St, SW
Rochester, MN 55905
Tel: 507 266-3051 Fax: 507 266-0216
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-26-21-179

St Cloud
Mayo School of Graduate Medical Education (St Cloud) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Cloud Hospital
Program Director: Joseph M. Blonski, MD
1300 Whitney Court, Suite 200
St Cloud, MN 56303
Tel: 320 240-3181 Fax: 320 240-3165
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 120-26-21-606

St Louis Park
University of Minnesota/Methodist Hospital Program
Sponsor: University of Minnesota Medical School
Methodist Hospital
Program Director: Jeremy S. Springer, MD
6600 Governor Blvd
St Paul, MN 55426
Tel: 651 695-7996 Fax: 651 693-6798
E-mail: springerj@umn.edu
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-26-21-117

St Paul
Allina Hospitals & Clinics Program
Sponsor: Allina Hospitals & Clinics
United Hospital
Children's Hospitals & Clinics - St Paul
Program Director: Kathleen M. Macken, MD
545 West Seventh Street
St Paul, MN 55102
Tel: 651 280-1000 Fax: 651 280-1002
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-26-21-627

HealthPartners Institute for Medical Education Program
Sponsor: HealthPartners Institute for Medical Education
Bogota Hospital
Program Director: Anthony J. Giefer, MD, MPH
864 Arcade Street
St Paul, MN 55102
Tel: 651 791-2588 Fax: 651 791-2535
E-mail: lindam.ymol@HealthPartners.com
Length: 3 yrs ACGME Approved/Offered Positions: 36
Program ID: 120-26-11-180

University of Minnesota/HealthEast St Joseph's Hospital Program
Sponsor: University of Minnesota Medical School
HealthEast St Joseph's Hospital
Program Director: James S. Van Veenen, MD
580 Rice Street
St Paul, MN 55103
Tel: 651 227-6551 Fax: 651 605-6684
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-26-12-653

University of Minnesota/St John's Hospital Program
Sponsor: University of Minnesota Medical School
HealthEast St John's Hospital
Program Director: David Curret, MD
1414 Maryland Avenue East
St Paul, MN 55106
Tel: 651 772-3401 Fax: 651 772-5477
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-26-11-652

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Mississippi Baptist Medical Center
University Hospitals and Clinics
Program Director: Diane K. Beebe, MD
Department of Family Medicine
3500 North State Street
Jackson, MS 39216
Tel: 601 898-5426 Fax: 601 894-6888
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 120-26-21-181
Tupelo
North Mississippi Medical Center (Tupelo) Program
Sponsor: North Mississippi Medical Center
Prog. Director: Michael O'Dell, MD
1000 South Green Street
Tupelo, MS 38804
Tel: 662 377-2206 Fax: 662 377-2203
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-27-21-555

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri Columbia School of Medicine
University Hospitals and Clinics
Prog. Director: Erika N Ringfeldt, MD
Dept of Family & Community Med
MA903 Medical Sciences Building
Columbia, MO 65212
Tel: 573 885-9068 Fax: 573 881-4123
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FPG, FSM
Program ID: 120-28-11-182

Kansas City
Baptist-Lutheran Medical Center Program
Sponsor: Baptist-Lutheran Medical Center
Prog. Director: Lawrence A Rues, MD
Goepfer Family Care Center
6001 Rockhill Road
Kansas City, MO 64151
Tel: 816 276-7200 Fax: 816 276-7200
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-28-21-183

Research Medical Center Program
Sponsor: Research Medical Center
Prog. Director: Anne K Sly, MD
2900 Baltimore Ave, Suite 409
Kansas City, MO 64108
Tel: 816 751-5011 Fax: 816 751-6688
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-28-21-461

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Truman Medical Center-Lakewood
Prog. Director: Todd D Shaffer, MD
7200 Lee's Summit Road
Kansas City, MO 64139
Tel: 816 404-7751 Fax: 816 404-7756
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FPG
Program ID: 120-28-21-422

Springfield
Cox Medical Centers Program
Sponsor: Cox Medical Center North
Cox Medical Center South
Prog. Director: Larry W Helverson, MD
Family Practice Residency Program
1422 N Jefferson Ave, Suite A1100
Springfield, MO 65802
Tel: 417 260-8787 Fax: 417 260-8787
E-mail: 822636@coxhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-28-21-476

St Louis
Forest Park Hospital Program
Sponsor: Forest Park Hospital
Prog. Director: James W Price, MD, MBA
Suite 222
6125 Clayton Avenue
St Louis, MO 63119
Tel: 314 789-2304 Fax: 314 789-2304
E-mail: james.price@edenhealth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-28-21-479

St John's Mercy Medical Center Program
Sponsor: St John's Mercy Medical Center
Prog. Director: Grant Hoekema, MD
615 South New Ballas Road
St Louis, MO 63141
Tel: 314 569-6062 Fax: 314 569-4550
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-28-21-156

Montana
Billings
Montana Family Medicine Residency Program
Sponsor: Montana Family Medicine Residency
Deaconess Medical Center
St Vincent Hospital and Health Center
Prog. Director: Roxanne Fahrenwald, MD, MS
125 South 27th Street
Suite B
Billings, MT 59101
Tel: 406 247-3306 Fax: 406 247-3307
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: FSM
Program ID: 120-29-21-590

Montana Family Medicine Residency Rural Program
Sponsor: Montana Family Medicine Residency
Deaconess Medical Center
Martius Medical Center
St Vincent Hospital and Health Center
Prog. Director: Roxanne Fahrenwald, MD, MS
125 South 27th Street
Suite B
Billings, MT 59101
Tel: 406 247-3306 Fax: 406 247-3307
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 120-29-31-591

Nebraska
Kearney
University of Nebraska Medical Center College of Medicine Rural Program
Sponsor: University of Nebraska Medical Center College of Medicine
Good Samaritan Hospital (Kearney)
Faith Regional Health Services
Great Plains Regional Medical Center
Regional West Medical Center
St Francis Medical Center (Grand Island)
Prog. Director: Jeffrey D Harrison, MD, MS
Dept of Family Practice
883075 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-1000 Fax: 402 559-5601
E-mail: stjohns@stjohns.mo.org
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 120-28-21-156

Lincoln
Lincoln Medical Education Foundation Program
Sponsor: Lincoln Medical Education Foundation
Bryan/Lincoln Medical Center East
Bryan/Lincoln Medical Center West
St Elizabeth Regional Medical Center
Prog. Director: Michael A Myers, MD
Family Practice Program
4600 Valley Road, Suite 210
Lincoln, NE 68510
Tel: 402 483-4591 Fax: 402 483-5070
E-mail: MMeyes@LMEF.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-28-21-187

Omaha
Clarkson Regional Health Service Program
Sponsor: The Nebraska Medical Center
Prog. Director: Richard H Hurd, MD
987400 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 552-2050 Fax: 402 552-2186
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-28-21-498

Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tetach - SHI)
Prog. Director: Judson C Jones, MD
Department of Family Medicine
601 North 30th Street, Suite 6720
Omaha, NE 68131
Tel: 402 461-3788 Fax: 402 461-3789
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-28-31-188

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Ehring Bergquist Hospital
Prog. Director: James H Stageman Jr, MD
Department of Family Medicine
883075 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7240 Fax: 402 559-7241
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 120-28-31-189

Nevada
Las Vegas
University of Nevada (Las Vegas) Program
Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Prog. Director: Thomas J Hunt III, MD
Family Medicine Center
2410 Fire Mesa St Ste 180
Las Vegas, NV 89129
Tel: 702 992-6872 Fax: 702 992-6880
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-31-21-481
Accredited Programs in Family Practice

Reno
University of Nevada (Reno) Program
Sponsor: University of Nevada School of Medicine
Ioannis A. Longidis Veterans Affairs Medical Center
Washoe Medical Center
Prgm Director: Peter J. Bannister, DO
Dept of Family & Community Medicine, Reno
Brigham Building (316) UNSOM
Reno, NV 89557
Tel: 775 354-6180 Fax: 775 784-4472
E-mail: phbmd@med.unr.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-31-21-483

New Hampshire
Concord
New Hampshire-Dartmouth Family Practice Program
Sponsor: Concord Hospital
Prgm Director: Gail L Sawyer, MD
Concord Hospital
250 Pleasant Street
Concord, NH 03301
Tel: 603 227-7000 Fax: 603 228-7173
E-mail: nhdfp@crhc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-32-31-557

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Concord Hospital
Prgm Director: Kevin Shaunessy, MD, MPH
Two Buck Road, Suite #3
Hanover, NH 03755
Tel: 603 650-4094 Fax: 603 650-4090
E-mail: nhdfp@dartmouth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-32-21-561

New Jersey
Edison
JFK Medical Center Program
Sponsor: JFK Medical Center
Prgm Director: Robine O Winter, MD
65 James Street
Edison, NJ 08818
Tel: 732 321-7485 Fax: 732 906-4986
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-32-31-190

Flemington
Hunterdon Medical Center Program
Sponsor: Hunterdon Medical Center
Prgm Director: Stanley M Kosakowski, MD
2100 Wescott Drive
Flemington, NJ 08822
Tel: 908 788-6160 Fax: 908 788-6422
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-35-11-191

Hoboken
UMDNJ/St Mary Hospital Program
Sponsor: UMDNJ-New Jersey Medical School-St Mary Hospital
Prgm Director: Abbie Jacobs, MD
388 Willow Street
Hoboken, NJ 07030
Tel: 201 418-3165 Fax: 201 418-3148
E-mail: njchcbi@fmsnj.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-38-11-192

Montclair
Atlantic Health System (Mountainside) Program
Sponsor: Atlantic Health System
Mountainside Hospital
Prgm Director: Robert W Brenner, MD, MBA
790 Biscenfield Avenue
Verona, NJ 07044
Tel: 973 746-7000 Fax: 973 258-3569
E-mail: patti.motta@ahsys.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-38-11-193

Philipsburg
Warren Hospital Program
Sponsor: Warren Hospital
Prgm Director: Raymond Bach, MD
755 Memorial Parkway
Suite 17
Philipsburg, NJ 08865
Tel: 908 559-6780 Fax: 908 454-0089
E-mail: cphr.residency@verizon.net
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-38-21-436

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter’s University Hospital
Prgm Director: CaryJ. Heston, DO
Dept of Family Medicine, MBB, Room 279
One Robert Wood Johnson Place, PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7664 Fax: 732 235-6065
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-38-21-419

UMDNJ-Robert Wood Johnson Medical School/Capital Health System-Fuld Campus Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Capital Health System Fuld Campus
Prgm Director: Martha S Lanza, MD
666 Plainsboro Road, Suite 355
Pitman, NJ 08071
Tel: 609 275-8674 Fax: 609 275-1933
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-38-21-639

Somerville
Somerset Medical Center Program
Sponsor: Somerset Medical Center
Prgm Director: Richard Condon, MD
110 Behall Avenue
Somerville, NJ 08876
Tel: 908 685-2880 Fax: 908 704-0083
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-38-11-194

Summit
Atlantic Health System (Overlook) Program
Sponsor: Atlantic Health System
Overlook Hospital
Prgm Director: Joseph Tribe, MD
33 Overlook Road
Suite L-01
Summit, NJ 07901
Tel: 908 522-5580 Fax: 908 722-8014
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-39-11-195

Voorhees
West Jersey-Memorial Hospital at Virtua Program
Sponsor: West Jersey Health System
Virtua-West Jersey Hospital Voorhees
Virtua-Memorial Hospital Burlington County
Prgm Director: Mary Willard, MD
2225 Evesham Road, Suite 101
Voorhees, NJ 08043
Tel: 856 765-7607 Fax: 856 285-3705
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-39-12-607

Woodbury
Underwood-Memorial Hospital Program
Sponsor: Underwood-Memorial Hospital
Prgm Director: Stephen Orlameco, MD, MEd
/c/o Family Practice Center
35 Oak Street
Woodbury, NJ 08096
Tel: 856 653-2106 Fax: 856 686-5218
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-33-21-445

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Sally Buchofsky, MD
MSC 09-5040
1 University of New Mexico (FPC)
Albuquerque, NM 87131
Tel: 505 272-6607 Fax: 505 272-1948
E-mail: FPMresidency@salud.unm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-39-21-197

Las Cruces
Memorial Medical Center (Las Cruces) Program
Sponsor: Memorial Medical Center
Prgm Director: Bert D Garrett, MD
2450 S Telshor Boulevard
Las Cruces, NM 88011
Tel: 505 521-1200 Fax: 505 521-6500
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-34-21-677
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<th>State</th>
<th>Program Name</th>
<th>Sponsor/Location</th>
<th>Program Director</th>
<th>Length</th>
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<tr>
<td>Roswell</td>
<td>University of New Mexico (Roswell) Rural Program</td>
<td>University of New Mexico</td>
<td>James Mumford, MD</td>
<td>3 yrs</td>
<td>120-35-21-608</td>
<td>ACGME Approved/Offered Positions: 9</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: <a href="mailto:nlewis@montefiore.org">nlewis@montefiore.org</a></td>
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<td>Santa Fe</td>
<td>University of New Mexico (Santa Fe) Rural Program</td>
<td>University of New Mexico</td>
<td>Mario Pacheco, MD</td>
<td>3 yrs</td>
<td>120-35-21-953</td>
<td>ACGME Approved/Offered Positions: 12</td>
<td>718 567-9772 Fax: 718 567-9774 E-mail: <a href="mailto:Foa8000@nyp.org">Foa8000@nyp.org</a></td>
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<td>New York</td>
<td>Albany Medical Center Program</td>
<td>Medical College</td>
<td>Neil C Mitnick, DO</td>
<td>3 yrs</td>
<td>120-35-21-198</td>
<td>ACGME Approved/Offered Positions: 18</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: montefiore.org</td>
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<td>Brooklyn Hospital Center Program</td>
<td>Albert Einstein College of Medicine</td>
<td>Gloria C Acosta, MD</td>
<td>2 yrs</td>
<td>120-35-21-218</td>
<td>SUNY Health Science Center at Brooklyn</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: <a href="mailto:bronx@sunyhealth.edu">bronx@sunyhealth.edu</a></td>
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<td>New York</td>
<td>Wyckoff Heights Medical Center Program</td>
<td>Albert Einstein College of Medicine</td>
<td>Douglas Reel, MD</td>
<td>3 yrs</td>
<td>120-35-21-199</td>
<td>SUNY Health Science Center at Brooklyn (Buffalo)</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: <a href="mailto:bronx@sunyhealth.edu">bronx@sunyhealth.edu</a></td>
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<td>New York</td>
<td>SUNY at Buffalo Graduate Medical-Dental Education Consortium Program</td>
<td>SUNY at Buffalo Graduate Medical-Dental Education Consortium</td>
<td>Andrea T Marson, MD</td>
<td>4 yrs</td>
<td>120-35-21-200</td>
<td>SUNY Health Science Center at Buffalo (Buffalo)</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: <a href="mailto:bronx@sunyhealth.edu">bronx@sunyhealth.edu</a></td>
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<td>New York</td>
<td>Glen Cove Hospital Program</td>
<td>North Shore University Hospital</td>
<td>John W. Bennett, MD</td>
<td>3 yrs</td>
<td>120-35-21-458</td>
<td>SUNY Health Science Center at Buffalo (Buffalo)</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: <a href="mailto:bronx@sunyhealth.edu">bronx@sunyhealth.edu</a></td>
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<td>New York</td>
<td>Bronx-Lebanon Hospital Center Program</td>
<td>Bronx-Lebanon Hospital Center</td>
<td>William J Bennett, MD</td>
<td>3 yrs</td>
<td>120-35-21-468</td>
<td>SUNY Health Science Center at Buffalo (Buffalo)</td>
<td>718 963-6575 Fax: 718 963-6574 E-mail: <a href="mailto:bronx@sunyhealth.edu">bronx@sunyhealth.edu</a></td>
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Graduate Medical Education Directory 2004-2005
Accredited Programs in Family Practice

Niagara Falls
SUNY at Buffalo Graduate Medical-Dental Education Consortium (Niagara Falls) Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
 Niagara Falls Memorial Medical Center
Program Director: Melvin B. Dwyer, MD
Hamilton B. Mixter-Primary Care Ctr
501 Tenth Street
Niagara Falls, NY 14001
Tel: 716-286-6168 Fax: 716-285-8902
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 120-32-12-211

Oceanside
South Nassau Communities Hospital Program
Sponsor: South Nassau Communities Hospital
Program Director: Samuel A. Sandowski, MD
196 Merrick Road
Oceanside, NY 11572
Tel: 516-755-8848 Fax: 516-255-8452
Length: 3 Yrs ACGME Approved/Offered Positions: 22 Program ID: 120-33-11-212

Olean
SUNY at Buffalo Graduate Medical-Dental Education Consortium Rural Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Olean General Hospital
Kaleida Health System (Buffalo General Hospital)
Program Director: Andrea Marron, MD
453 Erie Street
Olean, NY 14760
Tel: 716-986-5679 Fax: 716-986-4750
E-mail: panel@buffalo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 120-32-21-516

Rochester
University of Rochester/Highland Hospital Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Program Director: Stephen H. Schults, MD
285 South Avenue
Rochester, NY 14620
Tel: 585-442-7410 Fax: 585-442-8919
E-mail: fmres@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Program ID: 120-33-21-214

Schenectady
St Clare’s Hospital of Schenectady Program
Sponsor: St Clare’s Hospital of Schenectady
Program Director: Gary R. Dunkelberger, MD
Family Health Ctr, Att’n:Residency Office-Lee Vero
600 Mc Oelet St
Schenectady, NY 12304
Tel: 518-347-6280 Fax: 518-347-5907
Length: 3 Yrs ACGME Approved/Offered Positions: 30 Program ID: 120-33-12-215

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Colon P. Kopek-Kerr, MD, JD
Department of Family Practice
Level 4 Room 50 HSC
Stony Brook, NY 11794
Tel: 631-444-8284 Fax: 631-444-7447
E-mail: shah_lammel residency@stonybrook.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21 Program ID: 120-35-21-408

Syracuse
SUNY Health Science Center at Syracuse/St Joseph’s Hospital Health Center Program
Sponsor: St Joseph’s Hospital Health Center
Program Director: John E. Tucker, MD
301 Prospect Avenue
Syracuse, NY 13203
Tel: 315-446-5597 Fax: 315-446-6133
Length: 3 Yrs ACGME Approved/Offered Positions: 39 Program ID: 120-35-11-217

Utica
St Elizabeth Medical Center (Utica) Program
Sponsor: St Elizabeth Hospital
Program Director: Mark W. Warlow, DO
Family Medicine Residence Program
120 Robert Street
Utica, NY 13501
Tel: 315-734-3511 Fax: 315-734-3572
Length: 3 Yrs ACGME Approved/Offered Positions: 26 Program ID: 120-35-11-217

Yonkers
New York Medical College at St Joseph’s Medical Center Program
Sponsor: New York Medical College
St Joseph’s Medical Center
Program Director: Joseph L. Halsbach, MD, MPH
1276 South Broadway
Yonkers, NY 10701
Tel: 914-378-7556 Fax: 914-378-1071
Length: 3 Yrs ACGME Approved/Offered Positions: 39 Program ID: 120-33-11-218

North Carolina
Asheville
Mountain Area Health Education Center Program
Sponsor: Mountain Area Health Education Center
Mission St Joseph’s Health System
Program Director: Stephen Hulko, MD
118 Waverly Boulevard
Asheville, NC 28804
Tel: 828-258-0970 Fax: 828-257-4738
Length: 3 Yrs Program ID: 120-36-11-219

Camp LeJeune
Naval Hospital Camp LeJeune Program
Sponsor: Naval Hospital-Camp LeJeune
Program Director: Robert L. Ringler, Jr, MD
100 Brewster Boulevard
Camp LeJeune, NC 28547
Tel: 910-450-3138 Fax: 910-450-4649
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 120-36-12-665
US Armed Services Program

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Program Director: Clark D. postponement, MD
Department of Family Medicine
Manning Drive, Campus Box 7555
Chapel Hill, NC 27599
Tel: 910-966-2166 Fax: 910-966-6125
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Program ID: 120-36-31-220

Charlotte
Carolina’s Medical Center Program
Sponsor: Carolina’s Medical Center
Program Director: Vanessa McPherson, MD
Family Practice Residency Program - Eastland
PO Box 32861
Charlotte, NC 28222
Tel: 704-446-7700 Fax: 704-446-7775
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: FP
Program ID: 120-36-31-211

Concord
Northeast Medical Center Program
Sponsor: Northeast Medical Center
Program Director: Mark D. Robinson, MD
920 Church Street, North
Concord, NC 28025
Tel: 704-783-1044 Fax: 704-783-1077
E-mail: residency@northeastmedical.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: PSM
Program ID: 120-36-31-218

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Duruham Regional Hospital
Program Director: Margaret Grothardt, MD
Dept of Community/Family Medicine
Box 3886
Durham, NC 27717
Tel: 919-618-2604 Fax: 919-668-1785
Length: 3 Yrs ACGME Approved/Offered Positions: 22 Subspecialties: PSM
Program ID: 120-36-21-232

Fayetteville
Duke University Hospital/Southern Regional Area Health Education Center Program
Sponsor: Southern Regional Area Health Education Center
Cape Fear Valley Medical Center
Program Director: Leonard Salberg, MD
Southern Regional AHRC
1010 Owen Drive
Fayetteville, NC 28304
Tel: 910-687-7098 Fax: 910-987-6015
E-mail: leonard.salberg@SR-AHRC.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Subspecialties: 24
Program ID: 120-36-31-223

Fort Bragg
Womack Army Medical Center Program
Sponsor: Womack Army Medical Center
Program Director: Jeffrey J. Johnson, MD
Department of Family Practice
Fort Bragg, NC 28310
Tel: 910-967-8007 Fax: 910-967-8630
Length: 3 Yrs ACGME Approved/Offered Positions: 24 Subspecialties: PSM
Program ID: 120-36-31-211
US Armed Services Program
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<th>Location</th>
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<td>Greensboro</td>
<td>Moses Cone Memorial Hospital Program</td>
<td>Medicine</td>
<td>Sponsor: Moses Cone Memorial Hospital</td>
<td>Program: Donald E. White, MD</td>
<td>120-36-11-224</td>
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<td>Wilmington</td>
<td>Pitt County Memorial Hospital/East Carolina University Program</td>
<td>Medicine</td>
<td>Sponsor: Pitt County Memorial Hospital</td>
<td>Program: James A. Junker, MD</td>
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Graduate Medical Education Directory 2004-2005
Ohio State University Hospital Urban Program
Sponsor: Ohio State University Hospital
Pgm Director: Steven W. Jones, MD
Program ID: 120-38-32-240
Length: 3 Yrs
Subspecialties: FPG
Program ID: 120-38-32-240

Ohio State University Hospital
Sponsor: Ohio State University Hospitals, East
Pgm Director: John M. McCauly, MD
Department of Family Medicine
505 N High Street, Room 205
Columbus, OH 43201
Tel: 614 293-3145	Fax: 614 293-3177
Length: 3 Yrs
Subspecialties: FPG
Program ID: 120-38-31-244

St Vincent Mercy Medical Center/Mercy Health Partners Program
Sponsor: St Vincent Mercy Medical Center
St Charles Mercy Hospital
Pgm Director: Susan J. Huberman, MD
2200 Jefferson Avenue
Toledo, OH 43604
Tel: 419 242-5131	Fax: 419 242-8966
Length: 3 Yrs
ACGME Approved/Offered Positions: 21
Program ID: 120-38-31-249

Toledo Hospital Program
Sponsor: Toledo Hospital
Pgm Director: Jeffrey B. Lewis, MD
5931 West Central Avenue
Toledo, OH 43616
Tel: 419 236-2343	Fax: 419 470-6982
Length: 3 Yrs
ACGME Approved/Offered Positions: 18
Subspecialties: FPG
Program ID: 120-38-21-242

Wilmington
Clinton Memorial Hospital/University of Cincinnati College of Medicine Program
Sponsor: Clinton Memorial Hospital
Pgm Director: Keith B. Holsen, MD
1200 W Locust Street
Wilmington, OH 45177
Tel: 937 383-3383	Fax: 937 383-0610
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 120-38-21-242

Youngstown
St Elizabeth Health Center/NEOUCOM Program
Sponsor: St Elizabeth Health Center
Pgm Director: Rudolph M. Krajda, MD
1015 Holmest Avenue
PO Box 779
Youngstown, OH 44504
Tel: (330) 744-0001	Fax: 330 489-2948
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 120-38-31-244

Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Pgm Director: James C. Dewar, MD
Family Practice Center
300 Gypsy Lane
Youngstown, OH 44501
Tel: 330 884-3083	Fax: 330 884-5678
Length: 2 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 120-38-31-244

Oklahoma
Lawton
University of Oklahoma Health Sciences Center (Lawton) Program
Sponsor: University of Oklahoma College of Medicine
Comanche County Memorial Hospital
Southwestern Medical Center
Pgm Director: Dan F. Cristwell, MD
4417 West Gore Blvd
Lawton, OK 73505
Tel: 580 548-4797	Fax: 580 548-5348
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 120-38-21-248
Oklahoma City
Great Plains Medical Foundation Program
Sponsor: Great Plains Medical Foundation
Deaconess Hospital
Integris Baptist Medical Center
Program Director: Neal Chenener, MD
3500 NW 58th Street Suite 100
Oklahoma City, OK 73112
Tel: 405-951-2363 FAX: 405-951-2921
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-39-21-585

St Anthony Hospital Program
Sponsor: St Anthony Hospital
Program Director: Richard L Bootle II, MD
608 NW 9th Street, Suite 1000
Oklahoma City, OK 73102
Tel: 405-272-7404 FAX: 405-272-6985
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-39-21-513

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OMC Medical Center
Program Director: Stephen Cobb, MD
600 NE 10th Street
Oklahoma City, OK 73104
Tel: 405-271-2330 FAX: 405-271-4366
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FSM
Program ID: 120-39-21-254

University of Oklahoma/Garfield County Medical Society Rural Program
Sponsor: University of Oklahoma College of Medicine
Baptist Healthcare of Oklahoma, Inc
OMC Medical Center
St Mary's Regional Medical Center
Program Director: J Michael Postious, MD
620 S Madison, Suite 304
Enid, OK 73701
Tel: 580-242-1100 FAX: 580-237-7913
E-mail: enidfamily@omc-enid.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-39-11-283

Tulsa
In His Image at Hillcrest Medical Center Program
Sponsor: In His Image Inc
Hillcrest Medical Center
Program Director: Mitchell W Dunning, MD
7680 South Lewis Avenue
Tulsa, OK 74146
Tel: 918-493-7880 FAX: 918-493-7888
E-mail: admin@inhisinimage.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-39-21-499

University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Program Director: Louis D Kilfrink Jr, MD
Department of Family Practice
9224 East 21st Street
Tulsa, OK 74135
Tel: 918-663-6885 FAX: 918-663-6883
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: FSM
Program ID: 120-39-21-256

University of Oklahoma College of Medicine-Tulsa Rural Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Jane Phillips Episcopal-Memorial Medical Center
Program Director: W Michael Woods, MD
400 Wyandotte Ave
PO Box 430
Ramona, OK 74061
Tel: 918-536-2104 FAX: 918-536-2203
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 120-39-21-600

Oregon
Klamath Falls
Oregon Health & Science University (Cascades East) Program
Sponsor: Oregon Health & Science University Hospital
Program Director: Robert G Ross, MD, MSc
2801 Daggett Avenue
Klamath Falls, OR 97601
Tel: 541-885-1914 FAX: 541-885-0228
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-40-21-540

Milwaukee
Providence Milwaukee Hospital Program
Sponsor: Providence Milwaukee Hospital
Program Director: William R Gillanders, MD
10150 SE 35th Avenue
Milwaukee, WI 53222
Tel: 414-887-8035 FAX: 414-887-8063
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-40-21-656

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program Director: Eric Walsh, MD
Department of Family Medicine
3141 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503-494-1093 FAX: 503-494-7659
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FP
Program ID: 120-40-21-371

Pennsylvania
Abington
Abington Memorial Hospital Program
Sponsor: Abington Memorial Hospital
Program Director: Gerald J Hansen III, MD
Abington Family Practice Residency Program
517 Old York Road
Jenkintown, PA 19046
Tel: 215-481-2720 FAX: 215-481-7446
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-41-11-558

Allentown
Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital
Program Director: Pamela F LeDoux, MD, MS
Lehigh Valley Family Health Center
1730 Chew Street
Allentown, PA 18104
Tel: 610-402-4970 FAX: 610-402-4912
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-21-572

Sacred Heart Hospital/Temple University (Allentown) Program
Sponsor: Sacred Heart Hospital
Program Director: Stanley E Yellin, MD
Family Practice Residency
450 Chew Street
Allentown, PA 18102
Tel: 610-776-4076 FAX: 610-606-4440
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FP
Program ID: 120-41-21-369

Altoona
Altoona Hospital Program
Sponsor: Altoona Hospital
Program Director: Elissa J Palmer, MD
501 Howard Avenue, Suite 2F
Altoona, PA 16601
Tel: 814-946-2020 FAX: 814-946-7804
E-mail: pdir@altoonafp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-11-260

Beaver
The Medical Center (Beaver, PA) Program
Sponsor: BHVS, The Medical Center, Beaver
Program Director: James P McKenna, MD
918 Third Avenue
Beaver Falls, PA 15010
Tel: 724-847-6807 FAX: 724-847-7840
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-21-409

Bethlehem
St Luke’s Hospital Program
Sponsor: St Luke’s Hospital
Program Director: Patrick Forest, MD
2830 Easton Avenue
Bethlehem, PA 18017
Tel: 610-954-3550 FAX: 610-954-3693
E-mail: fpresidency@stlhh.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-21-693

Bryn Mawr
Bryn Mawr Hospital Program
Sponsor: Bryn Mawr Hospital
Program Director: Gerard F Klinzing, MD
130 S Bryn Mawr Avenue, #416
Bryn Mawr, PA 19010
Tel: 610-530-3950 FAX: 610-532-3721
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-31-261

Erie
Hamot Medical Center Program
Sponsor: Hamot Medical Center
Program Director: Renee L Miskimmin, MD
104 E 2nd Street
2nd Floor
Erie, PA 16507
Tel: 814-877-8744 FAX: 814-877-5741
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 120-41-11-263
St Vincent Health Center Program
Sponsor: St Vincent Health Center
Pgm Director: Gary Slick, MD
2314 Sassafras Street, Suite 206
Erie, PA 16502
Tel: 814 455-0536 Fax: 814 453-5007
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-41-11-264

Harrisburg
PinnacleHealth Hospitals Program
Sponsor: PinnacleHealth Hospitals
Pgm Director: Ellen G Smith, MD
2501 North Third Street
Harrisburg, PA 17110
Tel: 717 782-6470 Fax: 717 782-2333
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 120-41-11-285

Johnstown
Conemaugh Valley Memorial Hospital
Tel: 814 534-9064 Fax: 814 534-5599
Length: 3 Yrs ACGME Approved/Offered Positions: 0
Subspecialties: FSM
Program ID: 120-41-11-308

Lancaster
Lancaster General Hospital Program
Sponsor: Lancaster General Hospital
Pgm Director: Stephen D Balschille, MD
555 N Duol Street
Lancaster, PA 17605
Tel: 717 290-4840 Fax: 717 290-4149
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: FSM
Program ID: 120-41-12-270

Latrobe
Latrobe Area Hospital Program
Sponsor: Latrobe Area Hospital
Pgm Director: Carol J Fox, MD
121 W 2nd Avenue
Latrobe, PA 15650
Tel: 724 537-1485 Fax: 724 537-1636
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-41-11-277

Lebanon
Penn State University/Good Samaritan Hospital Program
Sponsor: Milton S Hershey Medical Center
Good Samaritan Hospital
Pgm Director: Edward G Paul, MD
PO Box 1550
Lebanon, PA 17042
Tel: 717 390-1984 Fax: 717 390-1984
E-mail: rpf@psu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-11-204

Monroeville
Forbes Regional Program
Sponsor: Forbes Regional Hospital
Pgm Director: Martin I Selman, MD
Physicians Office Building, 216
2566 Haymaker Road
Monroeville, PA 15146
Tel: 412 938-2775 Fax: 412 938-4442
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-11-278

Norristown
Montgomery Hospital Program
Sponsor: Montgomery Hospital
Pgm Director: Hazel M Bluestein, MD
1301 Powell Street
Norristown, PA 19401
Tel: 610 277-9064 Fax: 610 277-7095
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-11-272

Philadelphia
Chestnut Hill Hospital Program
Sponsor: Chestnut Hill Hospital
Pgm Director: Marc W McKenna, MD
3815 Germantown Avenue, 5th Floor
Philadelphia, PA 19118
Tel: 215 348-8145 Fax: 215 348-8825
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-41-11-275

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Waxrrester Hospital (Tenet Health System)
Pgm Director: Eugene S Hong, MD
225 Newman Road
Warrrenton, PA 18087
Tel: 215 441-4650 Fax: 215 441-3702
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-41-11-276

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm Director: Patrick Monamous, MD
1015 Walnut Street, Room 601
Philadelphia, PA 19107
Tel: 215 655-2300 Fax: 215 655-0960
E-mail: patrick.monomous@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: FSM
Program ID: 120-41-11-376

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Presbyterian Medical Center (UPHS)
Pgm Director: Richard A Neill, MD
Department of Family Practice & Community Medicine
51 N 39th Street, 6th Floor Matti Building
Philadelphia, PA 19104
Tel: 215 662-8949 Fax: 215 243-5120
E-mail: famprac@med.upenn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-11-378

Pittsburgh
Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Pgm Director: William J Johnjulio, MD
Family Practice Residency Program
1409 Locust Street
Pittsburgh, PA 15212
Tel: 412 228-6950 Fax: 412 228-7887
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-41-11-578

University of Pittsburgh Medical Center Medical Education (McKeeenport Hospital) Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
McKeeenport Hospital/UPMC
Pgm Director: William H Mackie, MD
Lutherman Family Health Center
3437 Fifth Avenue
McKeeenport, PA 15201
Tel: 412 673-0008 Fax: 412 673-1831
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-41-12-271

University of Pittsburgh Medical Center Medical Education (St Margaret) Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC St Margaret
Pgm Director: Ted C Schaffer, MD
816 Freeport Road
Pittsburgh, PA 15216
Tel: 412 794-4352 Fax: 412 794-5274
E-mail: dua@upmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: FSM
Program ID: 120-41-12-270

University of Pittsburgh Medical Center Medical Education/Presbyterian ShadySide Hospital Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian ShadySide
Pgm Director: David A Standlino, MD
ShadySide Family Practice Residency
5200 Centre Avenue
Pittsburgh, PA 15232
Tel: 412 623-6060 Fax: 412 623-3012
E-mail: herbertwm@upmc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-41-12-380

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Pgm Director: Nancy Levine, MD
4800 Friendship Ave, Suite N221
Pittsburgh, PA 15234
Tel: 412 578-1649 Fax: 412 688-7711
E-mail: famprac@wpahv.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-41-12-379

Sayre
 Guthrie/Robert Packer Hospital Program
Sponsor: Robert Packer Hospital
Pgm Director: Francis G Belardi, MD
One Guthrie Square
Sayre, PA 18840
Tel: 570 882-2382 Fax: 570 882-2091
E-mail: famprac@net.guthrie.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-41-21-518

Upland
Crozer-Chester Medical Center Program
Sponsor: Crozer-Chester Medical Center
Center Keystone Health System Delaware County Mem Hosp
Pgm Director: William J Warning II, MD
1256 B Woodland Avenue, Suite 300
Springfield, PA 19064
Tel: 610 690-4484 Fax: 610 690-4474
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: FSM
Program ID: 120-41-21-477
Hospital San Pablo Program  
Sponsor: Hospital San Pablo  
Program Director: Félix Betancourt-Bojes, MD  
c/o Family Practice Residency Program  
PO Box 236  
Bayamón, PR 00960  
Tel: 787-740-4747  
Fax: 787-740-4747  
E-mail: srmanpp@yahoo.com  
Length: 3 yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 120-42-21-448

Manati  
Dr Alejandro Otero Lopez Hospital Program  
Sponsor: Hospital Dr Alejandro Otero Lopez  
Program Director: Luis R Rosa Toledo, MD  
PO Box 1142  
Manati, PR 00674  
Tel: 787-621-3700  
Fax: 787-621-3713  
Length: 3 yrs  
ACGME Approved/Offered Positions: 18  
Program ID: 120-42-21-501

Mayaguez  
Bella Vista Hospital Program  
Sponsor: Bella Vista Hospital  
Program Director: Elinas Munoz, MD  
PO Box 1700  
Mayaguez, PR 00681  
Tel: 787-884-2150  
Fax: 787-552-6032  
Length: 3 yrs  
ACGME Approved/Offered Positions: 18  
Program ID: 120-42-21-620

Ponce  
Dr Pila Hospital/Ponce School of Medicine Program  
Sponsor: Dr Pila Hospital  
Program Director: Bretz Rodrigues, MD  
Family Practice Program  
PO Box 31910  
Ponce, PR 00733  
Tel: 787-844-6400  
Fax: 787-844-6400  
E-mail: bodrdgp@yahoo.com  
Length: 3 yrs  
ACGME Approved/Offered Positions: 12  
Program ID: 120-42-21-466

San Juan  
University of Puerto Rico Program  
Sponsor: University of Puerto Rico School of Medicine  
University Hospital  
University of Puerto Rico Hospital at Carolina  
Program Director: Paquita L Moya-Huff, MD  
Urbanization Iago Alto  
Calle Carie Marginal 130  
T угillo Alto, PR 00976  
Tel: 787-292-4080  
Fax: 787-292-4080  
E-mail: facmedfam@prtc.net  
Length: 3 yrs  
ACGME Approved/Offered Positions: 24  
Subspecialties: FP/G  
Program ID: 120-42-21-287

Rhode Island  
Pawtucket  
Memorial Hospital of Rhode Island/Brown University Program  
Sponsor: Memorial Hospital of Rhode Island  
Program Director: Jeffrey Borkan, MD, PhD  
Department of Family Medicine  
111 Brewer Street  
Pawtucket, RI 02860  
Tel: 401-729-2226  
Fax: 401-729-2923  
Length: 3 yrs  
ACGME Approved/Offered Positions: 30  
Program ID: 120-43-21-598

South Carolina  
Anderson  
Anderson Area Medical Center Program  
Sponsor: Anderson Area Medical Center  
Program Director: Stoney A Abercrombie, MD  
James G Halford, Jr, MD Building  
600 North Plant Street  
Anderson, SC 29621  
Tel: 864-224-8100  
Fax: 864-269-3702  
E-mail: dntort1n@annet.com  
Length: 3 yrs  
ACGME Approved/Offered Positions: 27  
Program ID: 120-45-1-299

Charleston  
Trident Medical Center/Medical University of South Carolina Program  
Sponsor: Trident Medical Center  
Program Director: James H Lucas, MD  
Family Practice Center  
2026 Colonial Drive  
Charleston, SC 29405  
Tel: 843-234-6754  
Fax: 843-818-3990  
Length: 3 yrs  
ACGME Approved/Offered Positions: 36  
Program ID: 120-45-2-290

Columbia  
Palmetto Health/University of South Carolina School of Medicine Program  
Sponsor: Palmetto Health  
Palmetto Health Richland  
Program Director: James H Lucas, MD  
Family Practice Center  
2026 Colonial Drive  
Charleston, SC 29405  
Tel: 803-454-6116  
Fax: 803-434-7829  
Length: 3 yrs  
ACGME Approved/Offered Positions: 30  
Subspecialties: FSM  
Program ID: 120-45-1-291

Florence  
McLeod Regional Medical Center Program  
Sponsor: McLeod Regional Medical Center  
Program Director: William H Hester, MD  
555 East Cheves Street  
Florence, SC 29501  
Tel: 803-777-3812  
Fax: 803-777-2810  
Length: 3 yrs  
ACGME Approved/Offered Positions: 24  
Program ID: 120-45-1-275

Greenville  
Greenville Hospital System Program  
Sponsor: Greenville Hospital System  
Program Director: Robert B Banlin, MD  
877 W Paris Rd  
Greenville, SC 29605  
Tel: 864-455-7531  
Fax: 864-455-3988  
E-mail: mwav@ghs.org  
Length: 3 yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 120-45-1-292

Greenwood  
Self Regional Healthcare/Greenwood Family Practice Program  
Sponsor: Self Regional Healthcare  
Program Director: Gary Goforth, MD  
155 Academy Avenue  
Greenwood, SC 29646  
Tel: 864-227-4684  
Fax: 864-227-4883  
Length: 3 yrs  
ACGME Approved/Offered Positions: 27  
Program ID: 120-45-1-276

Puerto Rico  
Bayamón  
Universidad Central del Caribe Program  
Sponsor: Universidad Central del Caribe School of Medicine  
Hospital Universitario Dr Ramon Ruiz Armas  
Program Director: Harry Mercado, MD  
Family Medicine Department  
Call Box 50-237  
Bayamón, PR 00960  
Tel: 787-740-4343  
Fax: 787-740-4343  
E-mail: harrymercado@yahoo.com  
Length: 3 yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 120-42-21-510

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Program</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
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<th>Length</th>
<th>Yrs ACOME Approved/Offered Positions</th>
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<tbody>
<tr>
<td>Bristol Regional Medical Center</td>
<td>Anderson Area Medical Center Rural Program</td>
<td>Sponsor: Anderson Area Medical Center</td>
<td>Oconee Memorial Hospital</td>
<td>Greenville Hospital System</td>
<td>Ed Evans, MD Seneca Medical Associates</td>
<td>11062 N Radio Station Rd</td>
<td>706 448-0027 Fax: 706 448-0028</td>
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<td>Spartanburg</td>
<td>Spartanburg Regional Healthcare System Program</td>
<td>Sponsor: Spartanburg Regional Healthcare System</td>
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<td>Greenville Hospital System</td>
<td>Ed Evans, MD Seneca Medical Associates</td>
<td>11062 N Radio Station Rd</td>
<td>706 448-0027 Fax: 706 448-0028</td>
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<td>South Dakota</td>
<td>Rapid City</td>
<td>Rapid City Regional Hospital Program</td>
<td>Sponsor: Rapid City Regional Hospital</td>
<td>Oconee Memorial Hospital</td>
<td>Greenville Hospital System</td>
<td>Ed Evans, MD Seneca Medical Associates</td>
<td>11062 N Radio Station Rd</td>
<td>706 448-0027 Fax: 706 448-0028</td>
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<tr>
<td>Sioux Falls</td>
<td>Sioux Falls Family Practice Program</td>
<td>Sponsor: Center for Family Medicine</td>
<td>Avera McKennan Hospital and University Health Center</td>
<td>Sioux Valley Hospital and University of SD Medical Center</td>
<td>Karl D Kemp, MD</td>
<td>1115 E 10th Street</td>
<td>605 719-0428 Fax: 605 719-0494</td>
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<tr>
<td>Tennessee</td>
<td>East Tennessee State University (Bristol) Program</td>
<td>Sponsor: James H Quillen College of Medicine</td>
<td>Wellmont Health System - Bristol Regional Medical Center</td>
<td>Pgm Director: Raymond H Feierabend, MD</td>
<td>208 Medical Park Blvd</td>
<td>Bristol, TN 37620</td>
<td>423-990-3021 Fax: 423-990-3045</td>
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<tr>
<td>University of Tennessee/Saint Francis</td>
<td>Program</td>
<td>Sponsor: University of Tennessee College of Medicine</td>
<td>St Francis Hospital</td>
<td>Pgm Director: John E Doherty Jr, MD, MSPH</td>
<td>1301 Primacy Parkway</td>
<td>Memphis, TN 38119</td>
<td>901 769-2497 Fax: 901 765-3549</td>
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<tr>
<td>Nashville</td>
<td>Meharry Medical College Program</td>
<td>Sponsor: Meharry Medical College School of Medicine</td>
<td>Alvin C York Veterans Affairs Medical Center</td>
<td>Metropolitan Nashville General Hospital</td>
<td>Diane S McDermott, MD</td>
<td>Department of Family Medicine</td>
<td>100 E B Todd Jr Blvd</td>
<td>615 257-5512 Fax: 615 257-5554</td>
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<tr>
<td>Texas</td>
<td>Abilene</td>
<td>Texas Tech University (Lubbock) Rural Program at Abilene</td>
<td>Sponsor: Texas Tech University Health Sciences Center at Lubbock</td>
<td>Hendrick Medical Center/Health System</td>
<td>University Program</td>
<td>3601 W Wheatley Ave</td>
<td>79410</td>
<td>79430</td>
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<td>Amarillo</td>
<td>Texas Tech University (Amarillo) Program</td>
<td>Sponsor: Texas Tech University Health Sciences Center at Amarillo</td>
<td>Baptist-St Anthony's Health System</td>
<td>Northwest Texas Health Care System</td>
<td>Beverly D Nixson Lewis, DO</td>
<td>Department of Family Medicine</td>
<td>1400 Wallace Blvd</td>
<td>79106</td>
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<tr>
<td>Austin</td>
<td>Austin Medical Education Programs of Seton Healthcare Network Program</td>
<td>Sponsor: Austin Medical Education Program of Seton Healthcare Network</td>
<td>Brackenridge Hospital</td>
<td>St David's Hospital</td>
<td>Samuel B Adkins III, MD</td>
<td>3101 Red River</td>
<td>512-524-0719 Fax: 512-524-8918</td>
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Baytown
San Jacinto Methodist Hospital Program
Sponsor: San Jacinto Methodist Hospital
Pgm Director: Clare Hawkins, MD
Family Practice Residency Program
4301 Garth Road, Suite 400
Baytown, TX 77521
Tel: 281-420-8841 Fax: 281-420-8830
E-mail: CHawkins@mh.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-21-432

Bryan
Family Practice Foundation of Brazos Valley Program
Sponsor: Family Practice Foundation of the Brazos Valley
St Joseph Regional Health Center
Pgm Director: Dennis A Lakaria, MD
1301 Memorial Drive, Suite 200
Bryan, TX 77802
Tel: 979-832-4465 Fax: 979-776-0007
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 120-48-31-605

Conroe
Conroe Medical Education Foundation Program
Sponsor: Conroe Medical Education Foundation
Conroe Regional Medical Center
Pgm Director: Charles A Jones, MD
704 Old Montgomery Road
Conroe, TX 77301
Tel: 936-529-5312 Fax: 936-539-3635
E-mail: conroe@hec.net
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-21-464

Corpus Christi
Spohn Memorial Hospital Program
Sponsor: Christus Spohn Memorial Hospital
Pgm Director: Mark D Edwards, MD
 Corpus Christi Family Practice Residency Program
2006 Hospital Boulevard
Corpus Christi, TX 78411
Tel: 361-900-4473 Fax: 361-881-1407
E-mail: residency@ccprp.com
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-48-22-303

Dallas
Methodist Hospitals of Dallas/University of Texas Southwestern Medical School Program
Sponsor: Methodist Hospitals of Dallas
Chariton Methodist Hospital
Pgm Director: Brett A Johnson, MD
Chariton Methodist Hospital
5300 West Wheatland Road
Dallas, TX 75237
Tel: 214-947-5240 Fax: 214-947-5425
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FPM
Program ID: 120-48-21-433

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Lisa E Nash, DO
501 University Boulevard
Route 1123
Galveston, TX 77555
Tel: 409-772-1244 Fax: 409-747-9582
E-mail: lnash@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-21-308

Garland
Baylor Medical Center at Garland Program
Sponsor: Baylor Medical Center at Garland
Pgm Director: Les E Tingle, MD
601 Clara Barton Blvd, Ste 540
Garland, TX 75042
Tel: 972-373-5308 Fax: 972-272-0197
E-mail: lent@baylorhealth.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-21-574

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
St Paul University Hospital
Pgm Director: Philip K Donehew, MD
5500 Harvest Hill #410
Dallas, TX 75230
Tel: 214-749-5171 Fax: 214-960-5200
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-48-21-361

El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thomason General Hospital
Pgm Director: Ricardo C Pereza, MD
3940 Kenworthy Street
El Paso, TX 79904
Tel: 915-777-3178 Fax: 915-751-4738
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-48-11-309

Fort Hood
Darnall Army Community Hospital Program
Sponsor: Darnall Army Community Hospital
Pgm Director: David M Wallace, MD, MPH
30000 Darnall Loop (Box 13)
Fort Hood, TX 76544
Tel: 254-289-8230 Fax: 254-288-7106
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-48-21-667

US Armed Services Program

Fort Worth
University of Texas Southwestern Medical School (Fort Worth) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Pgm Director: Joanne Baumer, MD
1500 South Main Street
Fort Worth, TX 76104
Tel: 817-927-1290 Fax: 817-927-1061
Length: 3 Yrs ACGME Approved/Offered Positions: 72
Subspecialties: FPM, FSR
Program ID: 120-48-31-304

Harlingen
Valley Baptist Medical Center Program
Sponsor: Valley Baptist Medical Center
Pgm Director: Bruce A Lebert, MD
2222 Benwood Street
Harlingen, TX 78550
Tel: 956-398-3443 Fax: 956-398-2494
E-mail: familypractice@valleypb.net
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-48-21-309

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children’s Hospital Program
Pgm Director: Daniel B Kuhl, MD, MPH
1115 St Joseph Parkway, Suite 1400
Houston, TX 77002
Tel: 713-798-7100 Fax: 713-798-7199
E-mail: dkuhl@bcm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-48-11-306

Christus St Joseph Hospital Program
Sponsor: Christus St Joseph Hospital
Pgm Director: Daniel B Kuhl, MD, MPH
1115 St Joseph Parkway, Suite 1400
Houston, TX 77002
Tel: 713-798-7100 Fax: 713-798-7199
E-mail: dkuhl@bcm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-48-11-306

Memorial Hermann Hospital System Program
Sponsor: Memorial Hermann Hospital System
Pgm Director: David W Bauer, MD, PhD
3000 Main Street, Suite 420
Houston, TX 77074
Tel: 713-456-6666 Fax: 713-456-6535
E-mail: mmbauer@mhhs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: FPM
Program ID: 120-48-21-307

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Pgm Director: Curtis A Dumas, MD
6431 Fannin
Houston, TX 77030
Tel: 713-500-7610 Fax: 713-500-7619
E-mail: Glenda.Thurman@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FPM
Program ID: 120-48-21-490

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Pgm Director: Ronald L Cook, DO, MS
Department of Family & Community Medicine
5011 4th Street
Lubbock, TX 79430
Tel: 806-743-3770 Fax: 806-743-3055
E-mail: familypractice@tuhsco.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 120-48-21-310
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<td>Juan T. Garcia, MD</td>
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<td>Miguel A. Ramirez-Colon, MD, MPH</td>
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*Programs are AGGME Approved/Offered.*
Fort Belvoir
National Capital Consortium (DeWitt Army Community Hospital) Program
Sponsor: National Capital Consortium
DeWitt Army Community Hospital
Pgm Director: Carol Peterson-Pilat, DO
DeWitt Primary Care Group
9501 Faraday Road - Suite 6C11
Fort Belvoir, VA 22060
Tel: 703-885-0656 Fax: 703-885-0584
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: FSM
Program ID: 120-51-11-312
US Armed Services Program

Front Royal
Medical College of Virginia/Virginia Commonwealth University-Valley Health System Program
Sponsor: Valley Health System
Warren Memorial Hospital
Winchester Medical Center
Pgm Director: Andrew A White, MD, MA
140 West Eleventh Street
Front Royal, VA 22630
Tel: 540-636-2028 Fax: 540-636-2063
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-51-21-627

Lynchburg
Centra Health Program
Sponsor: Centra Health Inc
Pgm Director: Charles E Driscoll, MD, MEd
2087 Longhorn Road
Lynchburg, VA 24501
Tel: 434-947-5310 Fax: 434-947-5313
E-mail: cdrcinclm.com
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 120-51-21-318

Newport News
VCU/Riverside Regional Medical Center Program
Sponsor: Riverside Regional Medical Center
Pgm Director: Steven S Leibang, MD
316 Main Street, 3rd Floor
Newport News, VA 23601
Tel: 757-594-3878 Fax: 757-594-9021
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 120-51-11-323

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Pgm Director: Thomas B Grant Jr, MD
731 Paul F. Grant Avenue
Norfolk, VA 23507
Tel: 757-446-5903 Fax: 757-446-5196
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-51-21-319

Portsmouth
Eastern Virginia Medical School (Portsmouth) Program
Sponsor: Eastern Virginia Medical School
Maryview Hospital
Pgm Director: Richard M Bilowski, MD
2700 London Boulevard
Portsmouth, VA 23707
Tel: 757-446-7490 Fax: 757-389-1870
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-51-21-442

Richmond
Virginia Commonwealth University Health System (Chesterfield) Program
Sponsor: Virginia Commonwealth University Health System
Columbia/BCCA Chippenham Medical Center
Pgm Director: W Jeffrey McCarter, MD
2500 Pocohontas Place
Richmond, VA 23226
Tel: 804-781-2184 Fax: 804-781-2186
E-mail: cfpgcs@vsca.com
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-51-11-320

Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Peninsula Regional Medical Center
Pgm Director: Bruce G. Davis, MD
9900 Allegheny Station Road
Mechanicsville, VA 23116
Tel: 804-720-4810 Fax: 804-720-3375
E-mail: barnett6@hanover-vp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-51-21-485

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center - Roanoke Memorial Hospitals
Carilion Medical Center-Roanoke Community Hospital
Pgm Director: Roger A. Hofford, MD
1314 Peters Creek Road, NW
Roanoke, VA 24017
Tel: 540-662-5782 Fax: 540-662-4158
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FSM
Program ID: 120-51-11-325

Washington
Bremerton
Naval Hospital (Bremerton) Program
Sponsor: Naval Hospital (Bremerton)
Pgm Director: CAPT Michael B Spell, MD
Puget Sound Family Medicine Program
Ore Boone Road, Code 03S
Bremerton, WA 98312
Tel: 360-475-6389 Fax: 360-475-8512
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-51-21-604
US Armed Services Program

Olympia
St Peter Hospital Program
Sponsor: St Peter Hospital
Pgm Director: Lisa A Johnson, MD
525 Lilly Road, NE
PFP00
Olympia, WA 98506
Tel: 360-493-4030 Fax: 360-493-5524
E-mail: fawm.osp@providence.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 120-51-21-497

Renton
Valley Medical Center Program
Sponsor: Valley Medical Center
Pgm Director: Andrew B Oliveira, MD, MHA
3915 Talbot Rd South, Suite 401
Renton, WA 98055
Tel: 425-656-4282 Fax: 425-656-5386
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 120-51-21-470

Seattle
Group Health Cooperative Program
Sponsor: Group Health Cooperative
Virginia Mason Medical Center
Pgm Director: Fred E Heidrich, MD, MPH
Family Practice Residency
125 16th Avenue East, CSB116
Seattle, WA 98112
Tel: 206-602-5505 Fax: 206-602-5543
E-mail: heidrich.f@gmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 120-51-21-327

Swedish Medical Center (First Hill) Program
Sponsor: Swedish Medical Center-Secular
Pgm Director: Michael L Tugby, MD
1401 Madison Street
Suite 100
Seattle, WA 98104
Tel: 206-386-8004 Fax: 206-386-6113
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FSM
Program ID: 120-51-31-326

Swedish Medical Center (Providence Campus) Program
Sponsor: Swedish Medical Center-University of Washington
Pgm Director: Samuel W Collison, MD
500 16th Avenue, Suite 100
Seattle, WA 98122
Tel: 206-338-2233 Fax: 206-338-8173
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 120-51-31-328

University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
Washington Medical Center
Pgm Director: Judith Parwels, MD
4245 Roosevelt Way NE
Box 354775
Seattle, WA 98105
Tel: 206-598-3883 Fax: 206-598-5789
E-mail: residency@fammed.washington.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: FSM
Program ID: 120-51-31-329

Spokane
Spokane Medical Centers/University of Washington School of Medicine Program
Sponsor: Inland Empire Hospital Services Association
Deaconess Medical Center
Sacred Heart Medical Center
Pgm Director: Gary R Newkirk, MD
1401 Fifth Avenue
Suite 200 W
Spokane, WA 99204
Tel: 509-624-2313 Fax: 509-624-9686
E-mail: info@fms.fammed.washington.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FSM
Program ID: 120-51-21-330

Spokane Medical Centers/University of Washington School of Medicine Rural Program
Sponsor: Inland Empire Hospital Services Association
Klickitat Valley Hospital
Mount Carmel Hospital
Pgm Director: Gary R Newkirk, MD
104 West Fifth Avenue
Suite 200 W
Spokane, WA 99204
Tel: 509-624-2313 Fax: 509-624-9686
E-mail: info@fms.fammed.washington.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: FSM
Program ID: 120-51-21-552
Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Prgm Director: Gay W Clark, MD, MPH
Department of Family Practice
MCHP-PP
Tacoma, WA 98431
Tel: 253 968-1840 Fax: 253 968-9368
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-54-21-013
US Armed Services Program
Multicare Medical Center Program
Sponsor: MultiCare Medical Center
Tacoma General Hospital
Prgm Director: Kevin F Murray, MD
521 S Martin Luther King, Jr. Way
Tacoma, WA 98405
Tel: 253 403-2863 Fax: 253 403-3968
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-54-21-331

Vancouver
Southwest Washington Medical Center Program
Sponsor: Southwest Washington Medical Center
Prgm Director: David R Ruiz, MD
PO Box 1060
715 E Mill Plain Blvd
Vancouver, WA 98668
Tel: 360 514-7580 Fax: 360 514-7587
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-54-21-456

Yakima
Yakima Valley Memorial Hospital Program
Sponsor: Yakima Valley Memorial Hospital
Yakima Regional Medical and Heart Center
Prgm Director: Vicki L Black, MD
1806 W Lincoln Ave
Yakima, WA 98902
Tel: 509 452-4946 Fax: 509 457-3959
E-mail: yakeshandy@cwfn.farnet.washington.edu
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-54-21-522

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Thomas Memorial Hospital
Prgm Director: Michael Johnson, MD
1211 Washington Street, East
Soho 108
Charleston, WV 25301
Tel: 304 347-4620 Fax: 304 347-4621
E-mail: familymedicine@wcmc.org
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-55-11-337

Clarksburg
United Hospital Center Program
Sponsor: United Hospital Center
Prgm Director: Eric Backcliffe, MD
One Hospital Plaza
PO Box 2308
Clarksburg, WV 26302
Tel: 304 624-2224 Fax: 304 634-2787
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 120-55-22-334

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Prgm Director: Stephen M Petruny, MD
Dept of Family/Community Health
1600 Medical Center Dr, Suite 1500
Huntington, WV 25701
Tel: 304 491-1165 Fax: 304 491-1163
Length: 3 yrs ACGME Approved/Offered Positions: 24
SPECIALTIES: FM
Program ID: 120-55-21-385

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: James G Arbogast, MD
Robert C Byrd Health Sciences Ctr
Box 9150
Morgantown, WV 26506
Tel: 304 596-0977 Fax: 304 598-6006
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 120-55-11-336

West Virginia University Rural Program
Sponsor: West Virginia University School of Medicine City Hospital
Jefferson Memorial Hospital
Veterans Affairs Medical Center (Martinsburg)
Prgm Director: Konrad C Nau, MD
Harpers Ferry Family Medicine
31 Taylor Street
Harpers Ferry, WV 25425
Tel: 304 535-6540 Fax: 304 535-6618
E-mail: skemrn@rvhsc.wvu.edu
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 120-55-21-669

Wheeling
Wheeling Hospital Program
Prgm Director: Terry L Elliott, MD
Family Health Center
41 Medical Park, Suite 806
Wheeling, WV 26003
Tel: 304 243-3320 Fax: 304 243-3891
E-mail: wheelingpfr@wheelinghospital.com
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-55-22-383

Appleton
University of Wisconsin (Fox Valley) Program
Sponsor: University of Wisconsin Medical School
Appleton Medical Center
St Elizabeth Hospital
Prgm Director: Mark J Thompson, MD
239 S Morrison Street
Appleton, WI 54911
Tel: 920 832-2789 Fax: 920 832-2787
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-56-31-365

Baraboo
University of Wisconsin (Baraboo) Rural Program
Sponsor: University of Wisconsin Medical School
St Marys Hospital Medical Center
Prgm Director: James Damos, MD
1700 Tuttle Street
Baraboo, WI 53913
Tel: 608 956-2900 Fax: 608 355-7091
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 120-56-21-608

Eau Claire
University of Wisconsin (Eau Claire) Program
Sponsor: University of Wisconsin Medical School
Luther Hospital
Schenectady Heart Hospital
Prgm Director: Richard R McCallum, MD
805 S Farwell Street
Eau Claire, WI 54701
Tel: 715 839-5777 Fax: 715 839-4730
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-56-31-342

Janesville
Mercy Health System Program
Sponsor: Mercy Health System
Prgm Director: Glenn A Loomis, MD
840 Kellogg Avenue
Janesville, WI 53545
Tel: 608 758-7864 Fax: 608 758-7081
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-56-21-563

La Crosse
Franciscan Skemp Healthcare Program
Sponsor: Franciscan Skemp Healthcare-La Crosse Campus
Prgm Director: Thomas J Grau, MD
700 West Avenue South
La Crosse, WI 54601
Tel: 608 785-9400 Fax: 608 785-4168
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 120-56-11-339

Franciscan Skemp Healthcare Rural Program
Sponsor: Franciscan Skemp Healthcare-La Crosse Campus
Lutheran Hospital-La Crosse
Prairie du Chien Memorial Hospital
Prgm Director: Thomas J Grau, MD
700 West Avenue South
La Crosse, WI 54601
Tel: 608 785-0049 Fax: 608 781-4168
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 120-56-21-629
Madison University of Wisconsin (Madison) Program
Sponsor: University of Wisconsin Medical School St Mary's Hospital Medical Center Program Director: William M Schwab, MD Department of Family Medicine 777 South Mills Street Madison, WI 53715 Tel: 608-263-4820 Fax: 608-263-5813 Length: 3 Yrs. ACGME Approved/Offered Positions: 42 Program ID: 120-06-11-343

Menomonie University of Wisconsin (Menomonie) Rural Program
Sponsor: University of Wisconsin Medical School Myrle Werth Medical Center Lutheran Hospital Sacred Heart Hospital Program Director: Richard R McClain, MD 967 S Front Street Eau Claire, WI 54701 Tel: 715-836-6175 Fax: 715-839-4723 Length: 3 Yrs. ACGME Approved/Offered Positions: 5 Program ID: 120-06-21-615

Milwaukee Aurora Health Care Program
Sponsor: Aurora Health Care St Luke's Medical Center Program Director: John R Brill, MD Physician Office Building Ste 175 2881 W Kilnwick Road Parkwpay Milwaukee, WI 53215 Tel: 414-688-7990 Fax: 414-689-3361 Length: 3 Yrs. ACGME Approved/Offered Positions: 30 Program ID: 120-06-31-348 Medical College of Wisconsin (Columbia-St Mary's) Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc. Columbus Hospital St Mary's Hospital (Milwaukee) Program Director: William J Geiger, MD 121 East North Avenue Milwaukee, WI 53212 Tel: 414-267-6501 Fax: 414-267-3062 Length: 3 Yrs. ACGME Approved/Offered Positions: 18 Program ID: 120-06-21-070 Medical College of Wisconsin (St Michael) Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc. St Michael Hospital Program Director: James G Stawon, MD 2400 W Willard Avenue Milwaukee, WI 53209 Tel: 414-527-6348 Fax: 414-527-8046 Length: 3 Yrs. ACGME Approved/Offered Positions: 18 Subspecialties: FFM Program ID: 120-06-31-949

Racine Medical College of Wisconsin (Racine) Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc. All Saints Healthcare System (St Mary's Medical Center) Program Director: Maryellen Goodell, MD 1200 Wisconsin Avenue Racine, WI 53403 Tel: 262-687-5656 Fax: 262-687-5657 Length: 3 Yrs. ACGME Approved/Offered Positions: 18 Program ID: 120-06-21-480

Waukesha Medical College of Wisconsin (Waukesha) Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc. Waukesha Memorial Hospital Program Director: Michael P Mazzone, MD 210 NW Barrett St #201 Waukesha, WI 53186 Tel: 262-548-5095 Fax: 262-926-4705 Length: 3 Yrs. ACGME Approved/Offered Positions: 18 Program ID: 120-06-21-345

Wausau University of Wisconsin (Wausau) Program
Sponsor: University of Wisconsin Medical School Wausau Hospital Program Director: Kevin J O'Connell, MD 955 Campus Drive Wausau, WI 54401 Tel: 715-675-3391 Fax: 715-675-4253 E-mail: mazgilla@wausau.mfmed.wisc.edu Length: 3 Yrs. ACGME Approved/Offered Positions: 18 Subspecialties: FP Program ID: 120-06-21-360

Wyoming Casper University of Wyoming (Casper) Program
Sponsor: University of Wyoming College of Health Sciences Wyoming Medical Center Program Director: Karen M Wildman, MD 1552 East 16th Street Casper, WY 82001 Tel: 307-233-6000 Fax: 307-235-6282 Length: 3 Yrs. ACGME Approved/Offered Positions: 24 Program ID: 120-06-31-051 Cheyenne University of Wyoming (Cheyenne) Program
Sponsor: University of Wyoming College of Health Sciences United Medical Center Veterans Affairs Center Program Director: James F Broomfield, MD 621 East 18th Street Cheyenne, WY 82001 Tel: 307-777-3931 Fax: 307-638-3616 Length: 3 Yrs. ACGME Approved/Offered Positions: 18 Program ID: 120-06-12-305

Arkansas Little Rock University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine - Central Arkansas Womans Health Center University Hospital of Arkansas Program Director: Ruth L Thomas, MD 1001 W Markham, Slot 501 Little Rock, AR 72205 Tel: 501 686-6351 Fax: 501 605-1549 E-mail: mazgilla@wausau.mfmed.wisc.edu Length: 3 Yrs. ACGME Approved/Offered Positions: 1 Program ID: 120-04-31-003

Maryland Baltimore Mercy Medical Center (Baltimore) Program
Sponsor: Mercy Medical Center Program Director: Mark S Myerson, MD 301 St Paul Place Baltimore, MD 21202 Tel: 410 659-3960 Fax: 410 650-2990 E-mail: mazgilla@wausau.mfmed.wisc.edu Length: 3 Yrs. ACGME Approved/Offered Positions: 1 Program ID: 120-06-31-949

North Carolina Durham Duke University Hospital Program
Sponsor: Duke University Hospital Program Director: James A Nunley, MD Box 2232 Durham, NC 27710 Tel: 919-617-3170 Length: 3 Yrs. ACGME Approved/Offered Positions: 1 Program ID: 120-06-13-008

Foot and Ankle Orthopaedics (Orthopaedic Surgery)
Forensic Pathology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Robert M Britisse, MD
1515 Sixth Avenue South, Room 111
Birmingham, AL 35233
Tel: 205 930-3903 Fax: 205 930-3905
E-mail: britisse@path.uab.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 310-11-21-049

California

Los Angeles

County of Los Angeles - Department of Coroner Program
Sponsor: County of Los Angeles - Department of Coroner
Program Director: Lakshmanan Sathyavagiswaran, MD
1104 North Mission Road
Los Angeles, CA 90033
Tel: 323 343-0523 Fax: 323 225-2225
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program Id: 310-05-12-007

Sacramento

Sacramento County Coroner’s Office Program
Sponsor: Sacramento County Coroner’s Office
Program Director: Mark A Super, MD
4800 Broadway, Suite #100
Sacramento, CA 95833
Tel: 916 874-1500
Length: 1 Yr
Program Id: 310-05-12-089

San Diego

San Diego County Medical Examiner Program
Sponsor: San Diego County Medical Examiner
Program Director: Christian Stanley, MD
5550 Overland Avenue
Building 14
San Diego, CA 92123
Tel: 858 604-2690
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 310-06-21-050

District of Columbia

Washington

Armed Forces Institute of Pathology Program
Sponsor: Armed Forces Institute of Pathology
Program Director: Craig T Mallick, JD, MD
6825 16th St, NW
Washington, DC 20036
Tel: 202 319-0145 Fax: 319-3844
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program Id: 310-16-82-001
US Armed Services Program

Florida

Fort Lauderdale

Broward County Medical Examiner’s Office Program
Sponsor: Broward County Medical Examiner’s Office
Program Director: Michael D Bell, MD
5301 SW 31st Avenue
Fort Lauderdale, FL 33312
Tel: 954 327-0513 Fax: 954 327-0580
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 310-11-21-058

Miami

Dade County Medical Examiner’s Office Program
Sponsor: Miami-Dade County Office of Medical Examiner
Program Director: Bruce A Hyma, MD
Number One on Bob Hope Road
Miami, FL 33167
Tel: 305 545-2425 Fax: 305 545-2412
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program Id: 310-11-21-055

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Hillsborough County Medical Examiner Department
Program Director: Vernard L Adams, MD
401 South Morgan Street
Tampa, FL 33602
Tel: 813 272-5342
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 310-11-31-066

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Fulton County Medical Examiner’s Office
Program Director: Randy L Hanzlick, MD
430 Pryor St, SW
Atlanta, GA 30310
Tel: 404 730-4400 Fax: 404 730-4405
E-mail: Randy.Hanzlick@mail.co.fulton.ga.us
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 310-12-21-052

Illinois

Chicago

Office of the Medical Examiner of Cook County Program
Sponsor: Office of the Medical Examiner of Cook County
Program Director: Edmund R Donohue, MD
2121 West Harrison Street
Chicago, IL 60612
Tel: 312 997-4500 Fax: 312 997-4516
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program Id: 310-16-21-035

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Sponsor: Christina Stanley, MD
Program Director: Stephen Radosevich, MD
625 Barnhill Drive, MS A108
Indianapolis, IN 46202
Tel: 317 274-1736 Fax: 317 278-3518
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 310-17-21-076

Kansas

Wichita

Sedgwick County Regional Forensic Science Center Program
Sponsor: Sedgwick County Regional Forensic Science Center
Program Director: Mary H Dudley, MD
1100 N Minnesota
Wichita, KS 67214
Tel: 316 380-4500 Fax: 316 380-4535
E-mail: mhdudley@sedgwick.gov
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 310-19-21-077

Kentucky

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Program Director: Tracey S Corey, MD
810 Barrett Avenue
Louisville, KY 40204
Tel: 502 852-5597 Fax: 502 852-1767
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 310-39-21-048

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Program Director: Gerald D Lucza, MD
1001 Perdido Street
New Orleans, LA 70112
Tel: 504 568-6001 Fax: 504 568-6037
Length: 1 Yr
Program Id: 310-21-21-079

Maryland

Baltimore

Office of the Chief Medical Examiner/State of Maryland Program
Sponsor: Office of the Chief Medical Examiner
Program Director: David B Fowler, MD
111 Penn Street
Baltimore, MD 21201
Tel: 410 333-3055 Fax: 410 333-3053
Length: 1 Yr
Program Id: 310-23-11-012
### Michigan

**Detroit**

**Wayne County Medical Examiner's Office Program**
- **Sponsor:** Wayne County Medical Examiner's Office
- **Program Director:** Cheryl Lowe, MD
- **Address:** 1350 East Warren Avenue, Detroit MI 48207
- **Phone:** 313-833-7099, **Fax:** 313-833-2534
- **Length:** 1 Yr, **Program ID:** 310-25-11-013

### New Mexico

**Albuquerque**

**University of New Mexico Program**
- **Sponsor:** University of New Mexico School of Medicine
- **Program Director:** Ross E Lawall, MD
- **Office of the Medical Investigator:** MSCN 11 0030 1 University of New Mexico Albuquerque, NM 87131
- **Phone:** 505-277-0710, **Fax:** 505-272-0472
- **Length:** 1 Yr, **ACGME Approved/Offered Positions:** 4
- **Program ID:** 310-24-21-015

### Minnesota

**Minneapolis**

**Hennepin County Medical Examiner Program**
- **Sponsor:** Hennepin County Medical Examiner
- **Program Director:** Gary P. Petersen, MD, JD
- **Address:** 550 Chicago Avenue, Minneapolis MN 55401
- **Phone:** 612-325-6500, **Fax:** 612-325-6330
- **Length:** 1 Yr, **Program ID:** 310-26-13-014

### Missouri

**Kansas City**

**Office of the Jackson County Medical Examiner Program**
- **Sponsor:** Office of the Jackson County Medical Examiner
- **Program Director:** Thomas W. Young, MD
- **Address:** 660 E 24th Street, Kansas City, MO 64108
- **Phone:** 816-881-6690
- **Length:** 1 Yr, **ACGME Approved/Offered Positions:** 1
- **Program ID:** 310-29-11-086

**St Louis**

**St Louis University School of Medicine Program**
- **Sponsor:** St Louis University School of Medicine
- **Program Director:** Michael Graham, MD
- **Address:** 3538 Caroline Street, Room CS05, St Louis, MO 63104
- **Phone:** 314-977-7341
- **Length:** 1 Yr, **ACGME Approved/Offered Positions:** 1
- **Program ID:** 310-29-21-075

### New Jersey

**Newark**

**Newark Regional Medical Examiner Office Program**
- **Sponsor:** Newark Regional Medical Examiner Office
- **Program Director:** V. John Krollikowski, MD
- **Address:** 325 Northfield Street, Newark, NJ 07103
- **Phone:** 973-649-2736, **Fax:** 973-649-3690
- **Email:** blanchard@njicj.org
- **Length:** 1 Yr, **Program ID:** 310-33-31-088

### New York

**New York**

**Office of the Chief Medical Examiner-City of New York Program**
- **Sponsor:** Office of Chief Medical Examiner - City of New York
- **Program Director:** Charles S. Hersch, MD
- **Address:** 600 First Avenue, New York, NY 10016
- **Phone:** 212-447-2031
- **Length:** 1 Yr, **Program ID:** 310-35-21-063

**North Carolina**

**Chapel Hill**

**University of North Carolina Hospitals Program**
- **Sponsor:** University of North Carolina Hospitals
- **Program Director:** John D. Butts, MD
- **Address:** CB #7850, Chapel Hill, NC 27599
- **Phone:** 919-966-2393
- **Length:** 1 Yr, **Program ID:** 310-38-21-019

**Winston-Salem**

**Wake Forest University School of Medicine Program**
- **Sponsor:** Wake Forest University Baptist Medical Center
- **Program Director:** Donald R. Janson, MD, JD
- **Department of Pathology Medical Center Boulevard, Winston-Salem, NC 27157
- **Phone:** 336-716-2634, **Fax:** 336-716-7596
- **Email:** djanson@wfubmc.edu
- **Length:** 1 Yr, **Program ID:** 310-36-12-085

### Ohio

**Cleveland**

**Cuyahoga County Coroner's Office Program**
- **Sponsor:** Cuyahoga County Coroner's Office
- **Program Director:** Elizabeth K. Balsam, MD
- **Address:** 11001 Cedar Avenue, Cleveland, OH 44108
- **Phone:** 216-721-5610, **Fax:** 216-707-3186
- **Length:** 1 Yr, **ACGME Approved/Offered Positions:** 3
- **Program ID:** 310-39-11-021

### Pennsylvania

**Philadelphia**

**Drexel University College of Medicine (MCP Hahnemann) Program**
- **Sponsor:** Drexel University College of Medicine (MCP Hahnemann)
- **Program Director:** Harsh G. Mirchandani, MD
- **Address:** 331 University Avenue, Philadelphia, PA 19104
- **Phone:** 215-689-7401
- **Length:** 1 Yr, **Program ID:** 310-41-12-023

**Pittsburgh**

**Allegheny County Coroner's Office Program**
- **Sponsor:** Allegheny County Coroner's Office
- **Program Director:** Abdurazak Shakir, MD
- **Address:** 645 Fourth Avenue, Pittsburgh, PA 15219
- **Phone:** 412-354-4800
- **Length:** 1 Yr, **Program ID:** 310-41-21-024

### Puerto Rico

**San Juan**

**Institute of Forensic Sciences of Puerto Rico Program**
- **Sponsor:** Institute of Forensic Sciences of Puerto Rico
- **Program Director:** Yecasta Brugal, MD
- **Call Box 11878 Caparra Heights Station San Juan, PR 00922
- **Phone:** 787-768-0015, **Fax:** 787-768-315
- **Length:** 1 Yr, **Program ID:** 310-42-21-072
South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Kimberly A Collins, MD
155 Ashley Avenue - Pathology Department
PO Box 206008
Charleston, SC 29425
Tel: 843 792-3500 Fax: 843 792-3537
Length: 1 Yr
Program ID: 310-48-21-026

Tennessee
Nashville
Vanderbilt University/Office of the Chief Medical Examiner (Tennessee) Program
Sponsor: Vanderbilt University Medical Center
Medical Examiner's Office, TN and Nashville and Davidson Co
Prgm Director: John E Gerber, MD
150 R S Case Boulevard
Nashville, TN 37216
Tel: 615 743-1800
Length: 1 Yr ACtME Approved/Offered Positions: 2
Program ID: 310-47-21-084

Texas
Dallas
Southwestern Institute of Forensic Sciences Program
Sponsor: Southwestern Institute of Forensic Sciences
Prgm Director: Jeffrey J Barnard, MD
3300 Medical Center Drive
Dallas, TX 75235
Tel: 214 690-5013
Length: 1 Yr
Program ID: 310-48-11-026

Fort Worth
Tarrant County Medical Examiner Program
Sponsor: Tarrant County Medical Examiner's Office
Prgm Director: Nizam Peerwani, MD
200 Felisha Gwowski Place
Fort Worth, TX 76104
Tel: 817 620-5700
Length: 1 Yr ACtME Approved/Offered Positions: 1
Program ID: 310-48-22-087

Houston
Harris County Medical Examiner Department Program
Sponsor: Harris County Medical Examiner Department
Prgm Director: Luis A Sanchez, MD
1985 Old Spanish Trail
Houston, TX 77004
Tel: 713 786-5701 Fax: 713 786-9078
Length: 1 Yr ACtME Approved/Oflered Positions: 2
Program ID: 310-48-21-080

San Antonio
Bexar County Forensic Science Center Program
Sponsor: Bexar County Forensic Science Center
Prgm Director: Vincent M Di Maio, MD
7237 Leonel Paoluzi Drive
San Antonio, TX 78219
Tel: 210 335-4653 Fax: 210 335-4052
Length: 1 Yr
Program ID: 310-48-21-044

Virginia
Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Prgm Director: Leah L Bush, MD
800 Southampton Avenue
Suite 100
Norfolk, VA 23510
Tel: 757 683-3000 Fax: 757 683-2589
E-mail: lBush@evms.org
Length: 1 Yr ACtME Approved/Oflered Positions: 1
Program ID: 310-51-12-083

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Marcella F Pierro, MD
400 East Jackson Street
Richmond, VA 23219
Tel: 804 786-1003
Length: 1 Yr ACtME Approved/Ofiered Positions: 2
Program ID: 310-51-21-030

Washington
Seattle
King County Medical Examiner's Office Program
Sponsor: King County Medical Examiner's Office
Prgm Director: Richard C Harruff, MD, PhD
325 9th Avenue
HMC Box 356702
Seattle, WA 98101
Tel: 206 731-3322 Fax: 206 731-8555
Length: 1 Yr ACtME Approved/Ofiered Positions: 2
Program ID: 310-54-21-081

Wisconsin
Milwaukee
Medical College of Wisconsin/Milwaukee County Medical Examiner's Office Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc.
Milwaukee County Medical Examiner's Office
Prgm Director: Jeffrey M Jensen, MD, MS
633 West Highland Avenue
Milwaukee, WI 53233
Tel: 414 223-1200
E-mail: jejensen@mcw.edu
Length: 1 Yr ACtME Approved/Ofiered Positions: 2
Program ID: 310-56-21-053

Forensic Psychiatry
(Psychiatry)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Prgm Director: James W Hooper IV, MD
1901 Jack Warner Parkway
Tuscaloosa, AL 35404
Tel: 205 348-7133 Fax: 205 556-1148
Length: 1 Yr ACtME Approved/Ofiered Positions: 1
Program ID: 406-01-21-085

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Department of Corrections Special Programs Unit
Arkansas State Hospital (DHH)
Prgm Director: Ben Guise, MD
Unit Three Upper
4013 West Markham Street
Little Rock, AR 72205
Tel: 501 686-9000 Fax: 501 686-9124
Length: 1 Yr ACtME Approved/Ofiered Positions: 2
Program ID: 408-04-33-046

California
Los Angeles
University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Prgm Director: Tim Botello, MD
2000 Zonal Avenue, MD 714, Los Angeles, CA 90003
PO Box 86125
Los Angeles, CA 90086
Tel: 213 323-4942 Fax: 213 323-4942
Length: 1 Yr ACtME Approved/Ofiered Positions: 5
Program ID: 405-05-31-092

VA Greater Los Angeles/UCLA-San Fernando Valley Program
Sponsor: VA Greater Los Angeles Healthcare System Metropolitan State Hospital
Olive View/UCLA Medical Center
Prgm Director: Neena Sachdeva, MD
Department of Psychiatry
14445 Olive View Drive
Sylmar, CA 91342
Tel: 818 891-7711 Fax: 818 895-5946
Length: 1 Yr ACtME Approved/Ofiered Positions: 4
Program ID: 405-05-11-003

Graduate Medical Education Directory 2004-2005
Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Napa State Hospital
University of California (Davis) Medical Center
Program Director: Joan Gerbasi, MD
Department of Psychiatry
2250 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-1161 Fax: 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-00-31-038

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
California Department of Corrections
Center for Occupational Psychiatry
UCSF Med Ctr/Langley Porter Psychiatric Hosp and Clinics
Program Director: Renee Binder, MD
401 Parnassus Avenue, Box F
San Francisco, CA 94143
Tel: 415 476-7204 Fax: 415 562-3206
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-00-21-007

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Colorado Mental Health Institute at Pueblo
Program Director: Robert D Miller, MD, PhD
Campus Box C-240-37
4200 East 9th Avenue
Denver, CO 80210
Tel: 303 244-7413 Fax: 303 841-3830
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-00-21-004

District of Columbia
Washington
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Clifton T Perkins Hospital Center
Program Director: David M Benedek, MD
Bldg 6, Room 3016-17
2825 10th Street, NW
Washington, DC 20007
Tel: 202 783-8037 Fax: 202 782-8379
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-10-21-006
US Armed Services Program

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Wade C Myers, MD
PO Box 109556
Gainesville, FL 32610
Tel: 352 265-3284 Fax: 352 265-3285
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 406-11-21-007

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Program Director: Peter Ash, MD
Psychiatry Room 927
40 Jesse Hill Jr Dr, SE
Atlanta, GA 30303
Tel: 404 516-5410 Fax: 404 516-5241
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-12-21-008

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Program Director: Daryl Matthews, MD, PhD
1566 Laliilea Street, 4th Floor
Honolulu, HI 96813
Tel: 808 986-2900 Fax: 808 986-2940
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-14-11-045

Illinois
Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: David Carrington, MD
1725 West Harrison Street, Ste 110
Chicago, IL 60612
Tel: 312 942-5588 Fax: 312 929-1476
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-16-21-009

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Chester Mental Health Center
Program Director: Alan Feithman, MD
PO Box 31
1315 Lehman Drive
Chester, IL 62233
Tel: 618 967-6571 Fax: 618 926-5823
E-mail: dhsch6824@dhs.state.il.us
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 406-15-12-040

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Program Director: Donna M Mancuso, MD
Division of Law and Psychiatry
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-6639 Fax: 504 588-6455
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-21-21-024

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: John W Thompson, MD
Dept of Psychiatry & Neurology TB S3
1440 Canal St
New Orleans, LA 70112
Tel: 504 688-2201 Fax: 504 587-7457
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-21-21-010

Maryland
Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Clifton T Perkins Hospital Center
Program Director: Saadah Altalati, MD
3450 Dorsey Run Road
PO Box 1000
Jessup, MD 20794
Tel: 410 724-3094 Fax: 410 724-3115
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-23-21-011

Massachusetts
Boston
Massachusetts General Hospital/McLean Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Julia M Reade, MD
60 Staniford Street
Boston, MA 02114
Tel: 617 726-1400 Fax: 617 726-2866
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-24-21-012
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Worcester State Hospital
Prgm Director: Debra A. Pinsals, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 398-3497 Fax: 508 856-2090
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 006-24-31-013

Michigan
Ann Arbor
University of Michigan Program
Sponsor: Center for Forensic Psychiatry
University of Michigan Hospitals and Health Centers
Prgm Director: Craig A. Lemmen, MD
3501 State Street, Suite 601
Ann Arbor, MI 48104
Tel: 734 492-2531 Fax: 734 429-0485
E-mail: lemenc@umich.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 006-25-21-014

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Prgm Director: Bruce Harry, MD
30067-36
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-2700 Fax: 573 882-2883
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 006-28-21-041

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Western Missouri Mental Health Center
Prgm Director: David L. Vlach, MD
Western Missouri Mental Health Center
600 East 22nd Street
Kansas City, MO 64108
Tel: 816 887-2300 Fax: 816 887-2329
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 006-28-21-006

New Hampshire
Concord
Dartmouth-Hitchcock Medical Center Program
Sponsor: New Hampshire Hospital
Prgm Director: Albert M. Drakulich, MD, JD
1750 East Street, Suite 501
Manchester, NH 03104
Tel: 603 668-0416 Fax: 603 668-4226
E-mail: aldrusk@aol.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 006-32-21-031

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx Psychiatric Center
Prgm Director: Merrill B. Boretz, MD
1500 Waters Place
Bronx, NY 10461
Tel: 718 632-4745 Fax: 718 862-4966
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 006-35-21-015

New York
New York Medical College at St Vincent’s Hospital and Medical Center Program
Sponsor: New York Medical College
St Vincent’s Catholic Medical Centers (Manhattan)
Prgm Director: Brian Laid, MD
14 West 20th Street, Suite 175
New York, NY 10011
Tel: 212 694-8746 Fax: 212 694-7607
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 006-35-21-027

New York
New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Madison Forensic Psychiatric Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Elizabeth Tillinghast, JD, MD
1051 Riverside Drive, Unit 1115
New York, NY 10032
Tel: 212 549-5012 Fax: 212 549-5366
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 006-35-21-039

New York
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Richard Rosner, MD
100 Centre Street, Room 124
New York, NY 10013
Tel: 212 244-2290 Fax: 212 346-3406
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 006-35-21-01B

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
Rochester Psychiatric Center
St Mary’s Hospital (Unity Health System)
Prgm Director: J Richard Ciccone, MD
300 Crittenden Boulevard
Rochester, NY 14642
Tel: 585 276-4886 Fax: 585 276-4874
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 006-35-11-017

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Prgm Director: Marilyn Ward, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-3184 Fax: 315 464-3183
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 006-35-13-056

North Carolina
Butner
Duke University Hospital Program
Sponsor: Duke University Hospital
Federal Correctional Complex-Butner
Prgm Director: Sally Johnson, MD
Federal Medical Center
PO Box 3500
Butner, NC 27519
Tel: 919 575-6960 Fax: 919 575-1860
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 006-36-21-018

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Prgm Director: Peter N. Barborio, JD, PhD
3601 Mail Service Center
Raleigh, NC 27696
Tel: 919 733-8187 Fax: 919 966-7772
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 006-36-21-048

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc.
Prgm Director: John C. Kennedy, MD
201 Albert Sabin Way
PO Box 0659
Cincinnati, OH 45267
Tel: 513 589-4558 Fax: 513 589-4805
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 006-38-21-093

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Phillip J. Ronick, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3434 Fax: 216 844-1700
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 006-58-21-019

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
University of Cincinnati College of Medicine
Prgm Director: Douglas Levent, MD
C/o WSSU Department of Forensic Psychiatry
Elizabeth Place, 627 Edwin C. Moses Boulevard
Dayton, OH 45409
Tel: 937 395-8251 Fax: 937 395-8220
E-mail: douglaslevent@wssu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 006-38-13-094

Accredited Programs in Forensic Psychiatry (Psychiatry)
Pennsylvania

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Western Psychiatric Institute and Clinic
Program Director: Christine A Martone, MD
3811 O’Hara Street, Room H718
Pittsburgh, PA 15213
Tel: 412-268-3400 Fax: 412-246-5860
E-mail: martonena@upmc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 406-41-13-043

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Program Director: Bruce C Gage, MD
4500 Sand Point Way NE
Seattle, WA 98105
Tel: 206-543-0669 Fax: 206-543-0669
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 406-54-21-022

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Bruce Cohen, MD
PO Box 80693
Charlottesville, VA 22908
Tel: 434-828-2214 Fax: 434-828-2214
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-51-13-032

Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: Deborah Giorgi-Guarnieri JD, MD
401-409 North 11th St
PO Box 983253
Richmond, VA 23298
Tel: 804-289-8342
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 406-51-21-044

West Virginia

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Ryan Finkenbine, MD
930 Chestnut Ridge Road
Morgantown, WV 26505
Tel: 304-293-8724 Fax: 304-293-8724
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-55-13-038

Wisconsin

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Program Director: Joseph B Lahey, MD
7501 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414-456-8983 Fax: 414-456-8289
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 406-56-21-023

Gastroenterology (Internal Medicine)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Gary A Abrams, MD
University Station
Birmingham, AL 35294
Tel: 205-934-8495 Fax: 205-934-8495
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-05-21-127

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
USA Knollwood Park Hospital
Program Director: Jack A DiPalma, MD
2451 Pilingburg Street
Mobile, AL 36607
Tel: 251-600-5555 Fax: 251-600-5555
E-mail: gastro@usouthal.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-21-21-23

Arizona

Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Program Director: Francisco C Ramires, MD
560 E Indian School Road
Phoenix, AZ 85012
Tel: 602-277-6501 Fax: 602-277-6501
E-mail: Francisco.C.Ramires2@med.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-03-12-225

Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Program Director: E Michael Harrison, MD
13400 E Shea Boulevard, 2-A
Scottsdale, AZ 85259
Tel: 480-391-6990 Fax: 480-391-6973
E-mail: reschmidt.phyllis@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-03-21-224
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Kino Community Hospital
Sponsor: University of Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: John T Cunningham, MD
Department of Internal Medicine-Gastroenterology
1501 North Campbell Avenue, PO Box 452058
Tucson, AZ 85724
Tel: 520 625-6118 Fax: 520 620-6826
Length: 3 Yrs
Program ID: 144-03-21-110

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Vivak B. Agar, MD
4301 West Markham, Slot 557
Little Rock, AR 72205
Tel: 501 596-7154
E-mail: mcassa@ualr.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 144-04-21-111

California
La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Williamson D Smith, MD
16668 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8884 Fax: 858-554-3232
E-mail: gme@scripps.edu
Length: 3 Yrs
Program ID: 144-05-21-073

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Prgm Director: John M McCracken, MD
Division of Gastroenterology
11234 Anderson Street, Room 1956
Loma Linda, CA 92354
Tel: 909 558-4905 Fax: 909 558-0274
Length: 3 Yrs
Program ID: 144-05-21-087

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Loma Linda University Medical Center
Prgm Director: Oscar S Brann, MD
34800 Bob Wilson Drive
Suite 801
San Diego, CA 92134
Tel: 619 535-9775
E-mail: oscamp@nclmc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-05-15-152

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Kaiser Foundation Hospital (San Diego)
Prgm Director: John M Carethers, MD
GI Section (9-111D)
3350 La Jolla Village Drive
San Diego, CA 92138
Tel: 858 553-8285 Fax: 858 553-4327
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-05-21-174

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Jonathan P Termanan, MD
Division of Gastroenterology
513 Parnassus Avenue, S-957
San Francisco, CA 94143
Tel: 415 476-2776 Fax: 415 476-0659
Length: 3 Yrs
Program ID: 144-05-12-153

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Jonathan P Termanan, MD
Division of Gastroenterology
513 Parnassus Avenue, S-957
San Francisco, CA 94143
Tel: 415 476-2776 Fax: 415 476-0659
Length: 3 Yrs
Program ID: 144-05-21-154

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Keesold J Keefe, MD
Department of Medicine
360 Pasteur Drive
Stanford, CA 94305
Tel: 650 498-5691 Fax: 650 498-5682
E-mail: kkeefe@stanford.edu
Length: 3 Yrs
Program ID: 144-05-21-022

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Permanente Hospital (Los Angeles)
Prgm Director: Karl W Emmonds, MD
1300 North Highland Street
7th Floor
Los Angeles, CA 90027
Tel: 213 788-4488 Fax: 213 788-7055
Length: 2 Yrs
Program ID: 144-05-12-037

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Cedars-Sinai Medical Center
Los Angeles County Harbor-UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Wilfred M Weinstein, MD
Center for the Health Sciences, 44-128
Box 051684
Los Angeles, CA 90095
Tel: 310 855-7180 Fax: 310 855-1796
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 144-05-11-130

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
LAC+USC Medical Center National Rehabilitation Center
Prgm Director: Michael M Kline, MD
2011 Zonal Avenue, HMR 101
Department of Medicine
Los Angeles, CA 90033
Tel: 323 443-5576 Fax: 323 445-5435
Length: 3 Yrs
Program ID: 144-05-21-063

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Andrzej S Tarnawski, MD, PhD
101 The City Drive
Building 65, Room 113
Orange, CA 92668
Tel: 714 456-6745 Fax: 714 456-7753
E-mail: tarnawski@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-05-21-101

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Christopher Bowles, MD
Department of Medicine
2315 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-3761 Fax: 916 734-7808
E-mail: tbowles@ucdavis.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-05-21-094

Graduate Medical Education Directory 2004-2005
Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Joel Levine, MD
4200 E Ninth Avenue, Box 8158
Denver, CO 80206
Tel: 303-315-2057
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-07-21-065

Connecticut

Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Yale-New Haven Hospital
Prgm Director: Ingram M Roberts, MD
Division of Gastroenterology
267 Grant Street
Bridgeport, CT 06610
Tel: 203-384-3175
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 144-08-11-190

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Joel B Levine, MD
Department of Medicine
263 Farmington Avenue
Farmington, CT 06030
Tel: 860-675-3155  Fax: 860-675-3159
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-08-31-601

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Prgm Director: Deborah D Proctor, MD
Section of Digestive Disease - 1088 LMP
PO Box 20819
New Haven, CT 06520
Tel: 203-785-7012  Fax: 203-785-7273
E-mail: fellowship@yale.edu
Length: 3 Yrs
Program ID: 144-08-21-023

Norwalk
Norwalk Hospital Program
Sponsor: Norwalk Hospital
Yale University Health Service
Prgm Director: Joan Colpepper-Morgan, MD
Department of Internal Medicine
Maple Street
Norwalk, CT 06856
Tel: 203-855-2370  Fax: 203-855-5580
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 144-08-31-602

District of Columbia

Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Marie Borum, MD, DEd
Department of Medicine - Gastroenterology
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202-741-2100  Fax: 202-741-2169
Length: 3 Yrs
Program ID: 144-10-21-114

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Clinical Center at the National Institutes of Health
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Stanley N Benjamin, MD
Division of Gastroenterology (5 FHC)
3850 Reservoir Road, NW
Washington, DC 20017
Tel: 202-444-1659  Fax: 202-444-7179
E-mail: steinlowe@gumet.georgetown.edu
Length: 3 Yrs
Program ID: 144-10-21-088

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Duane T Smoot, MD
3041 Georgia Avenue, NW
Washington, DC 20001
Tel: 202-865-9550  Fax: 202-865-7289
Length: 3 Yrs
Program ID: 144-10-21-133

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Chris B Fennwarke, MD
Box 100214
1600 SW Archer Rd
Gainesville, FL 32610
Tel: 352-392-2877  Fax: 352-392-3014
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-11-21-439

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Prgm Director: Michael F Picco, MD, PhD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904-953-0423  Fax: 904-953-0430
Length: 3 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 144-11-21-372

Georgia

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Vincent W Yang, MD, PhD
1394 Clifton Road, NE
Department of Medicine
Atlanta, GA 30322
Tel: 404-727-5658  Fax: 404-727-5767
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-12-21-136

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia, School of Medicine
Veterans Affairs Medical Center (Augusta)
Prgm Director: Robert H Schaud, MD
500 E Mineral Springs Road
Augusta, GA 30903
Tel: 706-721-2338  Fax: 706-721-2323
Length: 3 Yrs
Program ID: 144-12-21-003

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Kenneth J Woga, MD
655 West 8th Street
Jacksonville, FL 32206
Tel: 904-444-5900
E-mail: donna.falco@jax.ufl.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-11-21-024

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Jeffrey B Raskin, MD
PO Box 016905 (B-99)
Miami, FL 33101
Tel: 305-858-5126  Fax: 305-365-8476
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 144-11-21-176

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Patrick G Brady, MD
12001 Bruce B Downs Boulevard
MDC 82
Tampa, FL 33612
Tel: 813-974-2094  Fax: 813-974-5330
Length: 3 Yrs
Program ID: 144-11-21-040
**Illinois**

**Chicago**

**Cook County Hospital Program**
- **Sponsor:** Cook County Department of Health and Social Services
- **Prgm Director:** James M. Czaja, MD
- **Program ID:** 144-22-21-022
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 12

**McGaw Medical Center of Northwestern University Program**
- **Sponsor:** McGaw Medical Center of Northwestern University
- **Prgm Director:** Brian J. Garza, MD
- **Program ID:** 144-16-21-074
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 9

**Rush University Medical Center Program**
- **Sponsor:** Rush University Medical Center
- **Prgm Director:** Michael D. Brown, MD
- **Program ID:** 144-16-11-137
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 9

**University of Chicago Program**
- **Sponsor:** University of Chicago Hospitals
- **Prgm Director:** Stephen B. Hanafee, MD
- **Program ID:** 144-16-11-067
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 9

**University of Illinois College of Medicine at Chicago Program**
- **Sponsor:** University of Illinois College of Medicine at Chicago
- **Program ID:** 144-16-21-138

**Maywood**

**Loyola University Program**
- **Sponsor:** Loyola University Chicago
- **Program ID:** 144-16-21-004

**Kansas**

**Kansas City**

**University of Kansas Medical Center Program**
- **Sponsor:** University of Kansas Medical Center
- **Prgm Director:** Prateek Sharma, MD
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 6

**Kentucky**

**Lexington**

**University of Kentucky Medical Center Program**
- **Sponsor:** University of Kentucky Medical Center
- **Prgm Director:** John H. Stroger Hospital of Cook County
- **Length:** 3 Yrs
- **ACGME Approved/Offered Positions:** 9

**Louisville**

**University of Louisville Program**
- **Sponsor:** University of Louisville School of Medicine
- **Program ID:** 144-20-31-089

**Louisiana**

**New Orleans**

**Louisiana State University Program**
- **Sponsor:** Louisiana State University School of Medicine
- **Program ID:** 144-31-21-139

**Ochsner Clinic Foundation Program**
- **Sponsor:** Ochsner Clinic Foundation
- **Program ID:** 144-21-22-149

**Tulane University Program**
- **Sponsor:** Tulane University School of Medicine
- **Program ID:** 144-21-21-108
Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: Richard S Blumberg, MD
75 Francis Street
Boston, MA 02115
Tel: 617 722-6817 Fax: 617 264-5185
Length: 3 Yrs
ACGME Approved/Offered Positions: 15
Program ID: 144-21-006

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Daniel K Fedorosky, MD
55 Portus St. Boston, MA 02114
Tel: 617 726-7411
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 144-24-11006

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Young Mee Lee, MD
175 Huntington Street, Box 002
Boston, MA 02111
Tel: 617 636-9140 Fax: 617 636-4207
Length: 3 Yrs
Program ID: 144-24-21-007

Burlington
Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Stephen J Heller, MD
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8767 Fax: 781 744-5276
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 144-24-21-144

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: Kyung H Kim, MD
55 Lake Avenue North, Room S6-737
Department of Medicine
Worcester, MA 01655
Tel: 508 856-8160 Fax: 508 856-3681
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 144-24-21-008

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: John M Endotond, MD
1511 Taubman Center
Ann Arbor, MI 48109
Tel: 734 615-9416
E-mail: jianli@umich.edu
Length: 3 Yrs
ACGME Approved/Offereed Positions: 15
Program ID: 144-25-21-077

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Surinder K Batta, MD
2700 West Grand Boulevard
Detroit, MI 48202
Tel: 313 196-2404 Fax: 313 156-9478
Length: 3 Yrs
Program ID: 144-25-13-142

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: Murray N Bhargava, MD
5900 John R Street
Detroit, MI 48202
Tel: 313 745-8661 Fax: 313 745-8843
Length: 3 Yrs
Program ID: 144-25-1-049

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Michael C Duffy, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-5184 Fax: 248 551-8900
E-mail: adavid@beaumont.edu
Length: 3 Yrs
Program ID: 144-25-12-180

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Program Director: Michael Piper, MD
15001 West Nine Mile Road
PO Box 2043
Southfield, MI 48037
Tel: 248 848-5324 Fax: 248 848-5324
E-mail: jjohnson@providence-hospital.org
Length: 3 Yrs
ACGME Approved/Offereed Positions: 3
Program ID: 144-25-11-178

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: Roger L Gebhard, MD
Box 111D
One Veterans Drive
Minneapolis, MN 55417
Tel: 612 725-2009 Fax: 612 725-2348
Length: 3 Yrs
ACGME Approved/Offereed Positions: 9
Program ID: 144-26-21-117

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Francis M Giardello, MD
1830 East Monument Street
Suite 431
Baltimore, MD 21205
Tel: 410 956-2635 Fax: 410 614-8307
Length: 3 Yrs
Program ID: 144-23-11-076

Johns Hopkins University/Bayview Medical Center Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Mack C Mitchell Jr, MD
604 Eastern Avenue
Baltimore, MD 21224
Tel: 410 550-0744 Fax: 410 550-7861
E-mail: mmitchl5@jhmi.edu
Program ID: 144-23-11-140

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Bruce D Greenwald, MD
22 S Greene St
Baltimore, MD 21201
Tel: 410 328-5781 Fax: 410 328-8315
Length: 3 Yrs
ACGME Approved/Offereed Positions: 9
Program ID: 144-24-21-043

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: James Walter Kikendall, MD
801 Wisconsin Avenue
BETHESDA, MD 20889
Tel: 202 782-0750 Fax: 202 782-4416
Length: 3 Yrs
ACGME Approved/Offereed Positions: 15
Program ID: 144-23-11-154

US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Claire P Kelly, MD
23 Brookline Avenue
Boston, MA 02215
Tel: 617 667-1273 Fax: 617 667-0506
E-mail: ckelby@caregroup.harvard.edu
Length: 3 Yrs
ACGME Approved/Offereed Positions: 9
Program ID: 144-24-21-096

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Program Director: Robert C Lowe, MD
600 Albany Street
Room 504
Boston, MA 02118
Tel: 617 638-9380 Fax: 617 638-7785
E-mail: robert.lowe@bmc.org
Length: 3 Yrs
Program ID: 144-24-21-157
Accredited Programs in Gastroenterology (Internal Medicine)

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Pgm Director: Darrell S Parvi, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 266-4656  Fax: 507 266-5205
Length: 3 Yrs
Program ID: 144-26-21-058

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Pgm Director: Anil Minocha, MD
2200 North State Street
Jackson, MS 39216
Tel: 601 384-4540
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-27-21-079

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital University Hospitals and Clinics
Pgm Director: Paul King, MD
MA 429D Health Science Center, Div of Gastroenterology One Hospital Drive
Columbia, MO 65212
Tel: 573 883-1013  Fax: 573 884-4555
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-28-21-960

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital Truman Medical Center
Pgm Director: Abdul H Khan, MD, MB Department of Medicine
3411 Holmes Street
Kansas City, MO 64108
Tel: 816 404-5036  Fax: 816 404-5014
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 144-28-31-118

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital Veterans Affairs Medical Center (White River Junction)
Pgm Director: Stuart R Gordon, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5060  Fax: 603 650-5225
Length: 3 Yrs
Program ID: 144-32-21-150

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center Cooper Health System
Pgm Director: Steven R Perlman, MD
401 Haddon Avenue
Camden, NJ 08103
Tel: 856 557-7792  Fax: 856 509-5644
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-33-21-050

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine Lovelace HealthCare System University of New Mexico Health Sciences Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Monroe H Spector, MD Department of Medicine
1 University of New Mexico MSC10-5550 ACC 5 Albuquerque, NM 87131
Tel: 505 272-4755  Fax: 505 272-6830
E-mail: mspector@salud.unm.edu
Length: 3 Yrs
Program ID: 144-34-21-143

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School UMDNJ-University Hospital Veterans Affairs New Jersey Health Care System
Pgm Director: Sita S Chokhavatia, MD
185 South Orange Avenue
MSB - HES8
Newark, NJ 07103
Tel: 973 972-5352  Fax: 973 972-3144
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 144-33-21-200

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School Robert Wood Johnson University Hospital St Peter's University Hospital Veterans New Jersey Health Care System (Lapins)
Pgm Director: Kiron M Das, MD, PhD - Division of Gastroenterology and Hepatology One Robert Wood Johnson Place, MEB 478 New Brunswick, NJ 08903
Tel: 732 235-7794  Fax: 732 235-7792
Length: 3 Yrs
Program ID: 144-33-21-026

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education St Joseph's Regional Medical Center St Michael's Medical Center (Cathedral Health Services, Inc)
Pgm Director: Walid J Baddoura, MD
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2380  Fax: 973 754-2382
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-33-21-051

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine St Louis University Hospital St Mary's Health Center Veterans Affairs Medical Center (St Louis)
Pgm Director: Bruce A Luxon, MD, PhD
2005 Vista Ave at Grand Blvd
PO Box 15550
St Louis, MO 63110
Tel: 314 577-8764  Fax: 314 577-8125
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-28-21-182

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Pgm Director: Nicholas O Davidson, MD
600 S Euclid Avenue, Box 8124
St Louis, MO 63110
Tel: 314 362-2027  Fax: 314 362-3063
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 144-38-21-198

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine Veterans Affairs Medical Center (Omaha)
Pgm Director: Renee L Young, MD
Section of Gastroenterology/Hepatology
882000 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 556-4386  Fax: 402 559-9004
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 144-40-21-160

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine Lovelace HealthCare System University of New Mexico Health Sciences Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Monroe H Spector, MD Department of Medicine
1 University of New Mexico MSC10-5550 ACC 5 Albuquerque, NM 87131
Tel: 505 272-4755  Fax: 505 272-6830
E-mail: mspector@salud.unm.edu
Length: 3 Yrs
Program ID: 144-34-21-143

Graduate Medical Education Directory 2004-2005
# Accredited Programs in Gastroenterology (Internal Medicine)

## New York

### Albany

**Albany Medical Center Program**

- **Sponsor:** Albany Medical Center
- **Program Director:** Catherine R Bartholomeu, MD
- **Department of Medicine**
- **47 New Scotland Avenue, MC 48**
- **Albany, NY 12208**
- **Tel:** 518 262-6276 **Fax:** 518 262-6470
- **Length:** 3 Yrs
- **Program ID:** 144-35-31-027

### Bronx

**Albert Einstein College of Medicine Program**

- **Sponsor:** Albert Einstein College of Medicine of Yeshiva University
- **Jacobi Medical Center**
- **Montefiore Medical Center-Henry and Lucy Moses Division**
- **Progm Director:** David A Greenwald, MD
- **Division of Gastroenterology**
- **111 East 210th Street**
- **Bronx, NY 10467**
- **Tel:** 718 281-8460 **Fax:** 718 789-6408
- **Length:** 3 Yrs
- **Program ID:** 144-35-21-102

**Bronx-Lebanon Hospital Center Program**

- **Sponsor:** Bronx-Lebanon Hospital Center
- **Progm Director:** Prosperi Remy, MD
- **1650 Grand Concourse, 3rd Floor**
- **Bronx, NY 10457**
- **Tel:** 718 518-5550 **Fax:** 718 518-6111
- **Length:** 3 Yrs
- **Program ID:** 144-35-11-103

### New York Medical College (Our Lady of Mercy) Program**

- **Sponsor:** New York Medical College
- **Our Lady of Mercy Medical Center**
- **Progm Director:** Hilary Hertan, MD
- **600 E 23rd St**
- **Bronx, NY 10467**
- **Tel:** 718 920-6969 **Fax:** 718 920-1508
- **E-mail:** hertan@aol.com
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 3
- **Program ID:** 144-35-21-043

### Brooklyn

**Brooklyn Hospital Center Program**

- **Sponsor:** Brooklyn Hospital Center
- **Interfaith Medical Center**
- **New York Methodist Hospital**
- **Progm Director:** Maurice A Cerrulli, MD
- **121 Delhi Avenue**
- **Brooklyn, NY 11201**
- **Tel:** 718 250-6945 **Fax:** 718 250-6480
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 7
- **Program ID:** 144-35-12-185

**Long Island College Hospital Program**

- **Sponsor:** Long Island College Hospital
- **Woodhull Medical and Mental Health Center**
- **Progm Director:** Roger E Mendis, MD
- **Department of Medicine**
- **358 Hicks Street**
- **Brooklyn, NY 11201**
- **Tel:** 718 780-1738 **Fax:** 718 780-1391
- **Length:** 3 Yrs
- **Program ID:** 144-35-11-869

### Flushing

**New York Hospital Medical Center of Queens/Connnell University Medical College Program**

- **Sponsor:** New York Hospital Medical Center of Queens
- **Progm Director:** George J Martin, MD
- **56-45 Main Street**
- **Flushing, NY 11355**
- **Tel:** 718 670-1070 **Fax:** 718 670-2456
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 3
- **Program ID:** 144-35-11-991

### Manhasset

**North Shore University Hospital/NUY School of Medicine Program**

- **Sponsor:** North Shore University Hospital
- **Progm Director:** Gerard Mullin, MD
- **Department of Medicine**
- **300 Community Drive**
- **Manhasset, NY 11030**
- **Tel:** 516 682-4201 **Fax:** 516 682-9983
- **Length:** 3 Yrs
- **Program ID:** 144-35-21-170

### Mineola

**Winthrop-University Hospital Program**

- **Sponsor:** Winthrop-University Hospital
- **Progm Director:** James Grenfell, MD
- **University Plaza N, #429**
- **Mineola, NY 11501**
- **Tel:** 516 663-6258 **Fax:** 516 663-6187
- **Length:** 3 Yrs
- **Program ID:** 144-35-11-109

### New Hyde Park

**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

- **Sponsor:** Long Island Jewish Medical Center
- **Progm Director:** Simmy Bank, MD
- **257-05 76th Avenue**
- **New Hyde Park, NY 11042**
- **Tel:** 718 470-4602 **Fax:** 718 343-0195
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 6
- **Program ID:** 144-35-21-144

### Harlem Hospital Center Program**

- **Sponsor:** Harlem Hospital Center
- **Progm Director:** Lisa A Ockle, MD
- **206 Lenox Ave at 137th Street**
- **New York, NY 10030**
- **Tel:** 212 869-1430 **Fax:** 212 839-1432
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 3
- **Program ID:** 144-35-11-172

**Lenox Hill Hospital Program**

- **Sponsor:** Lenox Hill Hospital
- **Progm Director:** Burton I Korelia, MD
- **100 East 77th Street**
- **New York, NY 10021**
- **Tel:** 212 438-2003 **Fax:** 212 434-3396
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 4
- **Program ID:** 144-35-11-194

### Mount Sinai School of Medicine Program**

- **Sponsor:** Mount Sinai School of Medicine
- **Progm Director:** Steven H Ratzkowitz, MD
- **1000 York Avenue**
- **Memorial Sloan-Kettering Cancer Ctr**
- **New York, NY 10021**
- **Tel:** 212 639-8293 **Fax:** 212 639-8248
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 5
- **Program ID:** 144-35-21-179

### Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program**

- **Sponsor:** Memorial Sloan-Kettering Cancer Center
- **Progm Director:** Arnold J Markowitz, MD
- **1275 York Avenue**
- **Memorial Sloan-Kettering Cancer Ctr**
- **New York, NY 10021**
- **Tel:** 212 639-8296 **Fax:** 212 639-8269
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 5
- **Program ID:** 144-35-21-179

### Montclair State University Program**

- **Sponsor:** Montclair State University
- **Progm Director:** Steven H Ratzkowitz, MD
- **1000 York Avenue**
- **Memorial Sloan-Kettering Cancer Ctr**
- **New York, NY 10021**
- **Tel:** 212 639-8293 **Fax:** 212 639-8248
- **Length:** 3 Yrs **ACGME Approved/Offered Positions:** 18
- **Program ID:** 144-35-31-153

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Graduate Medical Education Directory 2004-2005 619
New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Prgm Director: James Bobilko, MD
T: 70 West 12th Street
Tel: 212 694-6300 Fax: 212 694-6445
Program ID: 144-38-11-929

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Reuben J Garcia-Carrasquillo, MD
Department of Medicine
625 East 68th Street, 2311
Tel: 212 316-4600 Fax: 212 316-4847
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-38-21-171

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Barber Health Care System
Prgm Director: Elizabeth B Weinshel, MD
520 First Avenue
New York, NY 10016
Tel: 212 686-7560 Fax: 212 951-3481
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-38-21-129

St Luke's-Roosevelt Hospital Center Program
Sponsor: St. Luke's - Roosevelt Hospital Center
Mount Sinai Medical Center
Prgm Director: Donald F Koller, MD
Department of Medicine, Service and Research 1301
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 633-3860 Fax: 212 633-3983
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-38-21-105

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Edward H Cheng, MD
7-T-7, Room 060
Stony Brook, NY 11794
Tel: 631 444-2119 Fax: 631 444-8866
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-38-21-012

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Ronald Szyjkowski, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5894 Fax: 315 464-8290
E-mail: boehans@upstate.edu
Length: 3 Yrs Program ID: 144-38-21-106

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Sound Shore Medical Center of Westchester
Wastechester Medical Center
Prgm Director: Edward Lobovics, MD
Department of Medicine
Munger Pavilion, Suite 206
Valhalla, NY 10595
Tel: 914 463-7337 Fax: 914 984-4317
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 144-38-11-018

North Carolina
Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Kim Isaacs, MD
Division of Digestive Diseases and Nutrition
CB # 7000 8th Floor 738 Burnett-Womack Building
Chapel Hill, NC 27599
Tel: 919 866-2511 Fax: 919 866-9842
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-38-21-145

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Jane Onken, MD
Gastroenterology Section, Box 2013
Durham, NC 27710
Tel: 919 684-2100 Fax: 919 684-8857
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 144-38-21-146

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Girsch Mula, MD
Section of Gastroenterology
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-6578 Fax: 336 716-6578
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-38-21-014

Ohio
Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Stephen D Zucker, MD
Mail Location 555
Cincinnati, OH 45227
Tel: 513 559-5044 Fax: 513 559-1744
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-38-21-081

Cleveland Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Cleveland Clinic Foundation
Prgm Director: Kevin D Mullen, MD
2450 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-4573 Fax: 216 778-4573
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-38-11-165

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Gregory S Cooper, MD
11100 Euclid Avenue
Wean 247
Cleveland, OH 44106
Tel: 216 844-6866 Fax: 216 843-0447
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-38-21-164

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Jean-Paul Achkar, MD
9500 Euclid Avenue
Desk A30
Cleveland, OH 44195
Tel: 216 444-6116
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-38-12-146

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: Sheryl A Pfeil, MD
410 W 10th Avenue
N214 Dean Hall
Columbus, OH 43210
Tel: 614 293-8671
Length: 3 Yrs Program ID: 144-38-11-092
Dayton

Wright State University Program
Sponsor: Wright State University School of Medicine
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Program Director: Christopher J Burde, MD
Department of Medicine
PO Box 1207
Dayton, OH 45401
Tel: 937-298-9201 Fax: 937-298-9201
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-39-21-099

Ohio

Ohio City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Program Director: William M Tierney, MD
PO Box 26901
Oklahoma City, OK 73196
Tel: 405-271-5429 Fax: 405-271-5808
E-mail: wbroder@ouhsc.edu
Length: 3 Yrs
Program ID: 144-39-21-082

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals–Northwest Region
Veterans Affairs Medical Center (Portland)
Program Director: Kandice L Krogge, MD
3151 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503-494-8577
Length: 3 Yrs
Program ID: 144-40-01-167

Pennsylvania

Danville

Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Michael J Kumar, MD
Department of Gastroenterology
100 N Academy Avenue
Danville, PA 17822
Tel: 570-271-6850 Fax: 570-271-6852
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-41-21-211

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Thomas J McGarrity, MD
University Hospital
PO Box 850
Hershey, PA 17033
Tel: 717-358-3834 Fax: 717-358-4098
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-41-11-015

Philadelphia

Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Philip O Katz, MD
5401 Old York Road
Klein Building, Suite 363
Philadelphia, PA 19141
Tel: 215-456-7183 Fax: 215-456-1983
E-mail: walnut@einstein.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-41-31-218

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Temet Health System)
Program Director: James C Regnolds, MD
345 North 15th Street, Mall Stop 913
Philadelphia, PA 19102
Tel: 215-762-0070 Fax: 215-762-5044
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-41-21-212

Graduate Hospital Program
Sponsor: Graduate Hospital (Temet Health System)
Program Director: Susan J Gordon, MD, JD
1100 Peppert Pavilion
1800 Lombard Street
Philadelphia, PA 19146
Tel: 215-893-6710 Fax: 215-893-2472
E-mail: brian.hinz@temehalth.com
Length: 3 Yrs
Program ID: 144-41-11-187

Temple University Program
Sponsor: Temple University Hospital
Program Director: Robert S Fisher, MD
3401 N Broad St
Philadelphia, PA 19140
Tel: 215-707-8438 Fax: 215-707-2684
E-mail: robert.fisher@temple.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-41-21-033

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Anthony J DiMarino Jr, MD
Main Building, Suite 480
1315 S Tenth Street
Philadelphia, PA 19147
Tel: 215-955-2720 Fax: 215-955-6872
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-41-21-034

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Penn Presbyterian Medical Center (UPHS)
Program Director: Anil K Bajaj, MD
Gastroenterology, 600A CRB
415 Curie Boulevard
Philadelphia, PA 19104
Tel: 215-898-0540 Fax: 215-812-1330
Length: 3 Yrs
Program ID: 144-41-21-021

Pittsburgh

Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Rud M Agrawal, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412-358-3404 Fax: 412-358-2977
E-mail: phoemacl@wpahs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-41-11-045

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Arnold Wald, MD
Department of Medicine – Level C Wing
360 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-9391 Fax: 412 648-9378
Length: 3 Yrs
Program ID: 144-41-21-060

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: Peter J Melody, MD
4900 Friendship Avenue
Pittsburgh, PA 15214
Tel: 412-575-5123 Fax: 412-575-6804
E-mail: rsantona@wpahs.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-41-11-046

Wynnewood

Lankenau Hospital Program
Sponsor: Lankenau Hospital
Program Director: Giancarlo Mercogliano, MD, MBA
Department of Medicine
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 896-7360 Fax: 610 526-3731
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-41-11-032

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Veterans Affairs Medical Center (San Juan)
Program Director: Esther A Torres, MD
Department of Medicine
A-838
PO Box 095067
San Juan, PR 00936
Tel: 787-758-3255 Fax: 787-754-1739
E-mail: etorres@pol.net
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-42-21-124

Veterans Affairs Medical and Regional Office Center (San Juan) Program
Sponsor: Veterans Affairs Medical and Regional Office Center (San Juan)
University Hospital
Program Director: Doris H Toro, MD
Gastroenterology Section (111G-096)
191 Cuní Street
San Juan, PR 00921
Tel: 787-641-9391 Fax: 787-641-9510
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-42-31-223

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Program Director: Jack Wands, MD
Rhode Island Hospital, 503 Eddy St, APC 421
Providence, RI 02903
Tel: 401 444-9601 Fax: 401 444-6194
Length: 3 Yrs
Program ID: 144-49-11-135
South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine Charleston Memorial Hospital MUSC Medical Center Ralph H Johnson VA Medical Center (Charleston) Prgm Director: Ern E Willner, MD 66 Jonathan Lucas Street Suite 510 - CSB Charleston, SC 29425 Tel: 843 792-2360 Fax: 843 792-8865 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 144-48-21-107

Tennessee

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine Regional Medical Center at Memphis University of Tennessee College of Medicine Veterans Affairs Medical Center (Memphis) Prgm Director: Christopher R Marino, MD, MS 920 Madison Ave, Ste 240 Memphis, TN 38103 Tel: 901 448-0150 Fax: 901 448-7081 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 144-47-21-188

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center St Thomas Hospital Veterans Affairs Medical Center (Nashville) Prgm Director: Christopher Lind, MD C2104 MCN Nashville, TN 37232 Tel: 615 322-5200 Fax: 615 343-6229 Length: 3 Yrs Program ID: 144-47-31-016

Texas

Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center Prgm Director: Lawrence R Schiller, MD 3500 Gaston Avenue Dallas, TX 75246 Tel: 214 690-3571 Fax: 214 818-6170 Length: 3 Yrs ACGME Approved/Offered Positions: 4 Program ID: 144-48-31-148

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School Dallas County Hospital District Parkland Memorial Hospital Veterans Affairs Medical Center (Dallas) Prgm Director: Stuart J Spechler, MD 5533 Harry Hines Boulevard Dallas, TX 75390 Tel: 214 371-6441 Fax: 214 857-1571 Length: 3 Yrs Program ID: 144-48-21-100

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals Prgm Director: Karen Stauffer, MD 301 University Blvd Galveston, TX 77555 Tel: 409 772-1501 Fax: 409 772-4789 Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 144-49-21-062

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine Harris County Hospital District Ben Taub General Hospital Methodist Hospital Veterans Affairs Medical Center (Houston) Prgm Director: Richard W Gondgane, MD Veterans Administration Medical Ctr 2602 Holcombe, 1110 Houston, TX 77030 Tel: 713 796-3217 Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 144-49-21-058

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Lyndon B Johnson General Hospital Memorial Hermann Hospital System University of Texas MD Anderson Cancer Center Prgm Director: Gene Lesage, MD Department of Medicine 6431 Fannin, MSB 4.234 Houston, TX 77030 Tel: 713 500-6677 Fax: 713 500-6699 Length: 3 Yrs Program ID: 144-48-31-017

San Antonio
AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium Wilford Hall Medical Center (AEFC) Prgm Director: COL Richard T Shaffer, MD Dept of Medicine 2380 Bergquist Drive San Antonio, TX 78236 Tel: 210 916-1969 Fax: 210 292-7560 Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 144-48-12-006

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock Prgm Director: Rajeevan Varniyam, MD 3961 4th Street Lubbock, TX 79403 Tel: 806 743-3155 Fax: 806 743-3148 E-mail: colleen.sims@ttuhsc.edu Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 144-48-21-108

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio Prgm Director: Charles Brady, MD 7700 Floyd Curl Drive San Antonio, TX 78229 Tel: 210 667-4876 Fax: 210 567-1076 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 144-48-21-075

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital Central Texas Veterans Affairs Healthcare System Prgm Director: Michael W Gavin, MD 2401 S 31st St Temple, TX 76508 Tel: 254 724-2327 Fax: 254 724-8276 E-mail: mgavin3swmail.sw.org Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 144-48-21-018

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center Veterans Affairs Medical Center (Salt Lake City) Prgm Director: Scott K Kowada, MD 50 North Medical Drive Salt Lake City, UT 84132 Tel: 801 581-7802 Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 144-48-21-169

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care Prgm Director: Nicholas Ferrentino, MD Gastroenterology Unit Burgess 414 Burlington, VT 05401 Tel: 802 847-3554 Fax: 802 847-4928 Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 144-50-21-109

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center Prgm Director: Carl L Berg, MD Department of Internal Medicine PO Box 90078 Charlottesville, VA 22908 Tel: 434 924-2056 Fax: 434 924-0491 Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 144-61-21-019
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: Ann J. Santal, MD
1101 East Marshall Street, Room 12-011
MCV Box 99711
Richmond, VA 23298
Tel: 804-828-8779 Fax: 804-828-2037
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 144-01-21-020

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Sum P. Lee, MD, PhD
1959 N E Pacific Street
Box 359442
Seattle, WA 98109
Tel: 206 548-3183 Fax: 206 764-2147
E-mail: gife@medicine.washington.edu
Length: 3 Yrs
Program ID: 144-54-21-086

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S. Middleton Veterans Hospital
Program Director: Eric A. Grauwinkel, MD
600 Highland Avenue
Room H556A - 6124 USC
Madison, WI 53792
Tel: 608 263-4054 Fax: 608 263-5677
E-mail: dmge@medicine.wisc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 144-06-21-126

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Sinai Medical Center
Program Director: Aboud Affi, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 524
Milwaukee, WI 53201
Tel: 414 219-7696
E-mail: rebecca.young@aurora.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 144-56-21-210

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J. Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
St. Agnes Regional Medical Center
Program Director: Kia Saeian, MD, MSc
920 W Wisconsin Ave
GI Division
Milwaukee, WI 53226
Tel: 414 456-6815 Fax: 414 456-6214
Length: 3 Yrs
Program ID: 144-56-31-048

Geriatric Medicine
(Family Practice)

Arizona
Phoenix
St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
61 E Webb Memorial Hospital
Walter O. Boswell Memorial Hospital
Program Director: Walter J. Nieri, MD
615 S Santa Fe Drive
Phoenix, AZ 85004
Tel: 602 815-7861 Fax: 602 815-2961
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 125-03-21-029

California
Colton
Arrowhead Regional Medical Center Program
Sponsor: Arrowhead Regional Medical Center
Program Director: Ahtron Chang, MD
Department of Family Medicine
400 N Pepper Ave
Colton, CA 92324
Tel: 909 580-6250 Fax: 909 580-1382
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 125-05-21-033

Los Angeles
Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Program Director: Knighton L. Chan, MD
4950 Sunset Blvd
Los Angeles, CA 90027
Tel: 323 738-5617 Fax: 323 738-4120
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 125-05-21-025

University of Southern California/California Medical Center (Los Angeles) Program
Sponsor: California Hospital Medical Center
LAC-Downey Los Amigos National Rehabilitation Center
USC University Hospital
Program Director: Karen Josephson, MD
1420 San Pablo Street
PMB-2835
Los Angeles, CA 90033
Tel: 323 442-3115 Fax: 323 442-3070
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 125-06-18-047

District of Columbia
Washington
Providence Hospital/Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Providence Hospital
Program Director: Jay Swiek, MD
4151 Bladensburg Road
Colmar Manor, MD 20722
Tel: 301 696-7700 Fax: 301 779-9001
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 125-19-21-028

Florida
Orlando
Florida Hospital Program
Sponsor: Florida Hospital Medical Center
Program Director: John S. Fleming, MD
2501 North Orange Avenue
Suite 205
Orlando, FL 32804
Tel: 407 303-2814 Fax: 407 303-2865
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 125-11-21-032

Illinois
Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
Program Director: John J. Coon, MD
815 Main, Suite C
Peoria, IL 61602
Tel: 309 672-5508 Fax: 309 672-4790
Length: 1 Yr
Program ID: 125-16-13-052

Indiana
Indianapolis
St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: Craig J. Wilson, MD, MSC
Suite 102
8240 Naab Rd
Indianapolis, IN 46260
Tel: 317 338-7774 Fax: 317 338-7977
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 125-17-31-036

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Gerald J. Jogerst, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 384-7704 Fax: 319 384-7822
E-mail: gretchen-schmichiu@uiowa.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 125-18-21-034
Kentucky

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Program Director: Christian D Purman, MD, MSPH
MedCenter One Suite 270
501 E Broadway
Louisville, KY 40202
Tel: 502 852-1998 Fax: 502 852-7142
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 125-20-21-055

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Truman Medical Center Lakewood
Program Director: Jon P Deden, MD
7600 Lee's Summit Road
Kansas City, MO 64156
Tel: 816 404-7751 Fax: 816 404-7756
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 125-28-31-027

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
St Peter's University Hospital
Program Director: David F Howarth, MD, MPH
Department of Family Medicine
One Robert Wood Johnson Place CN 19
New Brunswick, NJ 08903
Tel: 732 238-7660 Fax: 732 238-6300
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 125-33-21-009

North Carolina

Greenville

Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Program Director: Kenneth K Steinweg, MD
Department of Family Medicine
4N-72 Brody Medical Sciences Bldg
Greenville, NC 27834
Tel: 252 744-2501 Fax: 252 744-3040
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 125-36-11-011

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Program Director: Gregg Warsaw, MD
Department of Family Medicine
331 Albert Shain Building, PO Box 293401
Cincinnati, OH 45229
Tel: 513 584-0600 Fax: 513 584-2609
E-mail: gwarshaw@ sodom.uc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 125-38-21-012

Cleveland

Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Mary Corrigan, MD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-9987 Fax: 216 778-3537
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 125-38-21-031

Columbus

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Program Director: Marian Schuda, MD
5724 A Glenmont River Road
Columbus, OH 43214
Tel: 614 566-8586 Fax: 614 566-5002
Length: 1 Yr
Program ID: 125-38-11-049

Pennsylvania

Allentown

Sacred Heart Hospital/Temple University (Allentown) Program
Sponsor: Sacred Heart Hospital
Moss Rehabilitation Hospital
Program Director: Richard T Martin, MD
641 Commonwealth Avenue
Allentown, PA 18102
Tel: 610 776-5912 Fax: 610 776-4816
E-mail: tmartin@sht.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 125-41-13-048

Lancaster

Lancaster General Hospital Program
Sponsor: Lancaster General Hospital
Program Director: J Kenneth Brubaker, MD
555 N Duke Street
Lancaster, PA 17602
Tel: 717 290-3022 Fax: 717 290-9201
E-mail: kennethb@masonichomespa.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 125-41-13-042

Philadelphia

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Susan M Parks, MD
1015 Walnut Street, #401
Philadelphia, PA 19107
Tel: 215 855-5706 Fax: 215 832-6266
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 125-41-21-015

Pittsburgh

University of Pittsburgh Medical Center Medical Education (St Margaret) Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC St Margaret
Program Director: Karen A Powers, MD
Division of Gerontology
815 Freeport Road
Pittsburgh, PA 15215
Tel: 412 784-5070 Fax: 412 784-5062
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 125-41-12-016
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<td>Puerto Rico</td>
<td>San Juan University of Puerto Rico Program</td>
<td>University of Puerto Rico School of Medicine</td>
<td>James N Kvale, MD</td>
<td>713-500-7619</td>
<td>1 Yr</td>
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<td>Knoxville University of Tennessee Medical Center</td>
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<td>Elizabeth Carter, MD</td>
<td>865-544-9352</td>
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<td>Amarillo Texas Tech University (Amarillo)</td>
<td>Texas Tech University Health Sciences Center at Amarillo</td>
<td>Dennis P Zoller, MD</td>
<td>866-213-3550</td>
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<td>University of Texas Southwestern Medical School</td>
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<td>Gary H Salzman, MD</td>
<td>206-386-6113</td>
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<td>(Fort Worth Program)</td>
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<td>Elizabeth Carter, MD</td>
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<td>Houston</td>
<td>University of Texas at Houston Program</td>
<td>University of Texas Medical School at Houston</td>
<td>James N Kvale, MD</td>
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<td>Elizabeth Carter, MD</td>
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<td>Washington</td>
<td>Seattle Swedish Medical Center (First Hill)</td>
<td>Swedish Medical Center Seattle Harborview Medical Center</td>
<td>Patricia L Borman, MD</td>
<td>206-386-6113</td>
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<td>Program (First Hill)</td>
<td>University of Washington Harborview Medical Center</td>
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<td>Harborview Medical Center</td>
<td>Carl T Hayden Veterans Affairs Medical Center</td>
<td>206-386-6113</td>
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<td>Tel: 206-386-6113 Fax: 206-386-6113</td>
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<td>Little Rock University of Arkansas for Medical</td>
<td>University of Arkansas College of Medicine</td>
<td>Mindy J Fain, MD</td>
<td>502-636-6854</td>
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<td>Central Arkansas Veterans Health Care Center (Little Rock)</td>
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<td>University Hospital of Arkansas</td>
<td>Cathey S Powern, MD</td>
<td>502-636-5884</td>
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<td>Alabama</td>
<td>Birmingham University of Alabama Medical Center</td>
<td>University of Alabama Medical Center</td>
<td>Richard V Sims, MD</td>
<td>205-934-3259</td>
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<td>Program (Birmingham)</td>
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<td>Arizona</td>
<td>Phoenix Banner Good Samaritan Medical Center</td>
<td>Banner Good Samaritan Medical Center</td>
<td>Gary H Salzman, MD</td>
<td>602-239-6650</td>
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<td>Tel: 602-239-6650 Fax: 602-392-5901</td>
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<td>Program ID: 151-03-21-102</td>
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California

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
White Memorial Medical Center
Prgm Director: Arriel M Joaquin, MD
Department of Medicine
13311 S Wilmington Avenue
Los Angeles, CA 90059
Tel: 213 563-4929 Fax: 213 563-9903
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-05-11-080

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Bruce A Poffell, MD
10845 Le Conte Ave, Suite 2320
Los Angeles, CA 90025
Tel: 310 835-8293
Length: 1 Yr
Program ID: 151-05-21-965

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Loren L Lipson, MD
Division of Geriatric & General Internal Medicine
1230 N State Street, Room 8435
Los Angeles, CA 90033
Tel: 213 328-6671 Fax: 213 226-2718
E-mail: severa@usc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-05-21-114

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Prgm Director: Laura Requena, MD
Pavilion III, UC 1150
101 The City Dr
Orange, CA 92868
Tel: 714 458-5519 Fax: 714 458-7933
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-05-21-086

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Calvin H Hirsh, MD
Div of Gen Med, UC Davis Med Ctr
4150 V Street, FSB-2400
Sacramento, CA 95817
Tel: 916 734-7004 Fax: 916 734-3782
E-mail: chhirsh@ucdavis.edu
Length: 1 Yr
Program ID: 151-05-21-006

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: John W Daly, MD
Department of Medicine
200 West Arbor Drive
San Diego, CA 92105
Tel: 619 543-3565 Fax: 619 543-3383
Length: 1 Yr
Program ID: 151-05-21-046

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: C Breeze Johnston, MD, MPH
VA Medical Center
4150 Clement Street
San Francisco, CA 94112
Tel: 415 750-6025 Fax: 415 750-6441
Length: 1 Yr
Program ID: 151-05-31-007

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Peter Pumpey, MD
GRECC 1201
3801 Miranda Avenue
Palo Alto, CA 94304
Tel: 415 493-6090
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-05-21-003

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Veterans Affairs Medical Center (Denver)
Prgm Director: Lawrence J Robbins, MD
Geriatrics Section (HID)
1050 Clermont Street
Denver, CO 80205
Tel: 303 202-2923
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-05-21-073

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Gaul M Sullivan, MD, MPH
Center on Aging, MC 5215
265 Farmington Avenue
Farmington, CT 06005
Tel: 860 679-3665 Fax: 860 679-1397
E-mail: gaulsullivan@uconnhealthc.edu
Length: 1 Yr
Program ID: 151-05-31-008

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Margaret M Driskamer, MD
Yale-New Haven Hospital
29 York Street, TMP 15
New Haven, CT 06504
Tel: 203 688-8594 Fax: 203 688-4299
Length: 1 Yr
Program ID: 151-05-21-005

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Elizabeth C Cobbs, MD
Department of Medicine, 5 South
1415 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2279 Fax: 202 741-2185
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-05-21-005

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: John R Meuleman, MD
GRECC
VA Medical Center, VA 182
Gainesville, FL 32606
Tel: 904 374-9077 Fax: 352 374-6142
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-11-00-000

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Jorge Q Ruiz, MD
Division of Gerontology and Geriatric Medicine
PO Box 180606 (D-503)
Miami, FL 33101
Tel: 305 575-3389 Fax: 305 575-3386
Length: 1 Yr ACGME Approved/Offered Positions: 10
Program ID: 151-11-21-010

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Prgm Director: Ronald S Schonewolf, MD
College of Medicine, Box 10
12001 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-3949 Fax: 813 974-2580
Length: 1 Yr
Program ID: 151-11-21-011
Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Veterans Affairs Medical Center (Atlanta)
Westside Geriatric Hospital
Prgm Director: Joseph G Gualandri, MD
Westside Geriatric Center
1841 Clifton Road, NE
Atlanta, GA 30329
Tel: 404 729-6296 Fax: 404 729-6425
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-12-21-100

Hawaii

Honolulu
University of Hawaii Program
Sponsor: University of Hawai’i John A Burns School of Medicine
Kaiser Foundation Hospital (Moanalua)
Kuakini Medical Center
VA Regional Office-Outpatient Clinic (Honolulu)
Prgm Director: Patricia L Bianchette, MD, MPH
Kuakini Medical Center
347 North Kuakini Street, HPM9
Honolulu, HI 96817
Tel: 808 695-8461 Fax: 808 695-1897
E-mail: shpartards@yahoo.com
Length: 1 Yr
Program ID: 151-14-21-047

Illinois

Chicago
McCagw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Herbert C Siet, MD
Department of Medicine
750 East State Street, Galter 3-150
Chicago, IL 60611
Tel: 312 695-1530 Fax: 312 695-0951
Length: 1 Yr
Program ID: 151-16-21-079

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Jack Olson, MD
1655 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-5221 Fax: 312 942-8390
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-16-11-081

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Daniel J Brauner, MD
5841 S Maryland Avenue, M306B
7W37
Chicago, IL 60637
Tel: 773 702-0885 Fax: 773 702-3538
E-mail: dbrauner@medicine.bsd.uchicago.edu
Length: 1 Yr
Program ID: 151-16-11-012

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: David O Staats, MD
Department of Medicine
840 South Wood Street M/C 717
Chicago, IL 60612
Tel: 312 569-7307 Fax: 312 569-7288
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 151-16-21-091

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr Veterans Affairs Hospital
La Grange Memorial Hospital
Prgm Director: Ilana Soneser, MD
Department of Medicine (181)
Hines, IL 60141
Tel: 708 202-2002 Fax: 708 202-2163
Length: 1 Yr
Program ID: 151-16-21-013

Parker Ridge

Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Prgm Director: William O Rhoades III, DO
Department of Medicine
1775 West Dempster Street
Park Ridge, IL 60068
Tel: 847 728-4766 Fax: 847 696-3391
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-16-21-129

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Glenca B Westmoreland, MD, MPH
1001 West 10th Street
UPW M330
Indianapolis, IN 46202
Tel: 317 630-6985 Fax: 317 630-2367
E-mail: gwwestm@iu.edu
Length: 1 Yr
Program ID: 151-17-21-016

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Daniel L Swagerty Jr, MD, MPH
Div of General & Geriatric Medicine
Department of Medicine
Kansas City, KS 66160
Tel: 913 586-1401 Fax: 913 586-1201
Length: 1 Yr
Program ID: 151-19-21-056

Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
Veterans Affairs Medical Center (New Orleans)
Prgm Director: David Grossman, MD
1501 Perdido Street
New Orleans, LA 70146
Tel: 504 589-5607 Fax: 504 589-4072
Length: 1 Yr
Program ID: 151-21-21-115

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Samuel C Jarvis, MD
5505 Hopkins Bayview Circle
Baltimore, MD 21224
Tel: 410 550-2116 Fax: 410 550-2116
E-mail: logcnoon@jhmi.edu
Length: 1 Yr ACGME Approved/Offered Positions: 10
Program ID: 151-23-11-018

University of Maryland Program
Sponsor: University of Maryland Medical System
Union Memorial Hospital
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Conrad Mag, MD
Box 152
22 South Greens Street
Baltimore, MD 21201
Tel: 410 695-7013 Fax: 410 695-7013
Length: 1 Yr
Program ID: 151-23-21-104

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brockton-West Roxbury)
Prgm Director: Anne Fanning, MD
Hebrew Rehabilitation Center for Aged
1390 Centre Street
Boston, MA 02131
Tel: 617 363-9268 Fax: 617 363-9268
Length: 1 Yr
Program ID: 151-24-21-019

Boston University Medical Center Program
Sponsor: Boston Medical Center
Edith Nourse Rogers Memorial Veterans Hospital
(Bedford)
Prgm Director: Sharon Levine, MD
36 East Newton Street, Robinson 5
Boston, MA 02118
Tel: 617 638-6165 Fax: 617 638-8987
Length: 1 Yr
Program ID: 151-24-31-020

American Medical Association
Graduate Medical Education Directory 2004-2005
Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Prgm Director: Sandra Bellantoni, MD
759 Chestnut Street
Springfield, MA 01109
Tel: 413 794-3245 Fax: 413 794-054
Length: 1 Yr
Program ID: 151-24-21-128

Michigan
Ann Arbor
University of Michigan Program
Prgm Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Robert V Hogklyon, MD, MPH
Room 1111, UCGB, 1600 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 764-7499 Fax: 734 764-7499
E-mail: hogklyon@umich.edu
Length: 1 Yr ACGME Approved/Offered Positions: 9
Program ID: 151-29-21-024

Dearborn
Oakwood Hospital Program
Prgm Sponsor: Oakwood Hospital
Prgm Director: Raymond D Hobbs, MD
18101 Oakwood Boulevard
Dearborn, MI 48123
Tel: 313 593-2071 Fax: 313 593-2071
E-mail: mrector@umich.edu
Length: 1 Yr
Program ID: 151-25-13-143

Detroit
Wayne State University/Detroit Medical Center Program
Prgm Sponsor: Wayne State University/Detroit Medical Center, Detroit Receiving Hospital and University of Medicine and Health Sciences, Veterans Affairs Medical Center (Detroit)
Prgm Director: Joel Steinberg, MD
Dept of Medicine, 5C
4431 St Antoine
Detroit, MI 48201
Tel: 313 557-6509 Fax: 313 745-4710
Length: 1 Yr
Program ID: 151-25-21-111

Flint
Hurley Medical Center/Michigan State University Program
Prgm Sponsor: Hurley Medical Center
Prgm Director: Ghasan Bachwah, MD
One Hurley Plaza, MBox Suite 212
Flint, MI 48503
Tel: 810 676-9682 Fax: 810 762-7345
Length: 1 Yr
Program ID: 151-25-31-141

Royal Oak
William Beaumont Hospital Program
Prgm Sponsor: William Beaumont Hospital
Prgm Director: Michael R Maddox, MD
3650 W 13 Mile Road
Suite 108
Royal Oak, MI 48073
Tel: 248 551-0622 Fax: 248 551-1314
Length: 1 Yr
Program ID: 151-25-31-117

Missouri
St Louis
St Louis University School of Medicine Program
Prgm Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Gregory J Flaherty, MD
Department of Medicine
602 S Grand Blvd, M238
St Louis, MO 63104
Tel: 314 577-9642 Fax: 314 771-8755
Length: 1 Yr
Program ID: 151-28-21-095

Washington University/B-JH/SLCH Consortium Program
Prgm Sponsor: Washington University/B-JH/SLCH Consortium
Barne-Jewish Hospital
Prgm Director: David B Carr, MD
4488 Forest Park Boulevard
St Louis, MO 63108
Tel: 314 536-2766
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-28-21-027

New Mexico
Albuquerque
University of New Mexico Program
Prgm Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Suzanne Finon, MD
Geriatric Division, MSC10 5350
1 University of New Mexico Hospital
Albuquerque, NM 87131
Tel: 505 272-4435 Fax: 505 272-4435
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-94-21-093

New York
Albany
Albany Medical College Program
Prgm Sponsor: Albany Medical College
Veterans Affairs Medical Center (Albany)
Prgm Director: Robin Sloan, MD
Geriatric & Extended Care (GEC)
113 Holland Avenue
Albany, NY 12208
Tel: 518 262-6013 Fax: 518 262-6045
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-35-31-009
Graduate Medical Education Directory 2004-2005

Accredited Programs in Geriatric Medicine (Internal Medicine)

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Director: Laurie G Jacobs, MD
111 East 210th Street
Bronx, NY 10466
Tel: 718 930-9722 Fax: 718 650-9702
E-mail: lajacobs@montefiore.org
Length: 1 Yr
Program ID: 151-35-211-083

New York Medical College (Our Lady of Mercy) Program
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Pgm Director: T S Dharmaratna, MD
4414 Carpenter Avenue
Buffalo, NY 14260
Tel: 716 892-9041 Fax: 716 892-9043
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-35-11-107

Brooklyn

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Pgm Director: Robert D Kennedy, MD, MBA
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8494 Fax: 718 283-8498
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-11-126

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Pgm Director: Thuyu Thanh Bihanathan, MD
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-3366 Fax: 718 780-3259
Length: 1 Yr
Program ID: 151-35-21-121

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaiser Health System (Buffalo General Hospital)
Kaiser Health System (Millard Fillmore Hospital)
Veterans Affairs Medical Center (Buffalo)
Pgm Director: Bruce J Naughton, MD
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-4320 Fax: 716 887-4437
Length: 1 Yr
Program ID: 151-35-31-030

Flushing

Flushing Hospital Medical Center Program
Sponsor: Flushing Hospital Medical Center
Pgm Director: Anthony T Vela, MD
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-3121 Fax: 718 670-4510
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-21-123

Jamaica

New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
St Vincent Catholic Medical Centers (Mary Immaculate)
St Vincent Catholic Medical Centers (St Johns-Queens)
Pgm Director: Dharanajit N Kumar, MD
88-25 136th Street, Apt 4L
Jamaica, NY 11432
Tel: 718 558-7015 Fax: 718 558-2475
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-31-124

Manhasset

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Howard J Gunik, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 663-6800 Fax: 516 663-8064
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-21-054

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
United Presbyterian Residence
Pgm Director: Lucy D Macina, MD
222 Station Plaza, Room 518
Mineola, NY 11501
Tel: 516 663-2688 Fax: 516 663-4546
Length: 1 Yr
Program ID: 151-35-21-088

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Parkway Jewish Geriatric Institute
Pgm Director: Conny J Foley, MD
271-11 76th Avenue
New Hyde Park, NY 11042
Tel: 718 289-2260 Fax: 718 289-2345
Length: 1 Yr
Program ID: 151-35-21-931

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Roxanne M Lepistig, MD
One Gustave L Levy Place
New York, NY 10029
Tel: 212 341-4274
Length: 1 Yr ACGME Approved/Offered Positions: 14
Program ID: 151-35-31-062

New York Medical College at St Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Pgm Director: Caroline Vitale, MD
Geriatric Medicine, NR 12-11
153 W 11th Street
New York, NY 10011
Tel: 212 604-2104 Fax: 212 604-2128
E-mail: anclarke@stvincentny.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-35-21-090

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Barrie L Balk, MD
Division of Geriatrics and Gerontology
575 East 68th Street, Box 30
New York, NY 10021
Tel: 212 746-1739 Fax: 212 746-0450
Length: 1 Yr
Program ID: 151-35-12-127

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Goldwater Memorial Hospital
Manhattan VA Harbor Health Care System
Pgm Director: Michael L Freedman, MD
First Avenue and 27th Street
Room 2-N-60
New York, NY 10016
Tel: 212 562-6300 Fax: 212 562-7365
Length: 1 Yr
Program ID: 151-35-31-101

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s - Roosevelt Hospital Center
Beth Israel Medical Center
Pgm Director: Edward W Colt, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 533-6727 Fax: 212 533-6823
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 161-3431-192

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Marzano Center
Pgm Director: Paul R Katz, MD
435 E Bennett Road
Rochester, NY 14620
Tel: 716 585-8304 Fax: 716 560-8376
Length: 1 Yr
Program ID: 151-35-31-105

Staten Island

Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Pgm Director: Henry J McRae, MD
475 Seaview Avenue
Staten Island, NY 10305
Tel: 718 226-4734 Fax: 718 226-1626
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-35-21-110

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Pgm Director: Suzanne D Fields, MD
HSC-E 15-090
Stony Brook, NY 11794
Tel: 631 444-7840 Fax: 631 444-7285
Length: 1 Yr
Program ID: 161-35-22-109
Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University Veterans Affairs Medical Center (Syracuse)
Program Director: Sharon A. Braggeman, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-6567 Fax: 315 464-6771
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-36-21-067

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Jan Busby-Whitehead, MD
CB# 7550
141 MacNider Bldg
Chapel Hill, NC 27599
Tel: 919 966-9565 Fax: 919 962-9776
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-36-21-059

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital Veterans Affairs Medical Center (Durham)
Program Director: Harvey Jay Cohen, MD
Box 3003
Durham, NC 27710
Tel: 919 286-6932
Length: 1 Yr
Program ID: 151-36-21-033

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Hal H Atkinson, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 713-8584 Fax: 336 713-8588
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-36-21-034

Ohio
Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Program Director: Teresa Dollman, MD
Geriatric Care Center/Fairhill Ctrl
12200 Fairhill Road
Cleveland, OH 44102
Tel: 216 644-6370 Fax: 216 644-6492
Length: 1 Yr
Program ID: 151-36-21-035

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Akron City Hospital (Summa Health System)
Program Director: Robert M Palmer, MD
9500 Euclid Avenue
Dink Akh
Cleveland, OH 44195
Tel: 216 444-8001 Fax: 216 444-8572
E-mail: mededu@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-36-12-097

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine Veterans Affairs Medical Center (Oklahoma City)
Program Director: David O Staats, MD
PO Box 26901, VAMC 11G
Oklahoma City, OK 73196
Tel: 405 271-8556 Fax: 405 271-3887
E-mail: david-staats@ouhsc.edu
Length: 1 Yr
Program ID: 151-39-21-112

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Program Director: Carol J Joseph, MD
Medical Service (PS-GERI)
PO Box 1034
Portland, OR 97207
Tel: 503 273-5010 Fax: 503 721-7807
Length: 1 Yr
Program ID: 151-40-31-038

Pennsylvania
Abington
Abington Memorial Hospital Program
Sponsor: Abington Memorial Hospital
Program Director: Mary T Hoffman, MD
1200 Old York Road
Abington, PA 19001
Tel: 215 481-9360 Fax: 215 481-4601
Length: 1 Yr
Program ID: 151-41-21-135

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center Moss Rehabilitation Hospital
Program Director: Todd H Goldberg, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 466-6608 Fax: 215 466-7512
E-mail: goldbert@einstein.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 151-41-11-078

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Veterans Affairs Medical Center of Medicine (Philadelphia)
Program Director: Teresa Dolinar, MD
Veterans Affairs Medical Center (Philadelphia)
PO Box 26901, VAMC 11G
Philadelphia, PA 19119
Tel: 215 466-7379 Fax: 215 466-7138
E-mail: teresadolinar@comcast.net
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 151-41-21-099

Temple University Program
Sponsor: Temple University Hospital
Program Director: Susan D. Tenenbaum, MD
Department of Medicine
5301 Old York Road
Philadelphia, PA 19141
Tel: 215 466-9243 Fax: 215 466-2883
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 151-41-21-119

University of Pennsylvania Program
Sponsor: University of Pennsylvania Hospitals Veterans Affairs Medical Center (Philadelphia)
Program Director: Edna P. Schob, MD
Division of Geriatric Medicine
930 Market Street, Suite 250
Philadelphia, PA 19107
Tel: 215 603-4410 Fax: 215 673-933
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 151-41-21-060

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside Veterans Affairs Medical Center (Pittsburgh)
Program Director: Todd H Goldberg, MD
Division of Geriatric Medicine
3471 Fifth Avenue, Suite 500
Pittsburgh, PA 15213
Tel: 412 622-3084 Fax: 412 622-2850
E-mail: kinswomen@upmc.edu
Length: 1 Yr
Program ID: 151-41-21-077

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
University of Puerto Rico Hospital at Carolina
Veterans Affairs Medical Center (San Juan)
Program Director: Ivonne J Denman, MD
Box 360067
Medical Sciences Campus
San Juan, PR 00936
Tel: 787 755-3244 Fax: 787 755-7189
E-mail: ip@gru.net
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 151-42-21-089

Accredited Programs in Geriatric Medicine (Internal Medicine)
Rhode Island
PROVIDENCE
BROWN UNIVERSITY PROGRAM
SPONSOR: Rhode Island Hospital-Lifespan
MEMORIAL HOSPITAL OF RHODE ISLAND
MIRIAM HOSPITAL-LIFESPAN
PROG DIRECTOR: John B Murphy, MD
505 EDG STREET
PROVIDENCE, RI 02903
TEL: 401-444-5248 FAX: 401-444-5397
LENGTH: 1 YR
PROGRAM ID: 151-43-1239

South Carolina
COLUMBIA
PALMETTO HEALTH/UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE PROGRAM
SPONSOR: Palmetto Health
PALMETTO HEALTH RICHLAND
PROG DIRECTOR: G Paul Elsasser, MD
15 Richland Medical Park, Suite 211
COLUMBIA, SC 29023
TEL: 803-454-4890 FAX: 803-454-6334
LENGTH: 1 YR ACME Approved/Offered Positions: 4
PROGRAM ID: 151-45-21-1119

Tennessee
NASHVILLE
VANDERBILT UNIVERSITY PROGRAM
SPONSOR: Vanderbilt University Medical Center
PROG DIRECTOR: James J Powers, MD
1155 VANDERBILT MEDICAL CENTER EAST
NASHVILLE, TN 37232
TEL: 615-936-3274 FAX: 615-936-3156
LENGTH: 1 YR ACME Approved/Offered Positions: 2
PROGRAM ID: 151-47-21-123

Texas
DALLAS
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL PROGRAM
SPONSOR: University of Texas Southwestern Medical School
DALLAS COUNTY HOSPITAL DISTRICT-PARKLAND MEMORIAL HOSPITAL
VETERANS AFFAIRS MEDICAL CENTER (DALLAS)
PROG DIRECTOR: Craig D Rubin, MD
5525 HARRIS ROSE STREET
DALLAS, TX 75230
LENGTH: 1 YR
PROGRAM ID: 151-48-12-138

Galveston
UNIVERSITY OF TEXAS MEDICAL BRANCH PROGRAMS
SPONSOR: University of Texas Medical Branch Hospitals
PROG DIRECTOR: Anita C Mercado, MD
DEPARTMENT OF MEDICINE
501 UNIVERSITY BVDWEAR
GALVESTON, TX 77556
TEL: 409-722-1897 FAX: 409-773-9801
LENGTH: 1 YR ACME Approved/Offered Positions: 4
PROGRAM ID: 151-42-21-106

Houston
BAYCOLLEGE OF MEDICINE PROGRAM
SPONSOR: Baylor College of Medicine
HARRIS COUNTY HOSPITAL DISTRICT-BEN TAUB GENERAL HOSPITAL
MEDESHIT MEDICAL CENTER
WASHINGTON MEDICAL CENTER
VETERANS AFFAIRS MEDICAL CENTER (HUSTON)
PROG DIRECTOR: George J Tafford, MD
1002 HILLCOURTE BOULEVARD
HOUSTON, TX 77009
TEL: 713-794-7167 FAX: 713-794-7002
E-MAIL: staff@bcm.tmc.edu
LENGTH: 1 YR ACME Approved/Offered Positions: 4
PROGRAM ID: 151-48-21-040

San Antonio
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO PROGRAM
SPONSOR: University of Texas Medical School at San Antonio
AUSTIN MEMORIAL HOSPITAL
VETERANS AFFAIRS MEDICAL CENTER (SAN ANTONIO)
PROG DIRECTOR: Laura K Chiodo, MD, MPH
1100 MERTON MINTER DRIVE
SAN ANTONIO, TX 78229
TEL: 210-617-5311 FAX: 210-617-5312
E-MAIL: chiodo@uthscsa.edu
LENGTH: 1 YR
PROGRAM ID: 151-48-21-975

Utah
SALT LAKE CITY
UNIVERSITY OF UTAH PROGRAM
SPONSOR: University of Utah Medical Center
VETERANS AFFAIRS MEDICAL CENTER (SALT LAKE CITY)
PROG DIRECTOR: Gerald Rothstein, MD
DEPARTMENT OF MEDICINE
50 NORTH MEDICAL DRIVE
SALT LAKE CITY, UT 84132
TEL: 801-581-3028 FAX: 801-585-3884
LENGTH: 1 YR
PROGRAM ID: 151-48-21-052

Virginia
Charlottesville
University of Virginia Program
SPONSOR: University of Virginia Medical Center
EVERGREEN NURSING CARE CENTER
MOUNTAINSIDE SENIOR LIVING
PROG DIRECTOR: Jonathan M Evans, MD, MPH
PO BOX 80001
CHARLOTTESVILLE, VA 22906
TEL: 434-243-9236 FAX: 434-243-9232
LENGTH: 1 YR ACME Approved/Offered Positions: 2
PROGRAM ID: 151-51-21-042

Norfolk
EASTERN VIRGINIA MEDICAL SCHOOL PROGRAM
SPONSOR: Eastern Virginia Medical School
DOMINION MEDICAL CENTER
VETERANS AFFAIRS MEDICAL CENTER (HAMPTON)
PROG DIRECTOR: Stefan Gravenstein, MD
200 FAIRFAX AVENUE, SUITE 201
NORFOLK, VA 23507
TEL: 757-446-7040 FAX: 757-446-7040
E-MAIL: graven@evms.com
LENGTH: 1 YR ACME Approved/Offered Positions: 2
PROGRAM ID: 151-51-31-137

Richmond
Virginia Commonwealth University Health System Program
SPONSOR: Virginia Commonwealth University Health System
HUNTER HOLMES MCNAIR VETERANS MEDICAL CENTER (RICHMOND)
VETERANS MEDICAL CENTER (RICHMOND)
PROG DIRECTOR: Angela Gentili, MD
GERIATRICS MEDICINE SECTION
1201 BROAD STREET
RICHMOND, VA 23249
TEL: 804-675-5700 FAX: 804-675-5720
LENGTH: 1 YR
PROGRAM ID: 151-51-21-043

Washington
SEATTLE
University of Washington Program
SPONSOR: University of Washington School of Medicine
Harborview Medical Center
VA Puget Sound Health Care System
PROG DIRECTOR: Sharon B Albers, MD
358 9TH AVENUE, ROOM BR9655
BOX 359755
SEATTLE, WA 98104
TEL: 206-541-4500 FAX: 206-573-9753
LENGTH: 1 YR
PROGRAM ID: 151-51-21-044

Tacoaa
Madigan Army Medical Center Program
SPONSOR: Madigan Army Medical Center
VETERANS AFFAIRS MEDICAL CENTER (Tacoma)
PROG DIRECTOR: Sharon G Albers, MD
AMERICAN MEDICAL CENTER
TACOMA, WA 98438
TEL: 253-892-1285 FAX: 253-892-1030
LENGTH: 1 YR ACME Approved/Offered Positions: 4
PROGRAM ID: 151-51-21-1174
US Armed Services Program

Wisconsin
Madison
University of Wisconsin Program
SPONSOR: University of Wisconsin Hospital and Clinics
WILLIAM J MILLER VETERANS HOSPITAL
PROG DIRECTOR: Steven R Barzi, MD
3800 ONALASKA RD
ROSS 7001
MADISON, WI 53705
TEL: 608-262-7000
E-MAIL: pamela.walker@med.va.gov
LENGTH: 1 YR
PROGRAM ID: 151-56-21-049

Milwaukee
Aurora Health Care Program
SPONSOR: Aurora Health Care
AURORA SINAL MEDICAL CENTER
PROG DIRECTOR: Ashok Choulani, MD
AURORA SINAL MEDICAL CENTER
945 N 15TH ST, BOX 342
MILWAUKEE, WI 53201
TEL: 414-273-7058
E-MAIL: patricia.malone@aurora.org
LENGTH: 1 YR ACME Approved/Offered Positions: 2
PROGRAM ID: 151-56-21-078
Accredited Programs in Geriatric Medicine (Internal Medicine)

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J. Zablocki Veterans Affairs Medical Center
Procter Memorial Lutheran Hospital
Prgm Director: Edith A Burns, MD
5000 W National Ave (CC-G) Milwaukee, WI 53205
Tel: 414-384-3000  Fax: 414-382-5376
Length: 1 Yr
Program ID: 151-56-01-048

Geriatric Psychiatry (Psychiatry)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Prgm Director: Terri S Steele, MD
1713 6th Avenue South, CPN 255
Birmingham, AL 35294
Tel: 205 334-6054  Fax: 205 975-7830
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-61-21-040

California

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Neuropsychiatric Hospital
Vh Greater Los Angeles Healthcare System
Prgm Director: David Sultzner, MD
Martie Banks
760 Westwood Plaza C8-852
Los Angeles, CA 90024
Tel: 310 825-0291
E-mail: mbanks@mmash.cnm.ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-60-21-001

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Ilip J Jeste, MD
Department of Psychiatry
6500 Gilman Drive (0660-V)
La Jolla, CA 92037
Tel: 858 534-4000  Fax: 858 534-7404
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-65-31-002

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
UCSF Med Ctr/Langley Porter Psychiatric Hosp and Clinics
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Craig Nelson, MD
University of California San Francisco
401 Parnassus Avenue, Box 0596 F
San Francisco, CA 94143
Tel: 415 476-7405  Fax: 415 476-7390
E-mail: geriatricpsychiatry@tpsi.ucsf.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-05-11-065

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Jared V Tinklepass, MD
401 Quarry Road Room 2320
Stanford, CA 94305
Tel: 650 725-5591  Fax: 650 725-3726
E-mail: faeless@stanford.edu
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 407-05-11-060

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Paul Kirsin, MD
950 Campbell Avenue
116A
West Haven, CT 06515
Tel: 203 992-5711  Fax: 203 379-5366
E-mail: carol.allen7@med.va.gov
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-66-21-002

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Michael J Tueth, MD
407-08-21-052
PO Box 100056
Gainesville, FL 32610
Tel: 352 686-3089  Fax: 352 379-4170
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-11-21-041

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Jewish Home and Hospital for the Aged
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Elizabeth A Cronco, MD
1400 NW 10th Avenue, Suite 702
Miami, FL 33136
Tel: 305 674-2194  Fax: 305 533-5241
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-11-21-004

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Prgm Director: B Ashton Baj, MD
Dept of Psychiatry & Behavioral Med
3515 E Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-8989  Fax: 813 974-3263
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 407-11-31-005

Graduate Medical Education Directory 2004-2005
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Wesley Woods Geriatric Hospital
Program Director: Larry E. Tanne, MD
1841 Clifton Road
Atlanta, GA 30329
Tel: 404 728-4900  Fax: 404 728-4903
E-mail: sdpfweb@emory.edu
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-12-24-006

Hawaii

Honolulu

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
VA Regional Office-Outpatient Clinic (Honolulu)
Program Director: Iqbal Ahmed, MD
1356 Luaitahi Street, 4th Floor
Honolulu, HI 96818
Tel: 808 586-2900  Fax: 808 590-2940
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-12-24-007

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: Lenley Blake, MD
675 North St Clair, #20-250
Chicago, IL 60611
Tel: 312 926-8818  Fax: 312 808-5928
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-16-24-008

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Richard L. Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Program Director: Valerie Smith-Gamble, MD
111 W 10th Street, A1212
Indianapolis, IN 46202
Tel: 317 278-3928  Fax: 317 274-1348
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-17-21-009

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Judith R Crossley, MD, PhD
300 Hawkins Drive
Dept of Psychiatry, 2280 JPP
Iowa City, IA 52242
Tel: 319 398-2311  Fax: 319 356-2987
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-18-21-007

Kansas

Wichita

University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine
(Wichita)
Via Christi Regional Medical Center-St Francis
Via Christi Regional Medical Center-St Joseph
Program Director: Connie Marsh, MD
1010 North Kansas
Wichita, KS 67214
Tel: 316 393-2547  Fax: 316 293-1874
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-19-21-010

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Touro Infirmary
Program Director: Kenneth M Sakuyari, MD
1542 Tulane Avenue
#302
New Orleans, LA 70112
Tel: 504 588-2126  Fax: 504 588-6642
E-mail: kensakuyari@cox.com
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-21-21-011

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Program Director: Peter V Rabins, MD
Meier 209
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 614-0576  Fax: 410 614-0104
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-23-21-012

University of Maryland/Sheppard Pratt Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Paul E Ruskin, MD
10 North Greene Street
Baltimore, MD 21201
Tel: 410 595-7584  Fax: 410 606-7771
E-mail: paul.ruskin@med.va.gov
Length: 1 yr
ACGME Approved/Offered Positions: 4
Program ID: 407-30-31-013

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Alan M Mellow, MD, PhD
1590 E Medical Center Drive
Ann Arbor, MI 48109-0994
Tel: 734 936-5630  Fax: 734 936-5642
E-mail: amell@umich.edu
Length: 2 yrs
ACGME Approved/Offered Positions: 6
Program ID: 407-33-21-015

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Charles Milliken, MD
Psychiatry Consultation Liaison Service
6900 Georgia Avenue, NW
Washington, DC 20017
Tel: 202 782-6975  Fax: 202 782-8906
E-mail: GeriPsychNCC@yahoo.com
Length: 1 yr
ACGME Approved/Offered Positions: 2
Program ID: 407-10-21-002
US Armed Services Program
New Hampshire

Lebanon

Dartmouth Hitchcock Medical Center Program
Sponsor: Dartmouth-Hitchcock Medical Center
Program Director: Thomas E. Oxman, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 497-32-21-020

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: P. B. Sterling, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 497-32-21-017

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Program Director: William A. Ortega, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 497-32-21-004

New York

Binghamton

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
Program Director: Peter M. Kuperberg, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 497-35-12-025

Accredited Programs in Geriatric Psychiatry (Psychiatry)

Detroit

Wayne State University/Lafayette Clinic Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: Shajja Hay, MD
UPC/Jefferon
2751 East Jefferson Avenue, Suite 400
Detroit, MI 48207
Tel: 313 877-5237 Fax: 313 877-2232
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 407-25-31-016

Minnesota

University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Program Director: William B Orr, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 497-32-21-004

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Program Director: Philip J LeFevre, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 407-28-21-018

Nebraska

Omaha

Creighton University/University of Nebraska Program
Sponsor: Creighton University School of Medicine
Program Director: William H Rocciaforte, MD
98552 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 354-6882 Fax: 402 354-6886
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 407-30-21-019

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Program Director: Gary C. Kennedy, MD
111 East 106th Street
Bronx, NY 10467
Tel: 718 929-4236 Fax: 917 432-1712
E-mail: gkennedy@mac.com
Length: 1 Yr
ACGME Approved/Offered Positions: 5
Program ID: 497-35-12-025

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Carl C. Cohen, MD
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-2107 Fax: 718 270-2104
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 497-35-12-025

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: St. John's Episcopal Hospital-South Shore
Program Director: Blaine S. Greenwald, MD
Length: 1 Yr
ACGME Approved/Offered Positions: 7
Program ID: 497-35-12-025

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: David M. Rosen, MD
1st Avenue at 166th Street
New York, NY 10023
Tel: 212 420-3090 Fax: 212 420-3093
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 497-35-12-025

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Hospital-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Steven Samsel, MD
One Gustave L Levy Place
Box 1230
New York, NY 10029
Tel: 718 551-5000 Fax: 718 551-5000
E-mail: sarshams@mountsinai.org
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 497-35-13-026
New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Manhattan)
Prgm Director: David Gordon, MD,
153 West 11th Street
New York, NY 10011
Tel: 212-694-6593 Fax: 212-694-8107
E-mail: davidgr@svmcny.org
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 407-35-23-028

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan Psychiatric Center
Prgm Director: Jeffrey R Posner, MD
550 First Avenue
New York, NY 10016
Tel: 212-568-6608 Fax: 212-779-0341
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 407-35-23-027

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Monroe Community Hospital
Rochester Psychiatric Center
Prgm Director: Jeffrey L Lyness, MD
300 Crittenden Boulevard
Box Psych
Rochester, NY 14622
Tel: 585-275-0471 Fax: 585-273-1062
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 407-35-32-029

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Prgm Director: Steven Cole, MD, MA
Department of Psychiatry and Behavioral Science
HSC, T-10, Room 040
Stony Brook, NY 11794
Tel: 631-444-5851 Fax: 631-444-7534
Length: 1 yr Program ID: 407-35-13-096

White Plains New York Presbyterian Hospital (Cornell Campus)/Westchester Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Westchester Division)
Prgm Director: Sheryl A Kilmera, MD
21 Bloomingdale Road
White Plains, NY 10605
Tel: 914-897-8060 Fax: 914-897-8069
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 407-35-21-090

North Carolina Durham Duke University Hospital Program
Sponsor: Duke University Hospital
John Umstead Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: David C Steffen, MD
Duke University Medical Center
Box 3003
Durham, NC 27710
Tel: 919-684-3040 Fax: 919-681-7668
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 407-36-21-047

Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director: John Kaschke, MD, PhD
231 Albert B Sabin Way, ML 0559
PO Box 670585
Cincinnati, OH 45267
Tel: 513-658-5118 Fax: 513-658-0046
E-mail: kathyjones@uc.edu
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 407-39-21-038

Kentucky Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Deborah J Gould, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3414 Fax: 216 844-1703
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 407-39-21-045

Oregon Portland Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital/ Oregon State Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Linda K Ganzini, MD, MPH
Mental Health Division, PIMHDC
PO Box 1034
Portland, OR 97207
Tel: 503-220-2526 Fax: 503-220-9499
E-mail: Linda.Ganzini@ohsuh.org
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 407-49-21-081

Pennsylvania Hershey Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Myra E Miller, MD
Penn State University
500 University Drive
Hershey, PA 17033
Tel: 717-531-1227 Fax: 717-531-8888
E-mail: myreamiller@psu.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 407-41-21-032

Philadelphia Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Belmont Center for Comprehensive Treatment
Prgm Director: Marc H Glassman, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215-458-8001
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 407-41-21-044

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Jose R Estrada, MD
5355 Market Street, Room 3005
Philadelphia, PA 19140
Tel: 215-645-8865 Fax: 215-645-8838
Length: 1 yr ACGME Approved/Offered Positions: 4
Program ID: 407-41-31-003

Pittsburgh University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center
UPMC Western Psychiatric Institute and Clinic
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Jules Rosen, MD
3811 O'Hara Street, Room 827
Pittsburgh, PA 15213
Tel: 412-624-0189 Fax: 412-624-2608
Length: 1 yr ACGME Approved/Offered Positions: 5
Program ID: 407-41-11-034

Rhode Island Providence Brown University Program
Sponsor: Butler Hospital
Eleanor Slater Hospital
Miriam Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Robert John, MD
345 Blackstone Boulevard
Providence, RI 02906
Tel: 401-456-6277
Length: 2 yrs ACGME Approved/Offered Positions: 6
Program ID: 407-43-21-045

South Carolina Charleston Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Jacoby B Mintzer, MD
67 President Street
PO Box 268661
Charleston, SC 29425
Tel: 843-740-1602 Fax: 843-740-6113
E-mail: lambrigs@musc.edu
Length: 1 yr ACGME Approved/Offered Positions: 2
Program ID: 407-49-21-081

Texas Dallas University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Mustafa M Husain, MD
5232 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214-648-2086 Fax: 214-648-8004
Length: 1 yr ACGME Approved/Offered Positions: 3
Program ID: 407-48-21-036
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Wilford Hall Medical Center (AETC)
Program Director: Jeffrey A. Cordes, MD
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5430  Fax: 210 567-6941
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 407-49-21-060

Washington
Seattle
Univerity of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Marcella Pascualy, MD
GRECC (1998)
1660 South Columbia Way
Seattle, WA 98108
Tel: 206 764-2311  Fax: 206 764-3573
E-mail: marcella.pascualy@med.va.gov
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 407-54-21-037

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Suzanne Holroyd, MD
PO Box 800623
Charlottesville, VA 22901
Tel: 434 244-2141  Fax: 434 244-5149
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 407-51-21-043

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Friedman Geriatric Hospital
Program Director: James L. Levenson, MD
West Hospital, 8th Floor
1200 East Broad Street
Richmond, VA 23298
Tel: 804 828-7673  Fax: 804 828-7655
E-mail: jlevenson@hsc.vcu.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 407-51-21-061

Roanoke
Carilion Health System/University of Virginia (Roanoke-Salem) Program
Sponsor: Carilion Health System
Catalows State Hospital
Veterans Affairs Medical Center (Salen)
Program Director: David Trinkle, MD
PO Box 13987
Roanoke, VA 24033
Tel: 540 861-7653  Fax: 540 861-7469
E-mail: dtrinkle@carilion.com
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 407-51-15-065

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Mendota Mental Health Institute
William S Middleton Veterans Hospital
Program Director: Timothy Howell, MD, MA
Mental Health Clinic 2A
3500 Overlook Terrace
Madison, WI 53705
Tel: 608 280-7084  Fax: 608 280-7204
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 407-56-21-039

Hand Surgery
(General Surgery)

Florida
Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Shriners Hospitals for Children (Tampa)
Tampa General Hospital
Program Director: Robert Belsole, MD
4 Columbia Drive, #500
Tampa, FL 33606
Tel: 813 259-0857  Fax: 813 259-0885
E-mail: kshoemak@hsc.usf.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 443-11-31-004

Kentucky
Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Program Director: Amitava Gupta, MD
225 Abraham Flexner Way
Suite 850
Louisville, KY 40202
Tel: 502 562-0028  Fax: 502 562-0028
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 443-20-21-003

Maryland
Baltimore
Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Program Director: Thomas J. Graham, MD
The Curtis National Hand Center
3333 North Calvert Street
Baltimore, MD 21218
Tel: 410 554-6033  Fax: 410 554-4080
E-mail: tori.wilcock@medstar.net
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 443-23-21-001
Hand Surgery (Orthopaedic Surgery)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: Donald H Lee, MD
510 20th Street South, FOT 905
Birmingham, AL 35294
Tel: 205 934-5894 Fax: 205 975-9326
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-01-20-018

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
Program Director: Randy B Biedrza, MD
Department of Orthopaedic Surgery/Hand Surgery
4301 W Markham, Slot 531
Little Rock, AR 72205
Tel: 501 686-5565 Fax: 501 686-7824
E-mail: handfellows@uams.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-04-21-044

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Program Director: Kenneth Morf, MRCR,B
Department of Orthopaedic Surgery
11224 Anderson Street, Room A537
Loma Linda, CA 92354
Tel: 909 558-4413 Fax: 909 558-8820
E-mail: handfellows@uams.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-05-21-006

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Neil Ford Jones, MD
Box 065002 Room 76-143 CHS
10835 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-7744 Fax: 310 267-0144
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-05-21-014

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Program Director: Stephen B Schnall, MD
1510 San Pablo, Suite 222
Los Angeles, CA 90033
Tel: 213 442-5810 Fax: 213 226-1513
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-05-21-039

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Robert M Salvo, MD, MPH
Department of Orthopaedics
4810 Y Street, Suite 5900
Sacramento, CA 95817
Tel: 916 734-3678 Fax: 916 734-7904
E-mail: pjm@ucdavis.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-21-023

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Reid A Abrams, MD
200 West Arbor Drive, 8884
San Diego, CA 92166
Tel: 619 543-5505 Fax: 619 543-2540
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-21-024

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Shriners Hospitals for Children (Sacramento)
Program Director: Edward Ruy, MD
500 Parnassus Ave MO-220W
San Francisco, CA 94143
Tel: 415 476-1167 Fax: 415 476-1304
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-06-21-019

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Program Director: Amy L Ludd, MD
500 Welch Road
Suite 15
Palo Alto, CA 94304
Tel: 650 723-6778 Fax: 650 723-6778
E-mail: pam.rawls@stanford.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-05-21-054

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: H Kirk Watson, MD
85 Seymour Street, Suite 816
Hartford, CT 06106
Tel: 860 527-7101 Fax: 860 728-3227
E-mail: hkwatsonu@uconn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-08-21-030

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Paul C Dell, MD
Box 100341, JHM Health Center
Gainesville, FL 32610
Tel: 352 295-9498 Fax: 352 295-0657
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-11-21-011

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: E Anne Ouellette, MD, MBA
Department of Orthopaedics (D-27)
1611 NW 12th Avenue, Suite 305
Miami, FL 33105
Tel: 305 356-6600 Fax: 305 336-6448
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-11-21-013

Illinois

Chicago

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Daniel P Mass, MD
5841 South Maryland, MC 3079
Chicago, IL 60637
Tel: 773 702-6306 Fax: 773 702-4378
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-16-21-035

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clerian Indiana University Hospital
Indiana Hand Center
St Vincent Hospital and Health Care Center
Program Director: Richard W Soffer, MD
5901 Harcourt Road
PO Box 89454
Indianapolis, IN 46280
Tel: 317 471-4354 Fax: 317 471-4316
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 263-17-21-041
Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Brian D Adams, MD
Orthopaedic Surgery
200 Hawkins Dr
Iowa City, IA 52242
Tel: 319-335-6222 Fax: 319-335-5754
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-18-21-009

Maryland

Baltimore
Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Program Director: Thomas J Graham, MD
The Carter National Hand Center
3333 North Calvert Street
Baltimore, MD 21218
Tel: 410-554-6589 Fax: 410-554-4403
E-mail: towt.wilson@memhr.net
Length: 1 Yr ACGME Approved/Offered Positions: 9
Program ID: 263-23-12-069

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium Union Memorial Hospital
Walter Reed Army Medical Center
Program Director: Gerald L. Farber, MD
Department of Orthopaedics and Rehabilitation
Orthopaedic Surgery Service, GA
Washingion, DC 20017
Tel: 202-782-5882 Fax: 202-782-5845
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-10-21-064
& US Armed Services Program

Massachusetts

Boston
Brigham and Women's Hospital/ Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Birchwood-West Roxbury)
Children's Hospital
Faulkner Hospital
Massachusetts General Hospital
Program Director: Barry P Simmons, MD
75 Francis Street
Boston, MA 02115
Tel: 617-732-8550 Fax: 617-732-9937
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-24-21-004

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Program Director: Charles Cassidy, MD
Department of Orthopaedics, box 26
750 Washington Street
Boston, MA 02111
Tel: 617-638-5760 Fax: 617-638-5785
E-mail: joloh@tufts-nemc.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-24-21-029

Worcester
UMass Memorial Health Care Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
Program Director: Lance G Warhold, MD
Hannemah Campus
281 Lincoln Street
Worcester, MA 01605
Tel: 508-334-5096 Fax: 508-334-5151
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-24-21-065

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Methodist Hospital
Program Director: Matthew D Putnam, MD
420 Delaware Street, SE, MMC 492
Minneapolis, MN 55455
Tel: 612-625-1127 Fax: 612-625-6000
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-24-21-097

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: Richard A Berger, MD
200 First Street, SW
Rochester, MN 55902
Tel: 507-284-3118 Fax: 507-284-5529
E-mail: harman.natalie18@mayo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-26-21-007

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Mississippi Baptist Hospital and Rehabilitation Center
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Alan E Freeeland, MD
3500 N State Street
Jackson, MS 39216
Tel: 601-815-1200 Fax: 601-864-5151
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-37-21-032

Missouri

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barrow-Jewish Hospital
Program Director: Martin I Boyer, MD
Campus Box 8233
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314-747-2753 Fax: 314-747-3766
E-mail: ortizmg@wustl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-28-21-003

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Program Director: Mohab S Monsen, MD
MSC10 5000
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505-272-4107 Fax: 505-272-3581
E-mail: hpargas@salud.unm.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 263-34-21-007

New York

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Millard Fillmore Hospital)
Rosewell Park Cancer Institute
Program Director: Omer, J Mos, MD
3 Gates Circle
Buffalo, NY 14203
Tel: 716-877-4340 Fax: 716-877-5000
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-16-21-015

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Charles F Medcine Jr, MD
321 East 24th Street
New York, NY 10016
Tel: 212-346-6000 Fax: 212-346-0008
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 263-35-12-006

Hospital for Special Surgery/Cornell Medical Center Program
Sponsor: Hospital for Special Surgery Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Scott W Wolfs, MD
333 East 70th Street
New York, NY 10021
Tel: 212-606-1466 Fax: 212-774-2779
E-mail: acadmedictraining@hss.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 263-35-21-017

Graduate Medical Education Directory 2004-2005
Mount Sinai School of Medicine Program  
Sponsor: Mount Sinai School of Medicine  
Elmhurst Hospital Center-Mount Sinai Services  
Mount Sinai Medical Center  
NTU Hospitals Center  
Pgm Director: Michael Hausman, MD  
5 E 89th Street, Box 1198  
New York, NY 10029  
Tel: 212 241-1621  
Fax: 212 241-9429  
E-mail: eileen.tighe@mountsinai.org  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 263-35-23-068

New York Presbyterian Hospital  
(Columbia Campus) Program  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Columbia Campus)  
Pgm Director: Martin Enzer, MD  
176 Columbia Parkway, 11th Floor  
New York, NY 10032  
Tel: 212 360-8080  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 263-35-31-008

New York University School of Medicine/Hospital for Joint Diseases  
Orthopaedic Institute Program  
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Elmhurst Hospital Center-Mount Sinai Services  
Hospital for Joint Diseases Orthopaedic Institute  
Jamaica Hospital Medical Center  
Manhattan VA Harbor Health Care System  
Pgm Director: Robert J. Lowery, MD  
2 East 88th Street  
New York, NY 10128  
Tel: 212 548-0946  
Fax: 212 368-4742  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 263-35-21-047

St Luke's-Roosevelt Hospital Center Program  
Sponsor: St. Luke’s - Roosevelt Hospital Center  
St. Luke’s-Roosevelt Hospital Center-Roosevelt Division  
Pgm Director: Steven Z Glickel, MD  
1000 First Avenue  
New York, NY 10019  
Tel: 212 623-7659  
Fax: 212 523-6570  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 263-35-21-055

Rochester  
University of Rochester Program  
Sponsor: Strong Memorial Hospital of the University of Rochester  
Pgm Director: Matthew M Tomaiolo, MD  
601 Elmwood Avenue, Box 695  
Rochester, NY 14642  
Tel: 585 273-3157  
Fax: 585 273-3397  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 263-35-21-010

Stony Brook  
SUNY at Stony Brook Program  
Sponsor: Stony Brook Hospital - SUNY at Stony Brook  
Pgm Director: Lawrence C Hurst, MD  
SUNY Stony Brook HSC 718-980  
Stony Brook, NY 11794  
Tel: 631 444-3145  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 263-35-31-020

Syracuse  
SUNY Upstate Medical University Program  
Sponsor: SUNY Upstate Medical University  
Crouse Hospital  
Texas Scottish Elite Hospital for Children  
Pgm Director: Jon L Sobota, MD  
500 Harrison Street  
Syracuse, NY 13202  
Tel: 315 464-8809  
Fax: 315 464-5322  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 263-35-21-021

North Carolina  
Durham  
Duke University Hospital Program  
Sponsor: Duke University Hospital  
Pgm Director: J Michael Hergenroeder, MD  
Box 2912, Orthopaedic Division  
Durham, NC 27710  
Tel: 919 884-3119  
Fax: 919 881-7672  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 263-36-21-022

Winston-Salem  
Wake Forest University School of Medicine Program  
Sponsor: Wake Forest University Baptist Medical Center  
Pgm Director: James L Krampe, MD  
1001 Hanes Mall Boulevard  
Winston-Salem, NC 27106  
Tel: 336 716-2378  
E-mail: berman@wfu.edu  
Length: 1 Yr  
Program ID: 263-36-21-066

Ohio  
Cincinnati  
University Hospital/University of Cincinnati College of Medicine Program  
Sponsor: University Hospital Inc  
TriHealth - Bethesda Hospital  
Pgm Director: Peter J Stern, MD  
538 Oak Street  
Cincinnati, OH 45219  
Tel: 513 861-4283  
Fax: 513 898-1436  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 263-38-21-015

Cleveland  
Cleveland Combined Hand Fellowship Program  
Sponsor: Cleveland Clinic Foundation  
MetroHealth Medical Center  
Pgm Director: Thomas H Hunt III, MD  
Department of Orthopaedic Surgery / A46  
The Cleveland Clinic Foundation, 9500 Euclid Avenue  
Cleveland, OH 44195  
Tel: 216 445-6428  
Fax: 216 445-9594  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 263-38-21-045

Oklahoma  
Oklahoma City  
Integris Baptist Medical Center Program  
Sponsor: Integris Baptist Medical Center  
OU Medical Center  
Pgm Director: Ghaith M Bayan, MD  
3000 NW Expressway, Room 100-3484  
Oklahoma City, OK 73112  
Tel: 405 945-4888  
Fax: 405 945-4887  
E-mail: corene@integris.com  
Length: 1 Yr  
ACGME Approved/Offered Positions: 2  
Program ID: 263-39-21-049

Pennsylvania  
Philadelphia  
Thomas Jefferson University Program  
Sponsor: Thomas Jefferson University Hospital  
Pgm Director: Lee Osterman, MD  
854 Chestnut Street  
Suite G-114  
Philadelphia, PA 19107  
Tel: 215 678-4467  
Fax: 215 678-4469  
E-mail: ALOsterman@HandCenters.com  
Length: 1 Yr  
ACGME Approved/Offered Positions: 6  
Program ID: 263-41-21-101

University of Pennsylvania Program  
Sponsor: University of Pennsylvania Health System  
Presbyterian Medical Center (UPHS)  
Veterans Affairs Medical Center (Philadelphia)  
Pgm Director: David B Steinberg, MD  
3400 Spruce Street, 2 Silversetein  
Philadelphia, PA 19104  
Tel: 215 600-3454  
Fax: 215 349-5890  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 263-41-21-004

Pittsburgh  
Allegheny General Hospital Program  
Sponsor: Allegheny General Hospital  
Pgm Director: Mark E Barsitz, MD  
320 E North Avenue  
Pittsburgh, PA 15212  
Tel: 412 359-6186  
Fax: 412 359-8055  
Length: 1 Yr  
Program ID: 263-41-21-031

University of Pittsburgh Medical Center  
Medical Education Program  
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program  
Western Pennsylvania Hand & Trauma Center  
Pgm Director: Joseph E Imbriglia, MD  
6001 Stoneywood Drive  
2nd Floor  
Wexford, PA 15090  
Tel: 724 933-3850  
Fax: 724 933-3861  
E-mail: shayn@handchirpx.com  
Length: 1 Yr  
ACGME Approved/Offered Positions: 6  
Program ID: 263-41-21-051

Rhode Island  
Providence  
Brown University Program  
Sponsor: Rhode Island Hospital-Lifespan  
Pgm Director: Edward Ackeman, MD  
2 Dudley Street, Suite 309  
Providence, RI 02905  
Tel: 401 467-1512  
Fax: 401 431-3874  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 263-43-31-029
Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Campbell Clinic - University of Tennessee
Methodist Healthcare - Memphis Hospitals
Prgm Director: Phillip E Wright II, MD
1211 Union Ave
Suite 510
Memphis, TN 38104
Tel: 901-769-3274  Fax: 901-769-3192
E-mail: mgreenlio@utmem.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 268-47-21-046

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
HARBORVIEW Medical Center
University of Washington Medical Center
Prgm Director: Thomas E Trumble, MD
1969 NE Pacific Street
Seattle, WA 98105
Tel: 206-543-3600  Fax: 206-685-3139
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 263-54-21-033

Hand Surgery (Plastic Surgery)
California
Los Angeles
University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Southern California Orthopedic Institute
Prgm Director: Randolph Sherman, MD
1460 San Pablo Street, Suite 2000
Los Angeles, CA 90033
Tel: 213-443-4692  Fax: 213-442-6481
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 363-05-21-014

San Francisco
California Pacific Medical Center/University of California (San Francisco) Program
Sponsor: California Pacific Medical Center (Davies Campus)
Prgm Director: Gregory M Buscke, MD
45 Castro Street, 140 North
San Francisco, CA 94114
Tel: 415-565-6196  Fax: 415-864-1654
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 363-05-31-017

Illinois
Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Bronson J Wilhelmi, MD
PO Box 18653
747 North Rutledge 3rd Floor
Springfield, IL 62704
Tel: 217-545-7008  Fax: 217-545-2538
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 363-11-21-023

Massachusetts
Boston
Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center
Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Joseph Upton, MD
800 Boylston Street, Suite 512
Chestnut Hill, MA 02167
Tel: 617-398-1972  Fax: 617-398-6824
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 363-24-31-012
Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Prgm Director: James W May Jr, MD
White 425-A
65 Fruit St
Boston, MA 02114
Tel: 617 726-8239 Fax: 617 726-5365
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 365-24-21-001

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Keith E Brandt, MD
Campus Box 8238
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314 747-0541 Fax: 314 367-0725
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 365-28-21-005

New York
New York
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Mount Sinai Medical Center
Prgm Director: Robert W Beamley, MD
Institute of Reconstructive Plastic Surgery
550 First Avenue
New York, NY 10016
Tel: 212 263-8279 Fax: 212 263-3279
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 365-39-21-010

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospitals
Shriners Hospitals for Children (Portland)
Veterans Affairs Medical Center (Portland)
Prgm Director: Juliana E Hansen, MD
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-7854 Fax: 503 494-0441
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 365-40-21-018

Pennsylvania
Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Prgm Director: W P Andrew Lee, MD
3550 Terrace Street
Salute Hall, Suite 690
Pittsburgh, PA 15213
Tel: 412 363-8080 Fax: 412 363-8053
E-mail: beedlend@upmc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 365-41-21-010

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Froedtert Memorial Lutheran Hospital
Prgm Director: Harri S Matloub, MD
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-5465 Fax: 414 259-0091
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 365-56-21-007

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Texas Scottish Rite Hospital for Children
Prgm Director: Harry H Orenstein, MD
Department of Plastic Surgery
5223 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-7551 Fax: 214 648-6776
E-mail: Rod.Rohrich@UTSouthwestern.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 365-48-21-004

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: David B Drake, MD
Dept of Plastic Surgery
PO Box 900376
Charlottesville, VA 22908
Tel: 434 924-1234 Fax: 434 924-1333
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 365-51-21-013
Hematology (Internal Medicine)

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital

Prgm Director: Michael P. Kosta, MD
10996 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8388 Fax: 858 554-9241
Length: 2 Yrs
Program ID: 145-06-21-062

Los Angeles

University of Southern California/LAC-USC Medical Center Program

Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC + USC Medical Center
USC University Hospital

Prgm Director: Alexander M Levine, MD
Norris Cancer Hospital
1441 Bastile Avenue, RM 3468
Los Angeles, CA 90033
Tel: 213 865-2010 Fax: 213 865-0900
Length: 2 Yrs 
ACGME Approved/Offered Positions: 7
Program ID: 145-06-21-046

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Lawrence Leung, MD
Department of Medicine
CGSR 1155, MC 5456
Stanford, CA 94305
Tel: 650 735-4030 Fax: 650 735-0974
Length: 2 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 145-06-21-020

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Bernard G Fugate, MD
Hematology Section, WWW 409
333 Cedar Street
New Haven, CT 06510
Tel: 203 785-4144 Fax: 203 785-7232
Length: 2 Yrs
Program ID: 145-06-21-021

District of Columbia

Washington

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Craig M Koslowski, MD
Lombardi Cancer Center
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-4229 Fax: 202 444-2429
Length: 2 Yrs
Program ID: 145-10-21-078

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Fitzroy W Dawkins, MD
2041 Georgia Avenue, NW
Washington, DC 20009
Tel: 202 865-7649 Fax: 202 865-7711
Length: 2 Yrs
Program ID: 145-10-21-114

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Michael B Streiff, MD
Bem Div Ross Bldg, Ste 1025
729 Rutland Avenue
Baltimore, MD 21205
Tel: 410 614-0727 Fax: 410 614-8601
E-mail: mstreiff@jhmi.edu
Length: 2 Yrs
Program ID: 145-23-11-064

Bethesda

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Cynthia E Dunbar, MD
10 Center Drive
Building 10, Room 7C103
Bethesda, MD 20892
Tel: 301 496-1454 Fax: 301 496-8396
E-mail: noguer@nihbch.nih.gov
Length: 2 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 145-23-21-177

New York

Brooklyn

Coney Island Hospital Program

Sponsor: Coney Island Hospital
Prgm Director: Shafkat Hussain, MD
5601 Ocean Parkway
Brooklyn, NY 11235
Tel: 718 616-3188 Fax: 718 616-3182
Length: 2 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 145-35-11-140

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Medical Center (Buffalo)
Prgm Director: Dale Bernstein, MD
Dept of Hematology
401 Grider Street
Buffalo, NY 14215
Tel: 716 898-3944 Fax: 716 898-2379
Length: 2 Yrs
Program ID: 145-35-31-005

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Linda Cunnion, MD
3301 Hempstead Meadow
East Meadow, NY 11554
Tel: 516 577-4713 Fax: 516 572-5699
Length: 2 Yrs
Program ID: 145-35-21-084

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Simon Karpukin, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212-263-6000 Fax: 212-263-0685
Length: 2 Yrs
Program ID: 145-35-21-104

Puerto Rico

San Juan

San Juan City Hospital Program

Sponsor: San Juan City Hospital
Hospital Universitario Dr. Ramon Ruiz Arruas
I Gonzalez Martinez Oncologic Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Luis Buen, MD
Department of Medicine
PO Box 21405
Rio Piedras, PR 00938
Tel: 787 758-7348 Fax: 787 758-7348
Length: 3 Yrs
Program ID: 145-42-11-080
Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Prgm Director: Lawrence Rice, MD
Length: 2 Yrs
Tel: 713 441-3127 Fax: 713 799-0828
E-mail: stevens@bcm.tmc.edu
Program ID: 145-48-31-016

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Prgm Director: Harinder S Juneja, MD
Internal Medicine, Division of Hematology
4631 Fannin, MSB 5.016
Houston, TX 77030
Tel: 713 500-6830 Fax: 713 500-6810
E-mail: harinder.s.juneja@uth.tmc.edu
Length: 2 Yrs
Program ID: 145-48-31-016

Hematology (Pathology)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Prgm Director: Catherine M Listinsky, MD
Erskine Building, Room 506
1920 7th Avenue South
Birmingham, AL 35233
Tel: 205 975-8880 Fax: 205 934-4418
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-01-21-036

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Catherine E Spier, MD
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-3100 Fax: 520 626-3521
Length: 1 Yr
Program ID: 311-03-32-098

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Steven A Schichman, MD, PhD
4301 West Markham
Mail Slot 605
Little Rock, AR 72205
Tel: 501 686-7015
E-mail: SASchichman@uams.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-04-21-038

California
Duarte
City of Hope National Medical Center Program
Sponsor: City of Hope National Medical Center
Prgm Director: Karl Gaa, MD
Department of Pathology
1500 East Duarte Road
Duarte, CA 91010
Tel: 626 335-9111 Fax: 626 335-8145
Length: 1 Yr
Program ID: 311-05-21-040

La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Kelly Bebel, MD
10606 N Torrey Pines Road
Mail Code 403C
La Jolla, CA 92037
Tel: 858 554-9733 Fax: 858 554-6402
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 311-05-21-088

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Stephen Len, MD
8700 Beverly Boulevard
Room #4533
Los Angeles, CA 90048
Tel: 310 423-0471
Length: 1 Yr
Program ID: 311-05-21-010

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Parham Naeim, MD
10821 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 265-3375
E-mail: fawazim@mednet.ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-05-21-062

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Prgm Director: Russell K Byrne, MD
USC Keck School of Medicine
1200 N State Street, Room 2426
Los Angeles, CA 90033
Tel: 323 263-7067
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-05-21-017

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Edward C Larkin, MD
Department of Medicine
4400 Y Street, Path Building, Suite 1118
Sacramento, CA 95817
Tel: 916 734-2370 Fax: 916 734-6408
Length: 1 Yr
Program ID: 311-05-21-009

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Scott C Kang, MD
506 Parnassus Avenue
Room MS24
San Francisco, CA 94143
Tel: 415 353-1750 Fax: 415 353-1106
Length: 1 Yr
Program ID: 311-05-21-053
Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Prgm Director: Daniel A. Arber, MD
300 Pasteur Drive, H1507 M/C 0527
Stanford, CA 94305
Tel: 650 725-5604
E-mail: darber@stanford.edu
Length: 1 Yr
Program Id: 311-05-21-073

Connecticut
Hartford
Hartford Hospital Program
Sponsor: Hartford Hospital
Prgm Director: William N Rezuke, MD
80 Seymour Street
Hartford, CT 06102
Tel: 860 545-3510
E-mail: wrezuke@hartthosp.org
Length: 1 Yr
Program Id: 311-08-11-921

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Departments of Pathology and Laboratory Medicine
20 York Street, Pitkin 617a, PO Box 208905
New Haven, CT 06520
Tel: 203 688-2290
Fax: 203 688-4111
E-mail: fishjrd@lab.med.yale.edu
Length: 1 Yr
Program Id: 311-08-13-085

District of Columbia
Washington
Armed Forces Institute of Pathology Program
Sponsor: Armed Forces Institute of Pathology
National Naval Medical Center (Baltimore)
Walter Reed Army Medical Center
Prgm Director: Susan L. Abdolzadeh, MD
14th and Alaska Avenue, NW
Building 54, Room 124A
Washington, DC 20016
Tel: 202 789-1740
Fax: 202 789-9157
Length: 1 Yr
Program Id: 311-19-21-090

US Armed Services Program
Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: Metin Ozdemirli, MD, PhD
3800 Reservoir Road, NW
Room 165 Basic Science Building
Washington, DC 20007
Tel: 202 687-6295
Fax: 202 687-8335
Length: 1 Yr
Program Id: 311-19-21-079

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Raul C Braunhans, MD
PO Box 100275
Gainesville, FL 32610
Tel: 352 392-3477
Length: 1 Yr
Program Id: 311-11-21-051

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Gerald B Byrne, MD
1611 NW 12th Avenue
Miami, FL 33135
Tel: 305 555-3122
Length: 1 Yr
Program Id: 311-11-21-089

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Prgm Director: Jeanine T. Holden, MD
1504 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-7344
Fax: 404 727-3519
Length: 1 Yr
Program Id: 311-12-21-027

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: John R. Krause, MD
Department of Pathology, Feinberg Pavilion 7-205
251 E Huron Street
Chicago, IL 60611
Tel: 312 925-8504
Fax: 312 925-8660
E-mail: johnkrause@northwestern.edu
Length: 1 Yr
Program Id: 311-16-21-055

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: John R Krause, MD
5841 South Maryland, MC0098
Chicago, IL 60637
Tel: 773 432-1153
Fax: 773 432-1200
E-mail: johnkrause@uchospitals.edu
Length: 1 Yr
Program Id: 311-16-21-037

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Michele D. Nalb, MD
840 South Wood Street, MC 750
Chicago, IL 60612
Tel: 312 995-7206
Fax: 312 995-7256
Length: 1 Yr
Program Id: 311-16-21-041

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Prgm Director: John R. Krause, MD
701 W Balbo Drive, PO Box 606157
Maywood, IL 60153
Tel: 708 209-3510
Length: 1 Yr
Program Id: 311-16-21-018

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Indiana University Hospital
Clarian Riley Hospital for Children
Prgm Director: Attilio Orazio, MD
701 S Pennsylvania Avenue
Indianapolis, IN 46202
Tel: 317 274-7250
Fax: 317 274-0149
Length: 1 Yr
Program Id: 311-17-21-445

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Nancy S. Rosenthal, MD
300 Hawkins Drive, PO Box 6225
Iowa City, IA 52242
Tel: 319 384-8751
Fax: 319 384-8951
Length: 1 Yr
Program Id: 311-19-21-029

Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Prgm Director: John R Krause, MD
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 888-6324
Fax: 504 662-7862
E-mail: jordans@tulane.edu
Length: 1 Yr
Program Id: 311-21-31-076
Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Michael J. Benowitz, MD, PhD
401 N Broadway
2335 Weinberg Building
Baltimore, MD 21211
Tel: 410-614-6866
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 311-29-21-072

Baltimore
National Institutes of Health Program
Sponsor: National Center at the National Institutes of Health
Program Director: Elaine Jaffe, MD
10 Center Drive, Building 10 Room 2N202
Bethesda, MD 20892
Tel: 301-496-0183 Fax: 301-402-2145
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-29-31-087

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Germaine A. A. F第六届, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 667-4383 Fax: 617 667-4333
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-29-21-096

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: Geraldine S. Pinkus, MD
75 Francis Street
Boston, MA 02115
Tel: 617 730-7329 Fax: 617 715-3044
Length: 1 Yr Program ID: 311-24-21-048

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Robert F. Pinsker, MD
55 Fruit Street
Warren Building, Second Floor
Boston, MA 02114
Tel: 617 734-1448 Fax: 617 736-7474
E-mail: chausserjan@partners.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-24-12-081

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Bertram Schnitzer, MD
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-1874
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-25-21-026

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview University Medical Center
Program Director: John G. Mason, MD
3601 West 13th Street
Minneapolis, MN 55456
Tel: 612 273-3987 Fax: 612 273-3866
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-29-11-002

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Program Director: William H. Macaluso, MD
200 First Street SW
Rochester, MN 55905
Tel: 507-284-1198 Fax: 507-284-1098
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-36-21-010

Missouri

St Louis
University of Missouri Program
Sponsor: St. Louis University School of Medicine
Program Director: Fred E. Gross, MD, PhD
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314-977-6475 Fax: 314-268-5655
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-28-31-074

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Terry Nazer, MD
Dept Pathology/Hematopathology (Mail Code 81)
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 455-5686 Fax: 518 455-5681
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-35-91-001

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Bertram Burkitt, MD
One Barnes Hospital Plaza
St Louis, MO 63110
Tel: 314 362-0101
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-28-21-009
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Pgm Director: Howard Banez, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718-859-7782 Fax: 718-859-7611
E-mail: hrnech@montefiore.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-35-31-068

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: John R Prolo, MD
First Avenue at 16th Street
New York, NY 10003
Tel: 212-420-4041 Fax: 212-420-3449
E-mail: jprolo@bi.mcny.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-35-21-006

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Babhr Abodei, MD
630 West 168th Street
Room W-203
New York, NY 10032
Tel: 212-938-5255
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-35-21-064

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Gianco Prizara, MD
525 East 68th Street
New York, NY 10021
Tel: 212-746-6401 Fax: 212-746-8173
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-35-21-056

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Giorgio Inghirami, MD
600 First Avenue
New York, NY 10016
Tel: 212-263-7768 Fax: 212-263-7712
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-35-21-060

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: Robert E Hutchison, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315-464-8772
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-35-21-030

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Pgm Director: Unaddei S Katwa, MD
Basic Science Bldg - Room 413
Valhalla, NY 10595
Tel: 914-594-4190 Fax: 914-594-4163
E-mail: elizabeth.lamacci@nymc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-35-12-091

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: cherie.ii.Dunphy, MD
Department of Pathology and Laboratory Medicine
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919-943-2116 Fax: 919-943-0373
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-36-21-002

Charlotte
Carolina's Medical Center Program
Sponsor: Carolina's Medical Center
Pgm Director: Peter M Banks, MD
1000 Blythe Boulevard
Charlotte, NC 28203
Tel: 704-355-2071 Fax: 704-355-2156
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-36-21-066

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Pgm Director: Patrick J Buckley, MD, PhD
Department of Pathology, Erwin Road
Box 3712
Durham, NC 27710
Tel: 919-684-8586 Fax: 919-684-2156
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-36-21-065

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Pgm Director: Harold B Schumacher, MD
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513-558-7188
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-38-21-042

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland
Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Howard Meyerson, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-844-1839
E-mail: hjm2@case.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-38-21-011

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Eric D Hei, MD
6000 Euclid Avenue-L11
Cleveland, OH 44195
Tel: 216-444-3320 Fax: 216-444-4414
Length: 1 Yr
Program ID: 311-38-21-065

Columbus
Ohio State University Hospitals Program
Sponsor: Ohio State University Hospital
Pgm Director: Amy S Gewirtz, MD
B-310 Dean Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614-293-9676 Fax: 614-293-2073
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-38-21-065

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Pgm Director: Rita M Braziel, MD
318 SW Sam Jackson Park Road
Department of Pathology, L-113
Portland, OR 97201
Tel: 503-494-2315 Fax: 503-494-8148
E-mail: brazielr@ohsu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 311-40-21-000

Pennsylvania
Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Pgm Director: Manjula Balasubramanian, MD
245 N 15th Street
Philadelphia, PA 19102
Tel: 215-852-7074
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 311-41-11-098

Temple University Program
Sponsor: Temple University Hospital
St Christopher's Hospital for Children (Tenet Health System)
Pgm Director: Henry Smpkins, MD, PhD
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215-707-4353 Fax: 215-707-6864
Length: 1 Yr
Program ID: 311-41-21-063
Accredited Programs in Hematology (Pathology)

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Roland Schwarting, MD
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 345-8300
E-mail: roland@chwarting.net
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 311-41-21-078

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Lay L. Hess, MD, PhD
413B Nathan Starch Lebas
242 Curie Boulevard
Philadelphia, PA 19104
Tel: 215 573-6500 Fax: 215 573-6520
Length: 1 Yr
Program ID: 311-41-21-069

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Karl R. Fox, MD
330 East North Avenue
Pittsburgh, PA 15219
Tel: 412 359-3541
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 311-41-21-035

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Program Director: Steven H. Swerdlow, MD
UPMC Presbyterian, Room C506.1
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-3161 Fax: 412 647-4006
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 311-41-21-014

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: John Lazarchick, MD
171 Ashley Avenue
Charleston, SC 29403
Tel: 843 792-2032
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 311-41-21-057

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Thomas L. McCarty, MD
4601 The Vanderbilt Clinic
Pierce & 22nd Ave
Nashville, TN 37222
Tel: 615 322-0145 Fax: 615 343-7961
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 311-41-21-070

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children’s Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Robert W. McKenna, MD
5323 Harry Hines Boulevard
Dallas, TX 75230
Tel: 214 648-4004 Fax: 214 648-4070
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 311-41-21-094

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children’s Hospital
Program Director: Chung-Che Chang, MD, PhD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-4081 Fax: 713 798-3965
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 311-41-21-012

University of Texas MD Anderson Cancer Center Program
Sponsor: University of Texas MD Anderson Cancer Center
Program Director: Lynne V. Abruzzo, MD, PhD
Dept of Hematopathology - Box 72
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 794-5439 Fax: 713 792-7273
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 311-41-21-019

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Health Science Center at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Marshall C. Kinney, MD
7703 Floyd Curl Drive
Mail Code 7570
San Antonio, TX 78229
Tel: 210 567-9731 Fax: 310 567-3478
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 311-41-21-020

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Program Director: William Kiss, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254-724-5801 Fax: 254-724-5831
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 311-41-21-044

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Program Director: Sherrie L. Perkins, MD, PhD
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-5854
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 311-41-21-024

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: John B. Causar, MD
PO Box 800114
Charlottesville, VA 22908
Tel: 434 924-9750
Length: 1 Yr
Program ID: 311-51-21-097

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: Jonathan Ben-Ezra, MD
PO Box 900882
Richmond, VA 23298
Tel: 804 988-9002 Fax: 804 988-2612
E-mail: jonben@vcu.edu
Length: 1 Yr
Program ID: 311-51-13-096

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Daniel E. Sabath, MD, PhD
Box 357110
Seattle, WA 98195
Tel: 206 598-6833 Fax: 206 598-6189
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 311-54-21-067

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Catherine Leith, MD
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7158 Fax: 608 263-1568
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 311-65-21-061
Hematology and Oncology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Program Director: Jeff Chang, MD
1530 3rd Avenue South
Birmingham, AL 35204
Tel: 205 834-3721 Fax: 205 834-9573
Length: 3 Yrs
Program ID: 155-01-21-001

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Frederick R Ahmann, MD
Arizona Cancer Center
1516 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 233-8006 Fax: 520 233-8006
Length: 3 Yrs
Program ID: 155-03-21-003

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Laura F Hutchins, MD
4091 West Markham, Mail Slot 508
Division of Hematology/Oncology
Little Rock, AR 72205
Tel: 501 686-8011 Fax: 501 686-7861
E-mail: rfhutchins@uams.edu
Length: 3 Yrs
Program ID: 155-04-21-129

California

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Fairooz F Kabbiravan, MD
Center for the Health Sciences
2333 PVLB, Box 957059
Los Angeles, CA 90025
Tel: 310 267-5869 Fax: 310 267-0151
Length: 3 Yrs
Program ID: 155-05-21-123

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Jan C Chang, MD
101 The City Drive South
RI 81, Building 23, Room 244
Orange, CA 92668
Tel: 714 456-6583 Fax: 714 456-2242
Length: 3 Yrs
Program ID: 155-06-21-136

Sacramento

University of California (Davis) Health System Program

Sponsor: University of California (Davis) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Theodore Wun, MD
2315 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-7372 Fax: 916 734-7546
Length: 3 Yrs
Program ID: 155-06-41-005

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Elaine A Muchmore, MD
Mail Stop M 011B
3350 La Jolla Village Drive
San Diego, CA 92161
Tel: 858 662-3356 Fax: 858 552-7485
Length: 3 Yrs
Program ID: 155-06-21-007

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Julie Hambleton, MD
850 Parnassus Avenue
Box 1270
San Francisco, CA 94143
Tel: 415 476-9008 Fax: 415 476-9024
E-mail: gpinfo@medicine.ucsf.edu
Length: 3 Yrs
Program ID: 155-06-31-113

Sylmar

UCLA-San Fernando Valley Program

Sponsor: Olive View/UCLA Medical Center
Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Nancy B Feldman, MD
UCLA Department of Medicine (28-182)
14446 Olive View Drive
Sylmar, CA 91342
Tel: 818 364-3205 Fax: 818 364-4973
E-mail: hemonec@uclafv.org
Length: 3 Yrs
Program ID: 155-06-13-008

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>State</th>
<th>Program Name</th>
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<tbody>
<tr>
<td>Torrance</td>
<td>Los Angeles County-Harbor-UCLA Medical Center Program 1</td>
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</tbody>
</table>
| Los Angeles County-Harbor-UCLA Medical Center Program 1
<p>| Sponsor: Los Angeles County-Harbor-UCLA Medical Center |
| Kaiser Foundation Hospital (Baldwin Park) |
| Kaiser Foundation Hospital (Belflower) |
| Pgm Director: Rowan T Chlebowski, MD, PhD |
| 1000 W Carson Street, Suite 3 |
| Torrance, CA 90602 |
| Tel: 310 232-2217 |
| Fax: 310 331-2564 |
| E-mail: <a href="mailto:voco@med.ucla.edu">voco@med.ucla.edu</a> |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 5 |
| Program ID: 155-05-31-003 |
| Los Angeles County-Harbor-UCLA Medical Center Program 2 |
| Sponsor: Los Angeles County-Harbor-UCLA Medical Center |
| City of Hope National Medical Center |
| Pgm Director: Koushi T Tanaka, MD |
| 1000 West Carson Street |
| Torrance, CA 90602 |
| Tel: 310 222-3965 |
| Fax: 310 328-1306 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 6 |
| Program ID: 155-09-21-087 |
| Colorado  |
| Denver     | University of Colorado Program                                               |
| Denver Health Medical Center |
| Venable Affairs Medical Center (Denver) |
| Pgm Director: Catherine E Klein, MD |
| 4200 East 9th Avenue B171 |
| Denver, CO 80220 |
| Tel: 303 369-8026 |
| Fax: 303 369-5963 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 12 |
| Program ID: 155-07-21-096 |
| Connecticut |
| Farmington | University of Connecticut Program                                             |
| Sponsor: University of Connecticut School of Medicine |
| Hartford Hospital |
| St Francis Hospital and Medical Center |
| Univ of Connecticut Health Center/John Dempsey Hospital |
| Pgm Director: Robert D Bona, MD |
| Department of Medicine, MC 1628 |
| 263 Farmington Avenue |
| Farmington, CT 06030 |
| Tel: 860 679-2335 |
| Fax: 860 679-4461 |
| Length: 3 Yrs | Program ID: 155-06-21-096 |
| District of Columbia |
| Washington | George Washington University Program                                           |
| Sponsor: George Washington University School of Medicine |
| George Washington University Hospital (UHS) |
| Veterans Affairs Medical Center (Washington, DC) |
| Pgm Director: Imad A Tabbara, MD |
| Division of Hematology, Suite 3-428 |
| 2150 Pennsylvania Avenue, NW |
| Washington, DC 20037 |
| Tel: 202 741-3478 |
| Fax: 202 741-3487 |
| Length: 3 Yrs | Program ID: 155-10-21-074 |
| Florida    |
| Gainesville | University of Florida Program                                                 |
| University of Florida College of Medicine |
| North Florida/South Georgia Veterans Health System Shands Hospital at the University of Florida |
| Pgm Director: James W Lynch Jr, MD |
| Box J19077, JIMAC |
| Gainesville, FL 32610 |
| Tel: 352 393-5110 |
| Fax: 352 393-8530 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 9 |
| Program ID: 155-11-21-104 |
| Jacksonville | Mayo School of Graduate Medical Education (Jacksonville) Program               |
| Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine |
| Mayo Clinic (Jacksonville) |
| St Luke's Hospital |
| Pgm Director: Gerardo Colon-Otero, MD |
| 4500 San Pablo Road |
| Jacksonville, FL 32224 |
| Tel: 904 953-2000 |
| Fax: 904 953-0490 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 6 |
| Program ID: 155-11-31-108 |
| Miami      | Jackson Memorial Hospital/Jackson Health System Program                      |
| Sponsor: Jackson Memorial Hospital/Jackson Health System |
| Veterans Affairs Medical Center (Miami) |
| Pgm Director: Pasquale W Benedetto, MD |
| 1475 NW 12th Ave Ste #3110 |
| 770 Box 016060 (DC-4) |
| Miami, FL 33104 |
| Tel: 305 243-6604 |
| Fax: 305 243-6605 |
| E-mail: <a href="mailto:pbenedet@med.miami.edu">pbenedet@med.miami.edu</a> |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 12 |
| Program ID: 155-11-21-010 |
| Tampa      | University of South Florida Program                                           |
| Sponsor: University of South Florida College of Medicine |
| H Lee Moffitt Cancer Center |
| James A Haley Veterans Hospital |
| Tampa General Hospital |
| Pgm Director: Kenneth Zuckerman, MD |
| 12902 Magnolia Drive, Suite 3157 |
| Tampa, FL 32612 |
| Tel: 813 745-2089 |
| Fax: 813 745-8468 |
| Length: 3 Yrs | Program ID: 155-11-31-013 |
| Georgia    |
| Atlanta    | Emory University Program                                                      |
| Sponsor: Emory University School of Medicine |
| Emory University Hospital |
| Grady Memorial Hospital |
| Veterans Affairs Medical Center (Atlanta) |
| Pgm Director: James R Eckman, MD |
| Winship Cancer Institute, Room C6980 |
| 1701 Uppergate Drive |
| Atlanta, GA 30322 |
| Tel: 404 727-3263 |
| Fax: 404 727-3404 |
| E-mail: <a href="mailto:Teresa_Henderson@emoryhealthcare.org">Teresa_Henderson@emoryhealthcare.org</a> |
| Length: 2 Yrs | ACGME Approved/Offered Positions: 11 |
| Program ID: 155-12-31-014 |
| Augusta    | Medical College of Georgia Program                                            |
| Sponsor: Medical College of Georgia |
| Medical College of Georgia School of Medicine |
| Veterans Affairs Medical Center (Augusta) |
| Pgm Director: Abdallah Khatib, MD |
| Department of Medicine |
| 1120 15th Street, BAA 5407 |
| Augusta, GA 30912 |
| Tel: 706 721-3171 |
| Fax: 706 721-7225 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 4 |
| Program ID: 155-12-31-015 |
| Illinois   |
| Chicago    | Cook County Hospital Program                                                  |
| Sponsor: John H Stroger Hospital of Cook County |
| Rush University Medical Center |
| Pgm Director: Margaret C Teffler, MD |
| 1335 W Harrison |
| Chicago, IL 60612 |
| Tel: 312 833-7218 |
| Fax: 312 633-8131 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 6 |
| Program ID: 155-16-21-106 |
| McGaw Medical Center of Northwestern University Program |
| Sponsor: McGaw Medical Center of Northwestern University |
| Northwestern Memorial Hospital |
| Veterans Affairs Chicago Health Care System |
| Pgm Director: William J Gradishar, MD |
| 676 N St Clair Street |
| Suite 800 |
| Chicago, IL 60611 |
| Tel: 312 695-4541 |
| Fax: 312 666-6189 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 9 |
| Program ID: 155-16-21-010 |
| Rush University Medical Center Program |
| Sponsor: Rush University Medical Center |
| Pgm Director: Hsin Myint, MD |
| 1725 W Harrison Street, Suite 809 |
| Professional Building 1 |
| Chicago, IL 60612 |
| Tel: 312 563-3481 |
| Fax: 312 942-3192 |
| E-mail: <a href="mailto:hms_myint@rush.edu">hms_myint@rush.edu</a> |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 6 |
| Program ID: 155-16-21-095 |
| University of Chicago Program |
| Sponsor: University of Chicago Hospitals |
| Pgm Director: Deborah Olopade, MD |
| 5641 South Maryland Avenue |
| Chicago, IL 60637 |
| Tel: 773 702-1632 |
| Fax: 773 702-0963 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 18 |
| Program ID: 155-16-21-070 |</p>
<table>
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<td><strong>Sponsor:</strong> University of Illinois College of Medicine at Chicago</td>
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<tr>
<td>University of Illinois Hospital and ClinicsVeterans Affairs West Side Medical Center</td>
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<tr>
<td><strong>Prgm Director:</strong> David J Peace, MD</td>
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<tr>
<td>900 S Ashland, MC 734</td>
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<tr>
<td>Chicago, IL 60607</td>
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<tr>
<td><strong>Tel:</strong> 312-660-1581</td>
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<tr>
<td><strong>Fax:</strong> 312-413-4131</td>
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<td>Edward Hines, Jr. Veterans Affairs Hospital</td>
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<td><strong>Prgm Director:</strong> Joseph J Clark, MD</td>
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<tr>
<td>Cardinal Bernardin Cancer Center</td>
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<tr>
<td>2160 S First Avenue</td>
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<tr>
<td>Maywood, IL 60153</td>
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<tr>
<td><strong>Tel:</strong> 708-327-2036</td>
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<tr>
<td><strong>Fax:</strong> 708-327-2019</td>
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<th>Indiana</th>
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<tbody>
<tr>
<td><strong>Indianapolis Indiana University School of Medicine Program</strong></td>
</tr>
<tr>
<td>Sponsor: Indiana University School of Medicine</td>
</tr>
<tr>
<td>Clarian Indiana University Hospital</td>
</tr>
<tr>
<td>Richard L Roudebush Veterans Affairs Medical Center</td>
</tr>
<tr>
<td>William N wished Memorial Hospital</td>
</tr>
<tr>
<td><strong>Prgm Director:</strong> David E Seitz, MD, PhD</td>
</tr>
<tr>
<td>Indiana Cancer Pavilion</td>
</tr>
<tr>
<td>635 Barnhill Drive</td>
</tr>
<tr>
<td>Indianapolis, IN 46202</td>
</tr>
<tr>
<td><strong>Tel:</strong> 317-278-6942</td>
</tr>
<tr>
<td><strong>Fax:</strong> 317-278-6190</td>
</tr>
<tr>
<td><strong>Length:</strong> 3 Yrs</td>
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<tr>
<td><strong>Program ID:</strong> 155-17-21-020</td>
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<tbody>
<tr>
<td><strong>Iowa City University of Iowa Hospitals and Clinics Program</strong></td>
</tr>
<tr>
<td>Sponsor: University of Iowa Hospitals and Clinics</td>
</tr>
<tr>
<td>Veterans Affairs Medical Center (Iowa City)</td>
</tr>
<tr>
<td><strong>Prgm Director:</strong> Brian K Link, MD</td>
</tr>
<tr>
<td>200 Hawkins Drive, C201 GH</td>
</tr>
<tr>
<td>Iowa City, IA 52242</td>
</tr>
<tr>
<td><strong>Tel:</strong> 319-353-8584</td>
</tr>
<tr>
<td><strong>Fax:</strong> 319-353-8983</td>
</tr>
<tr>
<td><strong>Length:</strong> 3 Yrs</td>
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<td><strong>Program ID:</strong> 155-18-21-021</td>
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<tr>
<td><strong>Kansas City University of Kansas Medical Center Program</strong></td>
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<tr>
<td>Sponsor: University of Kansas School of Medicine</td>
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<td>University of Kansas Medical Center</td>
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<tr>
<td>Veterans Affairs Medical Center (Kansas City)</td>
</tr>
<tr>
<td><strong>Prgm Director:</strong> Sarah A Taylor, MD</td>
</tr>
<tr>
<td>Division of Hematology/Oncology</td>
</tr>
<tr>
<td>3001 Rainbow Boulevard / Mail Stop #1044</td>
</tr>
<tr>
<td>Kansas City, KS 66190</td>
</tr>
<tr>
<td><strong>Tel:</strong> 913-588-6029</td>
</tr>
<tr>
<td><strong>Fax:</strong> 913-588-4985</td>
</tr>
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<td><strong>Length:</strong> 3 Yrs</td>
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<tr>
<td><strong>Program ID:</strong> 155-19-12-138</td>
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<tr>
<td><strong>Lexington University of Kentucky Medical Center Program</strong></td>
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<tr>
<td>Sponsor: University of Kentucky A B Chandler Medical Center</td>
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<tr>
<td>Veterans Affairs Medical Center (Lexington)</td>
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<tr>
<td><strong>Prgm Director:</strong> Phillip DeSimone, MD</td>
</tr>
<tr>
<td>Department of Medicine</td>
</tr>
<tr>
<td>J611 Kentucky Clinic</td>
</tr>
<tr>
<td>Lexington, KY 40536</td>
</tr>
<tr>
<td><strong>Tel:</strong> 859-323-8043</td>
</tr>
<tr>
<td><strong>Fax:</strong> 859-257-7715</td>
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<td><strong>ACGME Approved/Offered Positions:</strong> 6</td>
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<tr>
<td><strong>New Orleans Louisiana State University Program</strong></td>
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<tr>
<td>Sponsor: Louisiana State University School of Medicine</td>
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<tr>
<td>Medical Center of Louisiana at New Orleans</td>
</tr>
<tr>
<td>Memorial Medical Center</td>
</tr>
<tr>
<td><strong>Prgm Director:</strong> Richard H Vial, MD</td>
</tr>
<tr>
<td>1642 Tulane Avenue</td>
</tr>
<tr>
<td>New Orleans, LA 70112</td>
</tr>
<tr>
<td><strong>Tel:</strong> 504-568-7544</td>
</tr>
<tr>
<td><strong>Fax:</strong> 504-568-7755</td>
</tr>
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<td><strong>Length:</strong> 3 Yrs</td>
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<tr>
<td><strong>Beth Israel Deaconess Medical Center Program</strong></td>
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<tr>
<td>Sponsor: Beth Israel Deaconess Medical Center</td>
</tr>
<tr>
<td><strong>Prgm Director:</strong> Reed E Drews, MD</td>
</tr>
<tr>
<td>330 Brookline Ave</td>
</tr>
<tr>
<td>Boston, MA 02215</td>
</tr>
<tr>
<td><strong>Tel:</strong> 617-667-2131</td>
</tr>
<tr>
<td><strong>Fax:</strong> 617-667-3915</td>
</tr>
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<td><strong>Length:</strong> 3 Yrs</td>
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<td><strong>ACGME Approved/Offered Positions:</strong> 18</td>
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<tr>
<td><strong>Program ID:</strong> 155-24-21-026</td>
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</table>

| **Burlington Medical Center Program** |
| Sponsor: Boston Medical Center  |
| Veterans Affairs Medical Center (Boston)  |
| **Prgm Director:** Kevan L Hartshorn, MD  |
| Section of Hematology/Oncology, EBRC 4th Floor  |
| 650 Albany Street  |
| Boston, MA 02118  |
| **Tel:** 617-638-7521  |
| **Fax:** 617-638-7530 |
| **E-mail:** sandra.pollack@bmc.org  |
| **Length:** 3 Yrs  |
| **ACGME Approved/Offered Positions:** 9  |
| **Program ID:** 155-24-31-027 |

| **Brigham and Women's Hospital Program** |
| Sponsor: Brigham and Women's Hospital  |
| Dana Farber Cancer Institute  |
| Massachusetts General Hospital  |
| **Prgm Director:** Robert J Mayer, MD  |
| 75 Francis Street  |
| Boston, MA 02115  |
| **Tel:** 617-632-3474  |
| **Fax:** 617-632-2260 |
| **Length:** 3 Yrs  |
| **ACGME Approved/Offered Positions:** 42  |
| **Program ID:** 155-24-31-073 |

| **Caritas St Elizabeth's Medical Center Program** |
| Sponsor: Caritas St Elizabeth's Medical Center of Boston  |
| **Prgm Director:** Paul J Hosketh, MD  |
| 730 Cambridge Street  |
| Boston, MA 02135  |
| **Tel:** 617-785-2317  |
| **Fax:** 617-780-2690 |
| **E-mail:** theresa_materia@cbccs.org  |
| **Length:** 3 Yrs  |
| **Program ID:** 155-24-31-124 |
Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Donald P. Lawrence, MD
750 Washington Street
NEMC #416
Boston, MA 02111
Tel: 617 636-0587 Fax: 617 636-2342
Length: 3 Yrs
ACGME Approved/Offered Positions: 15
Program ID: 155-24-12-029

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Grace Makarji-Jedson, MD
3401 Main St
Springfield, MA 01107
Tel: 413 794-4055 Fax: 413 794-9219
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 155-24-19-080

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: William V Walsh, MD
55 Lake Avenue, N
Worcester, MA 01655
Tel: 508 856-2000 Fax: 508 856-6715
Length: 3 Yrs
Program ID: 155-24-21-075

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Scott D Gitlin, MD
5801 MSRB I-B Box 0640
1150 W Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 615-1625 Fax: 734 764-0101
Length: 3 Yrs
ACGME Approved/Offered Positions: 15
Program ID: 155-24-21-098

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Ira J. Wullner, MD
Department of Medicine
2790 West Grand Boulevard
Detroit, MI 48202
Tel: 313 816-4939 Fax: 313 816-7911
E-mail: iwullner@hfhs.org
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 155-25-21-031

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: Harer-Relath Hospital
Program Director: Charles A. Schiffer, MD
3190 John R
Detroit, MI 48202
Tel: 313 747-5684 Fax: 313 893-0559
Length: 3 Yrs
Program ID: 155-25-13-142

Lansing
Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Ingham Regional Medical Center
Sparrow Hospital
Program Director: Kenneth A Schwartz, MD
Department of Medicine B-225 Life Sciences Building
East Lansing, MI 48824
Tel: 517 353-3728 Fax: 517 432-6520
E-mail: schwart@msu.edu
Length: 3 Yrs
ACGME Approved/ Offered Positions: 6
Program ID: 155-25-21-120

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
University of Michigan Hospitals and Health Centers
Program Director: Howard Terrabelo, DO
16001 West Nine Mile Road, Box 2943
Southfield, MI 48037
Tel: 248 949-8483 Fax: 248 949-5254
Length: 3 Yrs
Program ID: 155-25-12-140

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Linda J Burnis, MD
520 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 624-6144 Fax: 612 625-9088
E-mail: burnis013@umn.edu
Length: 3 Yrs
Program ID: 155-26-21-082

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: Martha G. Lacy, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3170 Fax: 507 284-5289
E-mail: mlacy.martha@mayo.edu
Length: 3 Yrs
Program ID: 155-26-31-083

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Stephanie L. Elkins, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5616 Fax: 601 984-5689
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 155-27-21-114

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Ellis Fischel Cancer Center
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Michael C Perry, MD
Ellis Fischel Cancer Center 116 Business Loop 70 W
Columbia, MO 65203
Tel: 573 882-4964 Fax: 573 884-6951
Length: 3 Yrs
Program ID: 155-28-21-083

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Program Director: Jill A. Moenwein, MD
3411 Holmes
Kansas City, MO 64108
Tel: 816 235-1940 Fax: 816 494-1377
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 155-28-21-034

St Louis
St Louis University School of Medicine Program
Sponsor: St. Louis University School of Medicine
St Louis University Hospital
Program Director: Paul J. Petruska, MD
3655 Vista Avenue
3rd Floor - West Pavilion
St Louis, MO 63110
Tel: 314 577-8884 Fax: 314 773-1167
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 155-28-11-036

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Stuart Kornfeld, MD
4890 Barnes Hospital Plaza
St Louis, MO 63110
Tel: 314 362-8805 Fax: 314 362-8826
Length: 3 Yrs
ACGME Approved/Offered Positions: 15
Program ID: 155-28-31-035

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Program Director: Greg Bociek, MD
Department of Medicine
86700 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-5520 Fax: 402 559-9520
Length: 3 Yrs
Program ID: 155-30-21-097

Graduate Medical Education Directory 2004-2005
New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Thomas H. Darus, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603.650.5681 Fax: 603.650.7701
Email: thomas.h.darus@hitchcock.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-32-21-038

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine University of New Mexico Health Sciences
Program Director: Ian Rabinowitz, MD
Department of Internal Medicine
900 Camino De Salado, NE
Albuquerque, NM 87111
Tel: 505.272-6537 Fax: 505.272-2941
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 155-34-21-115

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lacy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Rasoul A. Gucalp, MD
111 East 210th Street
Department of Oncology
Bronx, NY 10467
Tel: 718.930.4526 Fax: 718.785.7474
Length: 3 Yrs
Program ID: 155-35-21-127

New York Medical College (Our Lady of Mercy Program)
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Program Director: Peter M. Wiernick, MD
900 East 233rd Street
Bronx, NY 10466
Tel: 718.920.1100 Fax: 718.920.1123
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 165-35-12-181

Brooklyn

Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: William Stoiser, MD
Linden Blvd at Brookdale Plaza
Brooklyn, NY 11212
Tel: 718.240.6663 Fax: 718.240.6634
Length: 3 Yrs
Program ID: 165-35-21-041

Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Program Director: Arunbabu G Patel, MD
Department of Medicine
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718.250-6993 Fax: 718.250-6492
Length: 3 Yrs Program ID: 165-35-21-135

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Allan A. Novelsky, MD
853 65th Street, Room 703
Brooklyn, NY 11218
Tel: 718.253-8397 Fax: 718.635-7110
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-35-13-139

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Michael Yankian
506 Sixth Street
Brooklyn, NY 11215
Tel: 718.789-3370 Fax: 718.780-3335
Email: md0905@nymh.org
Length: 3 Yrs Program ID: 165-35-21-138

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: William B. Solomon, MD
Department of Medicine, Box #50
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718.797-2666 Fax: 718.797-1878
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 155-35-11-043

Manhasset

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: Thomas P. Bradley, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516.662-8800 Fax: 516.662-8860
Length: 3 Yrs
Program ID: 155-35-31-116

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: Harry Stassewski, MD
250 First Street
Mineola, NY 11501
Tel: 516.663-8500 Fax: 516.663-9543
Length: 3 Yrs
Program ID: 155-35-13-045

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Dilip V. Patel, MD
207-85 76th Avenue
New Hyde Park, NY 11040
Tel: 718.470-9301 Fax: 718.470-0169
Length: 3 Yrs
Program ID: 155-35-23-046

New York

Albert Einstein College of Medicine at Both Israel Medical Center Program
Sponsor: Both Israel Medical Center
Program Director: Ronald Blum, MD
Department of Medicine
First Avenue at 10th Street
New York, NY 10003
Tel: 212.841-8382 Fax: 212.420-4385
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 165-35-23-047
Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Program Director: Nathanial M. Wish, MD
100 East 77th Street
New York, NY 10021
Tel: 212 485-3185 Fax: 212 494-3413
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 155-35-32-049

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Dean F Bajorin, MD
1275 York Avenue
Box # 8
New York, NY 10021
Tel: 212 639-5809 Fax: 212 886-1079
Length: 3 Yrs
Program ID: 155-35-21-064

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Jonathan D. Schwartz, MD
One Gustave Levy Place
Box 1079
New York, NY 10029
Tel: 212 241-3984 Fax: 212 996-1029
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-35-21-100

New York Medical College at St. Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St. Vincent's Catholic Medical Centers (Manhattan)
Program Director: Alan B. Astraw, MD
170 West 12th Street
New York, NY 10011
Tel: 212 694-6014 Fax: 212 694-6008
Length: 3 Yrs ACGME Approved/Offereed Positions: 4
Program ID: 155-35-12-053

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Alfonso I. Bouguet, MD, PhD
622 W 168th Street
New York, NY 10032
Tel: 212 365-9414 Fax: 212 365-9413
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 155-35-11-065

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: John P. Leonard, MD
535 East 68th Street
New York, NY 10021
Tel: 212 746-3909 Fax: 212 746-8866
E-mail: jpleonard@med.cornell.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-35-31-051

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's- Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Program Director: Mala Varma, MD
1000 Tenth Avenue Suite 11C
New York, NY 10019
Tel: 212 623-7281 Fax: 212 623-2004
E-mail: mvarma@chpnyc.org
Length: 3 Yrs
Program ID: 155-35-31-134

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Deepak Saharabudhe, MD
601 Elmwood Avenue, Box 794
Rochester, NY 14642
Tel: 585 275-4797 Fax: 585 275-1042
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-35-21-100

Staten Island Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Program Director: Frank J. Forte, MD
212 256 Mason Avenue
Staten Island, NY 10305
Tel: 718 226-6443 Fax: 718 226-6434
Length: 3 Yrs
Program ID: 155-35-31-144

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Wafid F. Babou, MD
Division of Hematology
HSC, T-5-1-4
Stony Brook, NY 11794
Tel: 631 444-2059 Fax: 631 444-7530
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 155-35-18-064

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Leslie Howard, MD
760 E Adams Street
Syracuse, NY 13210
Tel: 315 464-4363 Fax: 315 464-8279
E-mail: leslie.howard@med.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 155-35-31-986

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
St Vincent's Medical Center
Westchester Medical Center
Program Director: Robert G Lerner, MD
Department of Medicine
162 North State Street
Valhalla, NY 10595
Tel: 914 493-7110 Fax: 914 493-2760
E-mail: lernerrc@wmcc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-35-31-101

North Carolina
Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Paul A Godley, MD, PhD
3000 Old Clinic Building
Chapel Hill, NC 27599
Tel: 919 966-4431 Fax: 919 966-7635
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-36-31-065

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Marilyn T. Teien, MD
Box 3841
Durham, NC 27710
Tel: 919 684-5378 Fax: 919 681-7688
Length: 3 Yrs ACGME Approved/Offered Positions: 22
Program ID: 155-36-31-056

Greenville Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Program Director: Russell E. Burgess, MD
Brody SE-127, ECU SOM
Greenville, NC 27858
Tel: 252 744-3460 Fax: 252 744-3418
Length: 3 Yrs
Program ID: 155-36-11-141

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: John Owen, MD, MBA
Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336 716-5777 Fax: 336 716-6687
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-36-21-076

Ohio
Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Abdul-Rahman Alzeid, MD
231 Albert Sabin Way
PO Box 670562
Cincinnati, OH 45267
Tel: 513 584-1900 Fax: 513 584-0676
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-39-21-102

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Program Director: Jack O'Beinck, MD
1900 East 11th Avenue (RB2 333)
Cleveland, OH 44109
Tel: 216 368-1175 Fax: 216 368-1166
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-36-21-117
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Robert J. Polley, MD
Taussig Cancer Center - Desk 113
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-6634 Fax: 216 444-9464
E-mail: mededi@ccf.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 155-38-21-067

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Prgm Director: Michael A Caligiuri, MD
Starting Loving Hall
300 W Tenth Avenue
Columbus, OH 43210
Tel: 614 295-7221
Length: 3 Yrs
Program ID: 155-38-31-058

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Veterans Affairs Medical Center (Dayton)
Prgm Director: Michael A Baumann, MD
4100 W Third Street
Dayton, OH 45428
Tel: 937 775-8991 Fax: 937 297-5210
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 155-38-11-089

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Prgm Director: Michael A Caligiuri, MD
Starting Loving Hall
300 W Tenth Avenue
Columbus, OH 43210
Tel: 614 295-7221
Length: 3 Yrs
Program ID: 155-38-31-058

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Veterans Affairs Medical Center (Dayton)
Prgm Director: Michael A Baumann, MD
4100 W Third Street
Dayton, OH 45428
Tel: 937 775-8991 Fax: 937 297-5210
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 155-38-11-089

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Prgm Director: Harold A Harvey, MD
University Hospital
PO Box 859, 500 University Drive, H046
Hershey, PA 17033
Tel: 717 531-5377 Fax: 717 531-5076
Length: 3 Yrs
Program ID: 155-41-21-061

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Prgm Director: Michael J Styler, MD
Broad and Vine Streets, Mail Stop 412
Philadelphia, PA 19102
Tel: 215 763-7055 Fax: 215 763-8857
E-mail: ftm25@drexel.edu
Length: 3 Yrs
Program ID: 155-41-31-062

Philadelphia
Temple University Program
Sponsor: Temple University Hospital
Fox Chase Cancer Center
Prgm Director: Russell J Schilder, MD
Broad and Ontario Streets
Philadelphia, PA 19140
Tel: 215 728-3545 Fax: 215 728-5509
Length: 3 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 155-41-21-091

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Jay H Herman, MD
Department of Hematology/Medical Oncology
1015 Walnut Street - Room 705
Philadelphia, PA 19107
Tel: 215 555-5265 Fax: 215 555-2366
E-mail: jay.herman@jefferson.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 155-41-21-130

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Duane Desutter, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-4197 Fax: 215 549-5866
Length: 3 Yrs
Program ID: 155-41-21-091

Pittsburgh
University of Pittsburgh Medical Center Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Prgm Director: Robert L Reddy, MD
UPMC Cancer Center
6150 Centre Avenue, Room 412
Pittsburgh, PA 15232
Tel: 412 625-3307 Fax: 412 625-7768
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 155-41-21-122

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Prgm Director: Richard X Shaduck, MD
4800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412 576-4355 Fax: 412 578-4391
E-mail: rsantona@wpahs.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 155-41-31-092

Wynnewood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Prgm Director: Mary D Burke, MD
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 665-3098 Fax: 610 665-8141
E-mail: bludeau113@lai.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 155-41-31-177

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
Prgm Director: Justinalano Castro, MD
155-41-31-086

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Alan G Rosmarin, MD
560 Eddy Street
Providence, RI 02903
Tel: 401 793-4545 Fax: 401 793-4524
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 155-43-31-128

Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Gary M Strauss, MD, MPH
225 Chalkstone Avenue
Providence, RI 02906
Tel: 401 456-2077 Fax: 401 456-5765
Length: 3 Yrs
Program ID: 155-43-21-120
South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Lawrence B. Alrin, MD
96 Jonathan Lucas Street
PO Box 254023, 200 CSB
Charleston, SC 29425
Tel: 843 792-4271 Fax: 843 792-0644
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 155-45-21-063

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Reed C. Easkin, MD
Department of Medicine
1313 Union Avenue, Suite 800
Memphis, TN 38114
Tel: 901 722-0441 Fax: 901 722-0452
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 155-47-21-125

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Kenneth B. Hande, MD
Division of Medical Oncology
777 Preston Research Building
Nashville, TN 37203
Tel: 615 222-4067 Fax: 615 343-7602
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 155-47-31-065

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: Sandra L. Hofmann, MD, PhD
5232 Harry Hines Blvd
Mail Code 8802
Dallas, TX 75390
Tel: 214 648-4180 Fax: 214 648-1055
E-mail: LeViaAlford@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 155-48-21-066

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AFTC)
 Program Director: Michael B. Goswald, MD
 2200 Bergquist Drive, Suite 1
 Lackland AFB, TX 78236
 Tel: 210 282-7317 Fax: 210 282-7317
 Length: 3 Yrs
 Program ID: 155-48-31-067
 US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
Program Director: Kenneth R. Hande, MD
University Health System
Program Director: Geoffrey B. Weiss, MD
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 417-5100 Fax: 210 948-2992
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-48-21-069

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Martha Glenn, MD
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 585-0120 Fax: 801 585-0159
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 155-49-21-062

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Richard P. Branda, MD
UVM Campus, St Joseph’s 1
South Prospect Street
Burlington, VT 05401
Tel: 802 847-5071 Fax: 802 847-5046
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-50-21-069

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: B. Gail Macik, MD
PO Box 900716
Charlottesville, VA 22908
Tel: 434 924-0481 Fax: 434 924-4186
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 155-51-21-078

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Laurie J. Lyckholm, MD
1101 E Marshall Street, Room 5-030
PO Box 885230
Richmond, VA 23298
Tel: 804 828-9723 Fax: 804 828-8079
E-mail: lyckholm@vcu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-51-21-070

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Edward B. Crowell, Jr, MD
PO Box 9162
Morgantown, WV 26506
Tel: 304 293-4229 Fax: 304 293-5119
E-mail: ecrowell@wvu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-55-21-109

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J. Zablocki Veterans Affairs Medical Center
Procter Memorial Lutheran Hospital
Program Director: Christopher & Chitkara, MD
Dir of Neoplastic Diseases and Related Disorders
1020 West Wisconsin Avenue
Milwaukee, WI 53233
Tel: 414 896-4600 Fax: 414 896-4606
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 155-56-21-119
Infectious Disease (Internal Medicine)

California

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Program Director: Vinod K Dhawan, MD
13931 South Wilmingtom Avenue
Los Angeles, CA 90065
Tel: 310 465-3450 Fax: 310 465-9859
Length: 2 Yrs ACME Approved/Offered Positions: 2
Program ID: 146-05-01-05-121

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
LAC Medical Center
Program Director: David A Pegues, MD
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-7225 Fax: 310 288-2652
E-mail: dpegues@mednet.ucla.edu
Length: 2 Yrs ACME Approved/Offered Positions: 8
Program ID: 146-05-01-11-124

UCLA-VA Greater Los Angeles Program
Sponsor: VA Greater Los Angeles Healthcare System Cedars-Sinai Medical Center
Olive View/UCLA Medical Center
Program Director: Matthew B Goetz, MD
Infectious Disease Sect (111F)
11501 Wilshire Boulevard
Los Angeles, CA 90073
Tel: 310 284-0915 Fax: 310 284-0828
Length: 2 Yrs ACME Approved/Offered Positions: 9
Program ID: 146-05-01-19-195

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
USC University Hospital
Program Director: Paul D Dollson, MD
1590 N State St, Room 5620
Los Angeles, CA 90033
Tel: 323 242-6705 Fax: 323 242-3096
E-mail: lmndec@usc.edu
Length: 2 Yrs ACME Approved/Offered Positions: 6
Program ID: 146-05-05-21-042

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Winnie Huang, MD
Department of Internal Medicine
101 City Drive, South
Orange, CA 92668
Tel: 714 456-7112 Fax: 714 456-7169
Length: 2 Yrs ACME Approved/Offered Positions: 4
Program ID: 146-05-05-21-144

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Program Director: Stuart H Cohen, MD
4500 V Street, Suite 500
Sacramento, CA 95817
Tel: 916 734-3742 Fax: 916 734-7765
Length: 2 Yrs
Program ID: 146-05-05-21-095

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: Braden R Hale, MD
Department of Medicine
3400 Bob Wilson Drive
San Diego, CA 92104
Tel: 619 535-7475 Fax: 619 535-7478
Length: 2 Yrs ACME Approved/Offered Positions: 4
Program ID: 146-05-05-12-142

US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Joshua Foner, MD
3500 La Jolla Village Drive
San Diego, CA 92161
Tel: 858 552-1126 Fax: 858 552-4300
Length: 2 Yrs
Program ID: 146-05-01-163

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Henry P Chambers, MD
521 Paranaus Avenue, Box 0654, Room C443
UCSF Medical Center
San Francisco, CA 94143
Tel: 415 206-6641 Fax: 415 448-7625
Length: 2 Yrs
Program ID: 146-05-05-21-144

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: David Selman, MD
Department of Medicine
330 Pasteur Dr
Stanford, CA 94305
Tel: 650 723-3988 Fax: 650 724-7011
Length: 2 Yrs ACME Approved/Offered Positions: 8
Program ID: 146-05-05-21-023

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: John R Edwards Jr, MD
1000 W Carson Street
St John’s Cardiovascular Research Center
Torrance, CA 90509
Tel: 310 223-3814 Fax: 310 782-2016
Length: 2 Yrs ACME Approved/Offered Positions: 4
Program ID: 146-05-05-11-164

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Robert W Bradsher Jr, MD
4501 W Markham, Slot 539
Little Rock, AR 72205
Tel: 501 686-5585 Fax: 501 686-5540
Length: 2 Yrs ACME Approved/Offered Positions: 4
Program ID: 146-05-05-11-107

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center USA Knollwood Park Hospital
Program Director: Keith M Ramsey, MD
Department of Medicine, Mastin 400 G
3401 Fillinig Street
Mobile, AL 36601
Tel: 251 471-7855 Fax: 251 471-7898
Length: 2 Yrs
Program ID: 146-05-01-11-089

Arizona

Tucson

University of Arizona College of Medicine Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Stephen A Elitz, MD
Section of Infectious Diseases
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-5887 Fax: 520 626-5818
Length: 2 Yrs
Program ID: 146-05-19-201
Accredited Programs in Infectious Disease (Internal Medicine)

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Nancy E Martin, MD
Division of Infectious Diseases
4200 E 8th Ave, 8186
Denver, CO 80220
Tel: 303 315-7230 Fax: 303 315-8681
E-mail: nancy.martin@uche.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-07-21-050

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: John D Shangley, MD
Division of Infectious Diseases
363 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-4700 Fax: 860 679-4701
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-08-21-001

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Prgm Director: Vincent J Quagliarello, MD
Internal Medicine, Infectious Diseases
PO Box 20922
New Haven, CT 06500
Tel: 203 785-7570 Fax: 203 785-3844
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-08-21-024

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (US)
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Gary L Simon, MD, PhD
Department of Medicine
2150 Pennsylvania Ave, NW, 5th Floor
Washington, DC 20037
Tel: 202 734-2234 Fax: 202 734-2241
Length: 2 Yrs
Program ID: 146-10-21-109

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: Priyanka N Ramesh, MD
Department of Medicine
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 687-8014 Fax: 202 687-6476
E-mail: steelewe@ghs.georgetown.edu
Length: 2 Yrs
Program ID: 146-10-21-090

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Prgm Director: Margo Smith, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-7164 Fax: 202 877-8461
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-10-11-170

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: John J McNeil, MD
2041 Georgia Avenue, NW
Division of Infectious Diseases
Washington, DC 20009
Tel: 202 745-6641 Fax: 202 866-4706
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-10-21-091

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Frederick S Southwick, MD
Box 100277
Gainesville, FL 32610
Tel: 352 392-4058 Fax: 352 392-6481
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-11-21-033

Jacksonville

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Baptist Medical Center
Prgm Director: Alexander G Van deVedde, MD
Department of Medicine
655 W Eighth Street
Jacksonville, FL 32209
Tel: 904 244-3093
E-mail: infection@shandsmedjax.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-11-21-186

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida
Veterans Affairs Medical Center (Miami)
Prgm Director: Gordon M Dickson, MD
Miami VA Med Ctr, Medicine/Special Immunology
1201 NW 16 St, Miami, FL 33325
Tel: 305 576-3287 Fax: 305 576-8189
E-mail: gdickins@med.miami.edu
Length: 2 Yrs
Program ID: 146-11-21-165

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: John T Sinnott IV, MD
Tampa General Hospital
Tampa, FL 33601
Tel: 813 844-4187 Fax: 813 844-7005
Length: 2 Yrs
Program ID: 146-11-21-084

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Prgm Director: Henry M Blumberg, MD
Emory University School of Medicine
813 844-3803 Fax: 813 844-3803
E-mail: blumberg@emory.edu
Length: 2 Yrs
Program ID: 146-12-21-129

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Prgm Director: Keith F Wootje, MD, PhD
Department of Medicine
146-12-21-005

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: John P Fishbein, MD
676 North Western Avenue
Suite 200
Chicago, IL 60611
Tel: 312 695-5065 Fax: 312 695-5065
E-mail: jfishbein@northwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-16-21-050

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Gordon M Trexler, MD
Department of Medicine
1750 W Harrison St, 140-143 AAC
Chicago, IL 60612
Tel: 312 942-5886 Fax: 312 942-2184
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-10-11-130
University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Chicago Hospitals
University of Illinois Hospital and Clinics Veterans Affairs West Side Medical Center
Program Director: Jean-Luc P Benoit, MD
Section of Infectious Diseases, (MC 7365)
865 S Wood Street, Rm 888
Chicago, IL 60612
Tel: 773 702-2713  Fax: 773 702-8698
E-mail: jbenoit@medicine.uic.edu
Length: 2 Yrs
Program Id: 146-18-21-131

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr Veterans Affairs Hospital
Program Director: Joseph J Lentino, MD, PhD
Department of Medicine, Room 7604
2160 S First Ave - Bldg 54 - Room 140
Maywood, IL 60153
Tel: 708 216-2333  Fax: 708 292-5410
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program Id: 146-18-21-004

North Chicago
Finch University of Health Sciences/Chicago Medical School Program
Sponsor: Finch University of Health Sciences/Chicago Medical School
Mount Sinai Hospital Medical Center of Chicago Veterans Affairs Medical Center (North Chicago)
Program Director: Walid P Kharrat, MD
Department of Medicine-Division of Infectious Disease
3333 Green Bay Road
North Chicago, IL 60064
Tel: 847 698-1900  Fax: 847 578-8547
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program Id: 146-18-21-044

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine Memorial Medical Center
St John's Hospital
Program Director: Nancy Khanderi, MD
PO Box 19836
Springfield, IL 62715
Tel: 217 545-9148  Fax: 217 788-5504
E-mail: nkhanderi@siu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program Id: 146-16-21-180

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Program Director: Mitchell Goldman, MD
Wishard Memorial Hosp (Box OFW-630)
1001 West 10th Street
Indianapolis, IN 46202
Tel: 317 830-6119  Fax: 317 630-7622
Length: 2 Yrs
Program Id: 146-17-21-146

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Bradley B Britigan, MD
Department of Medicine
500 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3674  Fax: 319 356-4600
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program Id: 146-18-21-096

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Research Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: Daniel R Hinthorn, MD
Department of Internal Medicine
3601 Rainbow Boulevard
Kansas City, KS 64161
Tel: 913 588-6005  Fax: 913 588-6024
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program Id: 146-19-21-110

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Program Director: Martin E Evans, MD
Division of Infectious Diseases, Room MN2972
800 Rose Street
Lexington, KY 40536
Tel: 859 323-4779  Fax: 859 323-8056
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program Id: 146-20-21-196

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Julio A Ramirez, MD
512 South Hancock Street
Carmichael Bldg Room 208-D
Louisville, KY 40202
Tel: 502 852-5101  Fax: 502 852-1147
Length: 2 Yrs
Program Id: 146-29-81-092

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Julio E Figueroa Jr, MD
542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 668-5307  Fax: 504 668-6787
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program Id: 146-21-21-001

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Joseph B Dalekow, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4005  Fax: 504 847-3633
E-mail: gmme@ochsner.org
Length: 2 Yrs
Program Id: 146-21-22-100

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans Tulane University Hospital and Clinics
Program Director: David M Mulholland, MD, MPH
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 887-7736  Fax: 504 884-3644
E-mail: info@tulane.edu
Length: 2 Yrs
Program Id: 146-21-21-105

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital Overton Brooks Veterans Affairs Medical Center
Program Director: Robert L Perri, MD
1501 Kings Highway
Shreveport, LA 71103
Tel: 318 675-5900  Fax: 318 675-5907
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program Id: 146-21-21-052

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Robert P Smith, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 987-3050
Length: 2 Yrs
Program Id: 146-22-21-182

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Cynthia L Sears, MD
Dept of Medicine, Ross 1167
720 Rutland Avenue
Baltimore, MD 21205
Tel: 410 502-2520  Fax: 410 614-9775
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program Id: 146-29-11-000
University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore) 
Prgm Director: Bruce L Gilliam, MD
Division of Infectious Diseases
10 South Pine Street, MSTF 9-03
Baltimore, MD 21201
Tel: 410 706-7560 Fax: 410 706-8700
Length: 2 Yrs
Program ID: 144-33-21-036

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Institute of Research
Prgm Director: Gregory J Martin, MD
Office of the Dean
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-4238 Fax: 301 295-5831
E-mail: GJMartin@bethesda.med.navy.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 144-10-11-127
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: John Bennett, MD
9000 Rockville Pike
Bethesda, MD 20892
Tel: 301 496-3461 Fax: 301 480-0500
Length: 2 Yrs
Program ID: 144-33-21-184

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: G Sonia Nagi, MD
Division of Infectious Diseases
110 Francis Street, Suite GR
Boston, MA 02215
Tel: 617 632-0768 Fax: 617 632-0766
E-mail: snagy@bidmc.harvard.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-24-21-132

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Baurli Viner, MD
Dwight 3 North
One Boston Medical Center Place
Boston, MA 02118
Tel: 617 638-8098 Fax: 617 638-8070
Length: 2 Yrs
Program ID: 144-24-21-148

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Wyman and Women's Hospital
Prgm Director: David H Cooper, MD
65 Fruit Street, J 504
Boston, MA 02114
Tel: 617 736-3812 Fax: 617 736-7416
E-mail: calmvers@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 16
Program ID: 144-24-21-021

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Lahey Clinic
Prgm Director: Debra D Poutsakia, MD, PhD
750 Washington Street
Boston, MA 02111
Tel: 617 636-7001 Fax: 617 636-8525
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-33-21-006

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Prgm Director: Eric V Granowitz, MD
769 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5556 Fax: 413 794-4109
E-mail: pauline.blair@bhs.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-24-11-061

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Michele Trackis, PhD, MD
55 Lake Avenue, N
Worcester, MA 01655
Tel: 508 856-3058 Fax: 508 856-5881
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 146-24-21-007

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: W Cary Englebard, MD
1110 Taunton Health Center
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-2390 Fax: 734 936-2373
E-mail: ccrnew@umich.edu
Length: 2 Yrs
Program ID: 146-25-21-062

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Indira Brau, MD
Department of Medicine
2799 W Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2573 Fax: 313 916-3993
Length: 2 Yrs
Program ID: 146-25-11-133

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Prgm Director: Riad Khair, MD
22101 Morose Road
Detroit, MI 48236
Tel: 313 343-8287
Length: 2 Yrs
Program ID: 146-25-21-191

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Blaze Hospital
Prgm Director: Pranatharthi H Chandrasekar, MD
Division of Infectious Diseases
3900 John R St, Room 5100
Detroit, MI 48201
Tel: 313 745-5649
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-32-21-040

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Jeffrey D Band, MD
3601 W 15 Mile Road
Royal Oak, MI 48073
Tel: 248 651-4941 Fax: 248 551-1110
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-23-12-102

Minnesota

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: James L Johnson, MD, MPH
MMC 250
420 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 624-9964 Fax: 612 625-4410
E-mail: iddiv@umn.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-28-21-112

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Abhinav Vark, MD
Department of Medicine
200 First Street, SW
Rochester, MN 55905
Tel: 507 255-1998 Fax: 507 255-7767
Length: 2 Yrs
Program ID: 146-26-21-040

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Stanley W Chapman, MD
2500 N State Street, N-002
Jackson, MS 39216
Tel: 601 984-5500 Fax: 601 984-5565
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-27-21-063
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<td>Saint Louis</td>
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<td>Coopers Hospital</td>
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<td>Washington</td>
<td>University of Washington-B-JH/SLCH Consortium Program</td>
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<td>Brooklyn</td>
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<td>SUNY Health Science Center at Brooklyn Program</td>
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<td>SUNY at Buffalo Graduate Medical-Dental Education Consortium Program</td>
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Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program

Sponsor: New York Hospital Medical Center of Queens
Program Director: James J Rahal, MD
54-45 Main Street
Flushing, NY 11355
Tel: 718 671-1525 Fax: 718 661-7899
Length: 2 Yrs
Program ID: 146-35-21-178

Jamaica
New York Medical College

(Brooklyn-Queens) Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Program Director: Kenneth Krotscher, MD
88-25 16th St
Suite 3R
Jamaica, NY 11432
Tel: 718 558-7291 Fax: 718 558-7156
E-mail: krotscher@vcmcny.org
Length: 2 Yrs
Program ID: 146-35-22-041

Manhasset
North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Program Director: Marcia S Epstein, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-1528 Fax: 516 562-2925
Length: 2 Yrs
Program ID: 146-35-22-160

Mineola
Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Program Director: Burke A Cunha, MD
221 Station Plaza North
Suite 432
Mineola, NY 11501
Tel: 516 693-2006 Fax: 516 693-2753
Length: 2 Yrs
Program ID: 146-35-21-160

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Program Director: Carol Singer, MD
207-05 76th Avenue
Staff House, Suite 226
New Hyde Park, NY 11040
Tel: 718 670-7200 Fax: 718 670-9657
E-mail: cainger@ed.org
Length: 2 Yrs
Program ID: 146-35-21-130

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Program Director: Jeffrey M Jacobson, MD
Division of Infectious Disease
First Avenue at 16th Street, 108814
New York, NY 10003
Tel: 212 844-1504 Fax: 212 420-4498
Length: 2 Yrs
Program ID: 146-35-11-010

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Program Director: Walaa El-Sadek, MD, MPh
506 Lenox Ave
New York, NY 10037
Tel: 212 639-5556 Fax: 212 639-2668
Length: 2 Yrs
Program ID: 146-35-11-162

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Gianna A Zacchetti, MD, MPH
Memorial Sloan-Kettering Cancer Ctr
1275 York Avenue
New York, NY 10021
Tel: 212 639-7809 Fax: 646 432-2136
Length: 2 Yrs
Program ID: 146-35-21-167

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Program Director: Michael P Mullen, MD, MS
237 East 16th Street
New York, NY 10006
Tel: 212 995-6871 Fax: 212 979-3484
E-mail: mmullen@cabrini.org
Length: 2 Yrs
Program ID: 146-35-31-097

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Embankment Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Michael Kliman, MD
Box 1080
One Gustave Levy Place
New York, NY 10039
Tel: 212 241-2900
Length: 2 Yrs
Program ID: 146-35-31-153

New York Medical College at St Vincents Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Program Director: Glenn S Turet, MD
155 W 11th Street
New York, NY 10011
Tel: 212 604-8300 Fax: 212 604-3225
Length: 2 Yrs
Program ID: 146-35-11-174

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Scott M Hammer, MD
622 W 168th Street
New York, NY 10032
Tel: 212 305-7185 Fax: 212 305-7290
Length: 2 Yrs
Program ID: 146-35-11-084

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Warren D Johnson, MD
525 East 68th Street
Room A-421
New York, NY 10021
Tel: 212 746-6320 Fax: 212 746-8675
E-mail: wdg@hmsnmed.cornell.edu
Length: 2 Yrs
Program ID: 146-35-21-161

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Health Care System
Program Director: Joel Ernst, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212 263-5182 Fax: 212 263-7369
E-mail: joel.ernst@med.nyu.edu
Length: 2 Yrs
Program ID: 146-35-21-114

St Lukes-Roosevelt Hospital Center Program

Sponsor: St Luke’s – Roosevelt Hospital Center
Program Director: Bruce Polisky, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-3535 Fax: 212 523-3931
E-mail: bpolisky@chpnet.org
Length: 2 Yrs
Program ID: 146-35-21-103

Rochester
University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Paul S Graman, MD
401 Broomwood Avenue
Box 689
Rochester, NY 14642
Tel: 585 270-5671 Fax: 585 465-8620
Length: 2 Yrs
Program ID: 146-35-11-170

Stony Brook
SUNY at Stony Brook Program

Sponsor: Stony Brook University - SUNY at Stony Brook Veterans Affairs Medical Center (Northport)
Program Director: Victor Jimenez, MD
Division of Infectious Disease
HSC T15, 080
Stony Brook, NY 11794
Tel: 631 444-3480 Fax: 631 444-7518
Length: 2 Yrs
Program ID: 146-35-21-012

Syracuse
SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Donald C Blair, MD
760 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5530 Fax: 315 464-5579
Length: 2 Yrs
Program ID: 146-35-21-140

Valhalla
New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Metropolitan Hospital Center
Westchester Medical Center
Program Director: Gary P Wormser, MD
Division of Infectious Diseases
Mount Sinai Pavilion, Room 345
Valhalla, NY 10595
Tel: 914 493-8865 Fax: 914 594-4673
Length: 2 Yrs
Program ID: 146-35-11-013
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<td>Winston-Salem, NC Veterans Affairs Medical Center Program</td>
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<td>2 Yrs</td>
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<td>Case Western Reserve University/University Hospitals of Cleveland Program</td>
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<td>Pitt County Memorial Hospital/East Carolina University Program</td>
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<td>Pennsylvania</td>
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<td>Philadelphia</td>
<td>Drexel University College of Medicine (MCP Hahnemann) Program</td>
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<td>Thomas Jefferson University</td>
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<td>2 Yrs</td>
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Pittsburgh

University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Pgm Director: Emmanuel N Varghese, MD, MPH
Infectious Disease, Suite 10A Fama Med Bldg
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412-646-6601 Fax: 412-646-0399
Length: 2 Yrs
Program ID: 146-41-21-007

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
Veterans Affairs Medical Center (San Juan)
Pgm Director: Carlos R Ramirez-Bonado, MD
University Hospital
PO Box 3886
San Juan, PR 00936
Tel: 787-751-8874 Fax: 787-641-4561
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-42-21-118

Veterans Affairs Medical and Regional Office Center Program
Sponsor: Veterans Affairs Medical Center (San Juan)
Pgm Director: Carlos R Ramirez-Bonado, MD
10 Casia Street (111)
San Juan, PR 0651
Tel: 787-641-8870 Fax: 787-641-4561
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-42-31-117

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital-Lifespan Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Pgm Director: Stuard A Fischer, MD
Rhode Island Hospital
388 Eddy Street
Providence, RI 02903
Tel: 401-444-8190 Fax: 401-444-8154
Length: 2 Yrs
Program ID: 146-43-21-197

Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Pgm Director: Gail Skovron, MD
825 Chalkstone Avenue
Providence, RI 02908
Tel: 401-456-2457 Fax: 401-456-8839
Length: 2 Yrs
Program ID: 146-43-31-038

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Pgm Director: LW Preston Church, MD
Infectious Diseases
100 Doughly St, #1010 IOP South
Charleston, SC 29405
Tel: 843-922-4542 Fax: 843-792-6689
E-mail: brushier@musc.edu
Length: 2 Yrs
Program ID: 146-15-21-104

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: Daniel J Shifer, MD
Department of Medicine
5035 Harry Hines Blvd
Dallas, TX 75390
Tel: 214-648-9914 Fax: 214-648-2741
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-49-21-008

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: C Glenn Maghull, MD
Div of Infectious Disease, 6415
301 University Boulevard
Galveston, TX 77555
Tel: 409-747-8229 Fax: 409-772-6527
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 146-49-21-046

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Pgm Director: Ashley L Dews, MD
6555 Fannin, MS 810
Houston, TX 77030
Tel: 713-790-5977 Fax: 713-790-5877
Length: 2 Yrs
Program ID: 146-49-21-070

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Pgm Director: Pablo C Okhusyzen, MD
6431 Fannin
F311 1.728
Houston, TX 77030
Tel: 713-560-6075 Fax: 713-600-6495
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 146-48-31-018

Lackland AFB

San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (ADTC)
Brooke Army Medical Center
Pgm Director: (COL) David P Dooley, MD
759 MDOS/MMI
2000 Borgquist Drive, Ste 1
Lackland AFB, TX 78235
Tel: 210-670-7444 Fax: 210-292-3740
E-mail: david.dooley@amedd.army.mil
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 146-18-12-040
US Armed Services Program
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Aurie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Thomas P. Patterson, MD
Medicine/Infectious Diseases, MBC 7881
7701 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4825 Fax: 210 567-4670
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-48-21-157

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: J. L. Carpenter, MD
2401 S 31st Street
Temple, TX 76508
Tel: 254 724-7635 Fax: 254 724-9280
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-48-21-186

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Program Director: Harry Rosado, MD
30 North 1960 East, Room 48319
Salt Lake City, UT 84132
Tel: 801 581-8818 Fax: 801 585-3377
E-mail: harry.rosado@hsc.utah.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-48-21-158

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Christopher J. Grace, MD
Burgess 308
Burlington, VT 05401
Tel: 802 847-4896 Fax: 802 847-5322
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-50-21-194

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: William A. Petri Jr., MD, PhD
Department of Internal Medicine
PO Box 801340
Charlottesville, VA 22908
Tel: 434 924-5612 Fax: 434 924-0075
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-51-21-019

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sponsor: University of Virginia School of Medicine
Program Director: Edward C. O'Fallon III, MD
226 Fairfax Avenue, Hofheimer Hall
Norfolk, VA 23507
Tel: 757 445-8010 Fax: 757 445-5242
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-51-12-199

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hume Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Sara G. Monroe, MD
Box 663, MCV Station
Richmond, VA 23298
Tel: 804 828-9711 Fax: 804 898-3887
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 146-51-21-020

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Program Director: Wesley C. Van Voorhis, MD, PhD
Allergy & Infectious Disease, Dept of Medicine
1959 N E Pacific Street
Seattle, WA 98195
Tel: 206 543-6821 Fax: 206 685-6685
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 146-51-21-071

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Rashida Khakoo, MD
Medical Center Drive
Morgantown, WV 26506
Tel: 304 293-3306 Fax: 304 293-9677
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 146-55-21-188

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William C. Middleton Veterans Hospital
Program Director: Dennis G. Maki, MD
Room H4/574
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-1549 Fax: 608 263-4444
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 146-56-21-120
Internal Medicine

Alabama

Birmingham

Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
University of Alabama Hospital
Prgm Director: Elizabeth D Ennis, MD
840 Montclair Road
Suite 317
Birmingham, AL 35213
Tel: 205 392-5135  Fax: 205 392-5684
Length: 3 Yrs
Program ID: 140-01-21-020

Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
Prgm Director: Dennis G Delgado, MD
Academic Affairs Department
1500 Carraway Blvd
Birmingham, AL 35204
Tel: 205 550-8387  Fax: 205 550-5613
Length: 3 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 140-01-31-021

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cochrane Medical Center
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Gustavo R Heubeck, MD
1530 3rd Avenue South
Rushell Diabetes Building 227
Birmingham, AL 35224
Tel: 205 934-2000  Fax: 205 934-6204
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, ICU, ID, IM, NKP, PCC, RHU
Program ID: 140-01-21-022

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Prgm Director: John B Jain Jr, MD
2461 Filming Street
Maudin 400-L
Mobile, AL 36617
Tel: 205 347-7261  Fax: 205 347-1291
E-mail: pgreen@usahealthal.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 46.5
Subspecialties: CD, GE, ID, PUD
Program ID: 140-01-21-024

Montgomery

University of Alabama Medical Center (Montgomery) Program
Sponsor: University of Alabama Hospital
Baptist Medical Center South
Prgm Director: W J Many Jr, MD
4371 Narrow Lane Road
Suite 200
Montgomery, AL 36111
Tel: 334 244-5211  Fax: 334 244-5020
E-mail: hope@submontgomery.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 140-01-21-447

Arizona

Phoenix

Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Prgm Director: Alan I Leibowitz, MD
Department of Medicine
1111 E McDowell Rd, LL-2
Phoenix, AZ 85006
Tel: 602 239-3296  Fax: 602 239-3284
Length: 3 Yrs
Subspecialties: CD, END, GE, IC, IM, PCC
Program ID: 140-03-21-025

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Prgm Director: David Wabinger, MD
Department of Medicine
2001 E Roosevelt, R010
Phoenix, AZ 85008
Tel: 602 344-5766  Fax: 602 344-1488
Length: 3 Yrs  ACGME Approved/Offered Positions: 54
Program ID: 140-03-11-026

St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Prgm Director: Michael Grossman FACP, MD
Department of Medicine
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 466-3875  Fax: 602 466-7155
E-mail: intmed@chw.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 55
Program ID: 140-03-11-027

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: Keith J Cannon, MD
Department of Medicine
1440 E Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 361-8324  Fax: 480 361-4409
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CD, GE
Program ID: 140-09-21-512

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Richard M Mandel, MD
Department of Medicine
1501 N Campbell Avenue - Box 245001 - Rm 6200
Tucson, AZ 85724
Tel: 520 626-7000  Fax: 520 626-6620
E-mail: rmmandel@email.arizona.edu
Length: 3 Yrs
Subspecialties: CD, GE, HO, IC, ICU, ID, IM, NKP, PCC, RHU
Program ID: 140-03-21-029

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care System
University Hospital of Arkansas
Prgm Director: Robert W Bradsher Jr, MD
4301 W Markham Street
Little Rock, AR 72205
Tel: 501 684-9192  Fax: 501 684-9188
E-mail: irremident@uams.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 71
Subspecialties: CD, END, GE, HO, ICU, ID, IM, NKP, PCC, RHU
Program ID: 140-04-21-030

California

Bakersfield

Kern Medical Center Program
Sponsor: Kern Medical Center
Prgm Director: Jose A Perez Jr, MD
Department of Medicine
1830 Flower Street
Bakersfield, CA 93306
Tel: 661 329-2802  Fax: 661 329-2850
E-mail: greers@kernmedical.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 140-05-31-031

French Camp

San Joaquin General Hospital Program
Sponsor: San Joaquin General Hospital
Prgm Director: Shoula S Kapre, MD
Department of Medicine
Box 1020, 500 W Hospital Road
French Camp, CA 95630
Tel: 209 458-5624  Fax: 209 458-6246
E-mail: sklpre@sjghhs.co.san-joaquin.ca.us
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 140-05-12-069

Fresno

University of California (San Francisco) Program
Sponsor: UCFS-Fresno Medical Education Program
Community Medical Centers-University Medical Center VA Central California Health Care System
Prgm Director: Michael W Peterson, MD
Department of Medicine
446 S Cedar Avenue
Fresno, CA 93702
Tel: 559 490-5000  Fax: 559 490-6118
E-mail: eobias.thompson@ucsf.fresno.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 51
Program ID: 140-03-51-033

La Jolla

Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic/Scripps Green Hospital
Prgm Director: Joel C Diamont, MD
Dept of Grad Med Ed, Suite 406C
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-3200  Fax: 858 554-3232
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CD, END, GE, ICU, ON, RHU
Program ID: 140-03-51-140
Accredited Programs in Internal Medicine

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Trellie D Lewis, MD, BS
11234 Anderson Street, Room 1508
PO Box 2000
Loma Linda, CA 92564
Tel: 909 558-4585 Fax: 909 558-0427
Length: 3 Yrs
Subspecialties: CD, GE, PCC, RHU
Program ID: 140-05-21-038

Long Beach
St Mary Medical Center Program
Sponsor: St. Mary Medical Center
Los Angeles County-Long Beach-UCLA Medical Center
Prgm Director: Chester Chol, MD
Department of Medical Education
1650 Linden Ave
Long Beach, CA 90813
Tel: 562 491-9350 Fax: 562 491-8146
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-05-31-039

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Mark S Noah, MD
Department of Medicine
8700 Beverly Blvd, Suite B-115
Los Angeles, CA 90048
Tel: 310 423-5161 Fax: 310 423-0936
Length: 3 Yrs
Subspecialties: COM, CD, END, IE, NEP, PCC, RHU
Program ID: 140-05-01-040

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Cesar Arangurri, MD
10201 S Wilmingtom Avenue
Los Angeles, CA 90035
Tel: 310 668-4574 Fax: 310 763-8929
Length: 3 Yrs ACGME Approved/Offered Positions: 47
Subspecialties: END, GE, ID, LMG
Program ID: 140-05-11-045

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Thomas Y Torn, MD
Department of Medicine
4950 Sunset Blvd
Los Angeles, CA 90027
Tel: 323 783-4982 Fax: 323 783-1187
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: CD, GE, IC, NEP
Program ID: 140-05-12-042

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Jan H Tickuch, MD
10853 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-2005
Length: 3 Yrs
Subspecialties: CD, END, GE, HJ, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-11-046

UCLA-VA Greater Los Angeles Program
Sponsor: VA Greater Los Angeles Healthcare System
Prgm Director: Neil Paige, MD
Wadsworth Division, 601-111 A
11201 Wilshire Blvd
Los Angeles, CA 90073
Tel: 310 385-3034 Fax: 310 385-4109
Length: 3 Yrs
Subspecialties: CD, END, ICK, ID
Program ID: 140-05-31-048

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Prgm Director: Ron Ben-Ari, MD
2320 Total Avenue
Bldg. Rm 601
Los Angeles, CA 90033
Tel: 323 226-7556 Fax: 323 226-3557
Length: 3 Yrs ACGME Approved/Offered Positions: 177
Subspecialties: CD, END, GE, HEM, IE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-05-21-044

White Memorial Medical Center Program
Sponsor: White Memorial Medical Center
Prgm Director: Shawn Chen, MD
Department of Medicine
1729 Cesar Chavez Avenue
Los Angeles, CA 90033
Tel: 323 288-5900 Fax: 323 288-8702
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-05-11-049

Oakland
Alameda County Medical Center Program
Sponsor: Alameda County Medical Center
Prgm Director: Theodore G Rose Jr, MD
Department of Medicine
1411 12th Street
Oakland, CA 94602
Tel: 510 437-4172 Fax: 510 536-2270
E-mail: medicine.oakmeded@kp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 50
Program ID: 140-05-11-061

Kaiser Permanente Medical Group (Northern California/Oakland) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Oakland)
Prgm Director: Michael J Clement, MD
Medical Education Department
280 West MacArthur Boulevard
Oakland, CA 94611
Tel: 510 783-0136 Fax: 510 783-1671
E-mail: medicine.oakmeded@kp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 17
Program ID: 140-05-12-052

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: Lloyd Buckner, MD
Medical Center
101 The City Drive S, Rdg 206, Suite 720, Rm #1
Orange, CA 92868
Tel: 714 455-6561 Fax: 714 455-8874
Length: 3 Yrs
Subspecialties: CD, END, GE, HJ, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-21-036

Pasadena
Huntington Memorial Hospital Program
Sponsor: Huntington Memorial Hospital
Prgm Director: Anthony G Goerner, MD
Graduate Medical Education
100 California Boulevard
Pasadena, CA 91105
Tel: 626 397-5100 Fax: 626 397-2914
Length: 3 Yrs
Program ID: 140-05-11-066

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Prgm Director: Mark C Biandston, MD
Department of Medicine
4150 V Street RIII16
Sacramento, CA 95817
Tel: 916 734-7080 Fax: 916 734-1159
Length: 3 Yrs ACGME Approved/Offered Positions: 93
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC
Program ID: 140-05-21-032

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: John T Bostock, MD
Department of Internal Medicine, Suite 300
34730 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 522-7504 Fax: 619 522-7504
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: CD, GE, ID, PCC
Program ID: 140-05-12-012

US Armed Services Program
Scripps Mercy Hospital Program
Sponsor: Scripps Mercy Hospital
Prgm Director: Stanley A Amundson, MD
Dept of Medical Education
4077 5th Avenue, MRR 35
San Diego, CA 92103
Tel: 619 260-7215 Fax: 619 260-7206
E-mail: Amundson Stan@scrippswich.org
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 140-05-11-057

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Shawn Harrity, MD
290 West Arbor Drive
Residency Training Program 8425
San Diego, CA 92103
Tel: 619 543-6272 Fax: 619 543-6529
E-mail: shershman@ucsd.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-21-058

Graduate Medical Education Directory 2004-2005
San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Program Director: Paul Aronowitz, MD
2351 Clay Street, Suite S-360
San Francisco, CA 94115
Tel: 415 966-2052 Fax: 415 775-7437
Length: 3 Yrs ACGME Approved/Offered Positions: 50
Subspecialties: CD, GE, PUD
Program ID: 140-05-12-062

Kaiser Permanente Medical Group (Northern California)/San Francisco Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Program Director: Darrell Robins, MD
2425 Geary Boulevard, Room M-160
San Francisco, CA 94115
Tel: 415 756-1100 Fax: 415 756-8140
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Program ID: 140-05-22-063

St Mary’s Hospital and Medical Center Program
Sponsor: St Mary’s Hospital and Medical Center
Program Director: Mark Sokoll, MD
Department of Medicine
450 Stanyan Street
San Francisco, CA 94117
Tel: 415 756-5761 Fax: 415 756-8140
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Program ID: 140-05-22-063

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Harry Hollander, MD
Department of Medicine
997 Mission St, Box 0129
San Francisco, CA 94113
Tel: 415 476-1528 Fax: 415 476-1976
Length: 3 Yrs ACGME Approved/Offered Positions: 175
Subspecialties: CM, CD, EN, GI, HO, IC, ICE, ID, IM, NPI, PCC, RHU
Program ID: 140-05-21-064

San Jose
Santa Clara Valley Medical Center Program
Sponsor: Santa Clara Valley Medical Center
Program Director: Thomas G. Kelsey, MD
Department of Medicine
751 S Baxon Avenue
San Jose, CA 95129
Tel: 408 885-6890 Fax: 408 885-6324
Length: 3 Yrs
Program ID: 140-05-31-065

Santa Barbara
Santa Barbara Cottage Hospital Program
Sponsor: Santa Barbara Cottage Hospital
Santa Barbara County Public Health Department
Program Director: Andrew S. Gerson, MD
Medical Education Office
Box 68B
Santa Barbara, CA 93102
Tel: 805 568-1715 Fax: 805 568-8386
Length: 3 Yrs ACGME Approved/Offered Positions: 25
Program ID: 140-06-22-066

Santa Clara
Kaiser Permanente Medical Group (Northern California)/Santa Clara Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Program Director: Susan D. MacLean, MD
Graduate Medical Education Office
990 Kleiy Blvd, Lower Level
Santa Clara, CA 95051
Tel: 408 236-0501 Fax: 408 236-5105
Length: 3 Yrs ACGME Approved/Offered Positions: 38
Program ID: 140-05-21-067

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Kelley M. Skiff, MD, PhD
300 Pasteur Drive, S101
Stanford, CA 94305
Tel: 650 725-5304 Fax: 650 498-8205
Length: 3 Yrs ACGME Approved/Offered Positions: 92
Subspecialties: CCM, CD, EN, GI, HEM, IC, ICE, ID, IM, NPI, ON, PCC, RHU
Program ID: 140-06-21-068

Sylmar
UCLA-San Fernando Valley Program
Sponsor: Olive View/UCLA Medical Center
Program Director: Somni Mitchal, MD
9345 Olive View Drive
Sylmar, CA 91342
Tel: 818 946-3055 Fax: 818 946-6573
E-mail: somni.mitchal@uclafhs.org
Length: 3 Yrs Subspecialties: HO, NPI, RHU
Program ID: 140-05-21-067

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Martin T. Saim, MD
1000 W Carson Street, Box 400
Torrance, CA 90809
Tel: 310 222-2409 Fax: 310 220-9688
Length: 3 Yrs ACGME Approved/Offered Positions: 53
Subspecialties: CD, EN, HO, IC, ICE, ID, NPI, PCC
Program ID: 140-05-11-070

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Program Director: Kathryn M. Amacher, DO
Department of Medicine, 50MED/SGOMI
101 Bodin Circle
Travis AFB, CA 95655
Tel: 707 423-5057 Fax: 707 423-5058
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-06-21-068
US Armed Services Program

Colorado
Denver
Exempla St Joseph Hospital Program
Sponsor: Exempla St Joseph Hospital
Program Director: Robert B. Gibbons, MD
Department of Medicine
1835 Franklin Street
Denver, CO 80218
Tel: 303 837-7566
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 140-06-01-072

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Program Director: William D. Kaehny, MD
Department of Medicine
80262 E 9th Avenue
Denver, CO 80262
Tel: 303 316-7788 Fax: 303 316-7643
Length: 3 Yrs Subspecialties: CD, EN, GE, HO, IC, ICE, ID, IM, NPI, PCC, RHU
Program ID: 140-06-21-073

Connecticut
Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Program Director: Constantine Antmanos, MD
267 Grant Street
PO Box 5000
Bridgeport, CT 06610
Tel: 203 384-3762 Fax: 203 384-4294
E-mail: bericco@bhosp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Subspecialties: CD, GE, IC, PUD
Program ID: 140-06-11-074

St Vincent’s Medical Center Program
Sponsor: St Vincent’s Medical Center
Program Director: Brian Kiss, MD
Department of Medicine
2500 Main Street
Bridgeport, CT 06606
Tel: 203 576-5576 Fax: 203 576-5022
Length: 3 Yrs
Program ID: 140-06-11-075

Danbury
Danbury Hospital Program
Sponsor: Danbury Hospital
Program Director: Paul Ioannou, MD
Department of Medicine
24 Hospital Avenue
Danbury, CT 06810
Tel: 203 797-7955 Fax: 203 800-2047
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 140-06-11-076

Derby
Griffin Hospital Program
Sponsor: Griffin Hospital
Program Director: Ramin Ahmad, MD, MPH
Department of Internal Medicine
130 Division Street
Derby, CT 06418
Tel: 203 732-7374 Fax: 203 732-7185
Length: 3 Yrs
Program ID: 140-06-31-077
Farmington
University of Connecticut (New Britain) Program
Sponsor: University of Connecticut School of Medicine
New Britain General Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Sponsor: University of Connecticut School of Medicine
New Britain General Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Scott R Allen, MD
Primary Care Internship Residency Program
253 Farmington Avenue
Farmington, CT 06030
Tel: 860-679-4317 Fax: 860-679-1621
Length: 3 Yrs ACGME Approved/Offered Positions: 55
Program ID: 140-08-21-998

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Jacqueline S Nissen, MD
Primary Care Internship Residency Program
263 Parham Ave
Dept of Medicine, Room L2104
Farmington, CT 06030
Tel: 860-679-2327 Fax: 860-679-4118
Length: 3 Yrs Specialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NER, ON, PCC, RHU
Program ID: 140-08-31-078

Greenwich
Greenwich Hospital Association Program
Sponsor: Greenwich Hospital
Program Director: Charles B Seelig, MD, MS
Primary Care Internship Residency Program
Five Perryridge Road
Greenwich, CT 06830
Tel: 203-863-3913 Fax: 203-863-3924
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 140-08-21-079

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
St Raphael Hospital
Department of Medicine
1450 Chapel Street
New Haven, CT 06511
Tel: 203-789-9441 Fax: 203-789-3222
Length: 3 Yrs Specialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NER, ON, PCC, RHU
Program ID: 140-08-31-084

Yale-New Haven Medical Center (Waterbury) Program
Sponsor: Yale-New Haven Hospital
Provisional Program Director: Stephen J Huot, MD, PhD
Department of Medicine
20 York Street
New Haven, CT 06504
Tel: 203-785-6544 Fax: 203-785-7255
Email: stephen.huot@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 74
Program ID: 140-08-21-098

Yale-New Haven Medical Center
Program Director: Cyrs R Kapadia, MD
1074 LMP
20 York Street
New Haven, CT 06504
Tel: 203-785-7111 Fax: 203-785-7090
Length: 3 Yrs Specialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NER, ON, PCC, RHU
Program ID: 140-08-21-085

Norwalk
Norwalk Hospital Program
Program Director: Pamela Charmey, MD
Department of Medicine
Norwalk, CT 06856
Tel: 203-899-5077 Fax: 203-855-3589
Email: pamela.charmey@norwalkhealth.org
Length: 3 Yrs Specialties: GE, PUD
Program ID: 140-08-31-086

Stamford
Stamford Hospital/Columbia University College of Physicians and Surgeons Program
Program Director: Noël I Robin, MD
PO Box 1817
Stamford, CT 06904
Tel: 203-325-7485 Fax: 203-325-7368
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Program ID: 140-08-11-087

Deleware
Wilmington
Christiana Care Health Services Program
Program Director: Virginia U Collier, MD
Department of Medicine
PO Box 6100
Newark, DE 19718
Tel: 302-733-6584 Fax: 302-733-6586
Email: medicine.residency@christianacare.org
Length: 3 Yrs ACGME Approved/Offered Positions: 58
Program ID: 140-08-11-090

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, DC)
Program Director: Joseph El-Bayoumi, MD
Department of Medicine
2150 Pennsylvania Avenue, NW 5-4111
Washington, DC 20037
Tel: 202-741-2225 Fax: 202-741-2241
Email: jcbton@fmawisc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 97
Specialties: COM, CD, END, GE, HO, IC, ICE, ID, IMG, NER, PCC, RHU
Program ID: 140-10-21-093

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Program Director: Peter L Sylvest, MD
Department of Medicine
1401 Georgia Ave, NW
Washington, DC 20002
Tel: 202-665-1910 Fax: 202-665-7119
Length: 3 Yrs ACGME Approved/Offered Positions: 81
Specialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NER, ON, PCC, RHU
Program ID: 140-10-21-481

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Program Director: Marc D Cohen, MD
Education Services
4300 San Pablo Road
Jacksonville, FL 32224
Tel: 904-954-1043 Fax: 904-954-1043
Length: 3 Yrs Specialties: CD, END, GE, HO, IC, ICE, ID, IMG, NER, ON, PCC, RHU
Program ID: 140-11-21-098
University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
Phm Director: Elisa M Sotile, MD
Department of Medicine
655 West 9th Street
Jacksonville, FL 32206
Tel: 904 244-3004
E-mail: internmed.gme@jax.ufl.edu
Length: 3 yrs ACGME Approved/Offered Positions: 44
Subspecialties: CD, GE, IC, ID, ON
Program ID: 140-1-12-109

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Veteran Affairs Medical Center (Miami)
Phm Director: Mark A Gelbard, MD
Department of Medicine
PO Box 019690 (R-60)
Miami, FL 33101
Tel: 305 585-5315 Fax: 305 585-8117
Length: 3 yrs ACGME Approved/Offered Positions: 138
Subspecialties: CDM, CD, END, GE, HI, IC, ICE, ID, IM, NEP, PCC, RHU
Program ID: 140-11-21-100

Miami Beach

Mount Sinai Medical Center of Florida Program

Sponsor: Mount Sinai Medical Center of Florida, Inc
Mount Sinai Memorial Hospital/Jackson Health System
Phm Director: Gloria B Weinger, MD
4300 Alton Road
Miami Beach, FL 33140
Tel: 305 674-2053 Fax: 305 674-2057
Length: 3 yrs ACGME Approved/Offered Positions: 37
Subspecialties: CD
Program ID: 140-11-12-101

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Phm Director: George D Everett, MD
Department of Medicine
86 W Underwood Street, Suite 102
Orlando, FL 32806
Tel: 407 841-5165 Fax: 407 841-5101
Length: 3 yrs ACGME Approved/Offered Positions: 32
Program ID: 140-11-31-102

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Phm Director: Philip Altus, MD
12801 N 30th Street, Box 19
Tampa, FL 33612
Tel: 813 259-0179 Fax: 813 259-0079
E-mail: jwalter@usf.edu
Length: 3 yrs ACGME Approved/Offered Positions: 73
Subspecialties: CD, END, GE, HI, ID, IM, NEP, PCC, RHU, SCI
Program ID: 140-11-21-104

Weston

Cleveland Clinic Hospital (Florida) Program

Sponsor: Cleveland Clinic, Florida
Cleveland Clinic Hospital
Phm Director: Juan Muniz, MD
2900 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 668-5861 Fax: 954 668-5515
E-mail: img@ccf.org
Length: 3 yrs
Program ID: 140-11-21-228

Georgia

Atlanta

Atlanta Medical Center Program

Sponsor: Atlanta Medical Center
Phm Director: Miriam Parker, MD
Department of Medicine
305 Parkway Drive, NE, Box 423
Atlanta, GA 30313
Tel: 404 265-4619 Fax: 404 265-4990
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 140-11-21-106

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Phm Director: Joyce P Doyle, MD
69 Jesse Hill Jr Dr SE
Department of Medicine
Atlanta, GA 30303
Tel: 404 616-7024 Fax: 404 525-2067
E-mail: jayole@emory.edu
Length: 3 yrs
Subspecialties: CD, END, GE, HI, IC, ICE, ID, IM, NEP, PCC, RHU
Program ID: 140-11-21-105

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Grady Memorial Hospital
Phm Director: Myra E Rose, MD
Department of Medicine
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 756-1325 Fax: 404 756-1398
Length: 3 yrs
Program ID: 140-11-21-106

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Phm Director: David R Habrucka, MD
Department of Medicine
1120 15th Street, B 3 - 5070
Augusta, GA 30912
Tel: 706 721-2423 Fax: 706 721-6618
Length: 3 yrs ACGME Approved/Offered Positions: 50
Subspecialties: CD, END, GE, HI, ID, IM, NEP, PCC, RHU
Program ID: 140-11-21-107

Fort Gordon

Dwight David Eisenhower Army Medical Center Program

Sponsor: Dwight David Eisenhower Army Medical Center
Phm Director: Peter J Skidmore, MD
Army Medical Center
Department of Medicine
Fort Gordon, GA 30905
Tel: 706 787-6124 Fax: 706 787-0005
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 140-11-21-406
US Armed Services Program

Macon

Mercer University School of Medicine Program

Sponsor: Medical Center of Central Georgia
Phm Director: R Jonathan Dean, MD
Department of Medicine
707 Pine St
Macon, GA 31207
Tel: 478 301-5800 Fax: 478 301-5855
E-mail: mcgsmed@mercer.edu
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 140-11-21-201

Savannah

Mercer University School of Medicine (Savannah) Program

Sponsor: Mercer University Medical Center
Phm Director: Kaveh Ehsanipoor, MD
PO Box 23098
Savannah, GA 31403
Tel: 912 350-8593 Fax: 912 350-7270
Length: 3 yrs ACGME Approved/Offered Positions: 29
Program ID: 140-11-12-108

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Queen's Medical Center
Phm Director: Irwin J Schats, MD
1350 Lusitana Street, 7th Floor
Honolulu, HI 96813
Tel: 808 586-2910 Fax: 808 586-7486
Length: 3 yrs ACGME Approved/Offered Positions: 72
Subspecialties: IMG
Program ID: 140-11-21-109

Tripler AMC

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Phm Director: Benjamin W Berg, MD
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 335-4790 Fax: 808 433-2203
Length: 3 yrs ACGME Approved/Offered Positions: 33
Program ID: 140-11-11-007
US Armed Services Program
Illinois

Chicago

Advocate Illinois Masonic Medical Center/North Side Health Network Program

Sponsor: Advocate Illinois Masonic Medical Center

Prgm Director: John O'Brien, MD

North Side Health Network Program

Sponsor: Advocate Illinois Masonic Medical Center

Prgm Director: Dennis L. Mather, MD

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Prgm Director: Alan A Harris, MD

1563 W Congress Parkway

Chicago, IL 60612

Tel: 312-942-5302 Fax: 312-942-1071

Length: 3 Yrs

Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IM, NEP, PCC, RHU

Program ID: 140-16-11-121

St Joseph Hospital Program

Sponsor: St Joseph Hospital

Prgm Director: Joel B. Spear, MD

Department of Medicine

2900 Lake Shore Drive

Chicago, IL 60657

Tel: 773-666-3023 Fax: 773-665-3384

Length: 3 Yrs

Subspecialties: CD, GE, HO, NO, PCC

Program ID: 140-16-11-112

Cook County Hospital Program

Sponsor: John H Strong Hospital of Cook County

Prgm Director: Maurice & Leonor, MD

Department of Medicine

100 W Polk St - 14th Floor

Chicago, IL 60612

Tel: 312-644-7330 Fax: 312-644-9775

E-mail: medicalinfo@rauh.edu

Length: 3 Yrs

ACGME Approved/Offered Positions: 52

Subspecialties: CD, ICE

Program ID: 140-16-11-114

Louis A Weiss Memorial Hospital/University of Chicago Program

Sponsor: Louis A Weiss Memorial Hospital

Prgm Director: William D Barnhart, MD

4641 N Marine Drive

Chicago, IL 60640

Tel: 773-664-3225 Fax: 773-664-3226

Length: 3 Yrs

ACGME Approved/Offered Positions: 34

Program ID: 140-16-11-115

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Northwestern Memorial Hospital

Veterans Affairs Chicago Health Care System

Prgm Director: Diane P Wayne, MD

251 East Huron St

Galler Pavilion Suite 3-150

Chicago, IL 60611

Tel: 312-522-2202 Fax: 312-522-6006

Length: 3 Yrs

ACGME Approved/Offered Positions: 128

Subspecialties: CD, END, GE, HO, IC, ICE, ID, IM, NEP, PCC, RHU

Program ID: 140-16-21-119

Mercy Hospital and Medical Center Program

Sponsor: Mercy Hospital and Medical Center

Prgm Director: Steven R Poits, DO

3335 south Michigan Avenue

Chicago, IL 60616

Tel: 312-567-2696 Fax: 312-567-2696

Length: 3 Yrs

ACGME Approved/Offered Positions: 54

Program ID: 140-16-11-116

Michael Reese Hospital/University of Illinois College of Medicine at Chicago Program

Sponsor: Michael Reese Hospital and Medical Center

Prgm Director: Dennis J. Levinson, MD

Department of Medicine

2920 South Ellis

Chicago, IL 60616

Tel: 312-794-3070 Fax: 312-794-8006

Length: 3 Yrs

Subspecialties: CD

Program ID: 140-16-11-117

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Prgm Director: Alan A Harris, MD

1563 W Congress Parkway

Chicago, IL 60612

Tel: 312-942-5302 Fax: 312-942-1071

Length: 3 Yrs

Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IM, NEP, PCC, RHU

Program ID: 140-16-11-121

St Joseph Hospital Program

Sponsor: St Joseph Hospital

Prgm Director: Joel B. Spear, MD

Department of Medicine

2900 Lake Shore Drive

Chicago, IL 60657

Tel: 773-666-3023 Fax: 773-665-3384

Length: 3 Yrs

Subspecialties: CD, GE, HO, NO, PCC

Program ID: 140-16-11-112

University of Chicago Program

Sponsor: University of Chicago Hospitals

Prgm Director: James W Woodruff, MD

Medicine, AMB A-710/MC 7082

5841 S Maryland Avenue

Chicago, IL 60637

Tel: 773-702-1455 Fax: 773-834-0464

E-mail: jwm@medicine.bsd.uchicago.edu

Length: 3 Yrs

Subspecialties: CCM, CD, END, GE, HO, IC, ICE, IM, NEP, PCC, RHU

Program ID: 140-16-11-123

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

University of Illinois Hospital and Clinics

Veterans Affairs West Side Medical Center

Prgm Director: Fred A. Potts, DO

Department of Medicine

4925 S Wood Street, 440 CSN, M/C 718

Chicago, IL 60612

Tel: 312-567-6014 Fax: 312-413-1343

E-mail: borawski@uic.edu

Length: 3 Yrs

Subspecialties: CD, END, GE, HO, IC, ICE, ID, IM, NEP, PCC, RHU

Program ID: 140-16-21-124

Evaston

McGaw Medical Center of Northwestern University [Evaston] Program

Sponsor: McGaw Medical Center of Northwestern University

Evaston Hospital

Prgm Director: Gregory W. Ratecki, MD

Department of Medicine

2500 Ridge Avenue

Evaston, IL 60201

Tel: 847-570-2350 Fax: 847-570-2906

Length: 3 Yrs

ACGME Approved/Offered Positions: 46

Program ID: 140-16-31-125

St Francis Hospital of Evanston Program

Sponsor: St Francis Hospital

Prgm Director: Harvey J. Friedman, MD

Department of Medicine

250 Ridge Avenue

Evanston, IL 60202

Tel: 847-316-3100 Fax: 847-316-3307

Length: 3 Yrs

Program ID: 140-16-11-126

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center

Edward Hines, Jr. Veterans Affairs Hospital

Prgm Director: Kevin F Simpson, MD

Room 7609, Building 102

2160 S First Avenue

Maywood, IL 60153

Tel: 708-216-5368 Fax: 708-216-9455

Length: 3 Yrs

ACGME Approved/Offered Positions: 115

Subspecialties: CD, END, GE, HO, IC, ICE, ID, IM, NEP, PCC, RHU

Program ID: 140-16-21-128

Melrose Park

Resurrection Medical Center (Westlake) Program

Sponsor: Resurrection Medical Center

Westlake Community Hospital

Prgm Director: John E Martin, MD

2225 Lake Street

Melrose Park, IL 60160

Tel: 708-938-7030 Fax: 708-938-7038

E-mail: ResurrectionWestlake@resurrectionhealthcare.org

Length: 3 Yrs

ACGME Approved/Offered Positions: 40

Program ID: 140-16-11-454

North Chicago

Finch University of Health Sciences/Chicago Medical School Program

Sponsor: Pritzker University of Health Sciences/Chicago Medical School

Mount Sinai Hospital Medical Center of Chicago

Veterans Affairs Medical Center

Prgm Director: Preston B. Cunard, MD

Chicago Medical School

3333 Green Bay Road

North Chicago, IL 60064

Tel: 847-578-3227 Fax: 847-578-8647

Length: 3 Yrs

Subspecialties: CCM, CD, END, ID, PUD

Program ID: 140-16-21-111

Oak Lawn

University of Illinois College of Medicine at Chicago/Oak Lawn Program

Sponsor: University of Illinois College of Medicine at Chicago

Advocate Christ Medical Center

Prgm Director: John D. Mulligan, MD

Department of Medicine

4440 W 95th Street

Oak Lawn, IL 60453

Tel: 708-346-5673 Fax: 708-346-5673

E-mail: john.mulligan@advocatehealth.com

Length: 3 Yrs

Program ID: 140-16-21-129

Oak Park

West Suburban Hospital Medical Center Program

Sponsor: West Suburban Hospital Medical Center

Prgm Director: Paul A. Gallo, MD

Department of Medicine

840 Westlake Drive

Oak Park, IL 60302

Tel: 708-765-8608 Fax: 708-765-8656

Length: 3 Yrs

ACGME Approved/Offered Positions: 24

Program ID: 140-16-21-467
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<td>1775 Dempster Street</td>
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<td>Park Ridge, IL 60608</td>
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<td>Tel: 847 363-7194, Fax: 847 698-3391</td>
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<td>OSF St Francis Medical Center</td>
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<td>530 NE Glen Oak Ave</td>
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<td>Tel: 309 655-2730, Fax: 309 655-7733</td>
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<td>E-mail: <a href="mailto:ulcompmid@yahoo.com">ulcompmid@yahoo.com</a></td>
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<td>Program Director: Andrew J Varsey, MD</td>
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<td>PO Box 19638</td>
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<td>Springfield, IL 62794</td>
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<td>Program Director: J Matthew Neal, MD</td>
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<td></td>
<td>Medical Education</td>
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<td>2401 University Avenue</td>
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<td>Tel: 765 747-3367, Fax: 765 747-0137</td>
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<td>Program Director: Steven B Craig, MD</td>
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<td>Department of Internal Medicine</td>
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<td></td>
<td>1415 Woodland Avenue, Suite 140</td>
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<td>Des Moines, IA 50300</td>
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<td>Veterans Affairs Medical Center (Iowa City)</td>
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<td>Program Director: Scott A Vogelgesang, MD</td>
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<td>Department of Internal Medicine</td>
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<td>1415 Woodland Avenue, Suite 140</td>
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<td>Des Moines, IA 50300</td>
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<td>Tel: 515 241-6836, Fax: 515 241-6576</td>
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<td>Subspecialties: CD, GE, HO, IC, ICE, ID, NEP, PCC</td>
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<td>Kansas University of Kansas Medical Center Program</td>
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<td>Sponsor: University of Kansas School of Medicine</td>
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<td></td>
<td>Program Director: Steven W Stites, MD</td>
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<td>Department of Medicine</td>
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<td>39th Street and Rainbow Boulevard</td>
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<td>Des Moines, IA 50309</td>
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<td>Tel: 515 288-0950, Fax: 515 288-9655</td>
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<td>Subspecialties: CD, GE, HO, IC, ICE, ID, NEP, PCC</td>
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<td>Wichita University of Kansas (Wichita) Program</td>
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<td>Sponsor: University of Kansas School of Medicine</td>
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<td>Program Director: Garold O Miens, MD</td>
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<td>Department of Medicine</td>
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<td>1010 N Kansas</td>
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<td>Wichita, KS 67214</td>
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<td>Tel: 316 293-6550, Fax: 316 293-1875</td>
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<td>Subspecialties: ACGME Approved/Offered Positions: 40</td>
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<td>Kentucky University of Kentucky Medical Center Program</td>
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<td></td>
<td>Sponsor: University of Kentucky A B Chandler Medical Center</td>
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<td>Program Director: Steven A Haist, MD</td>
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<td>Department of Medicine</td>
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<td>J511 Kentucky Clinic, 740 S Limestone St</td>
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<td>Lexington, KY 40506</td>
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<tr>
<td></td>
<td>Tel: 502 323-9918, Fax: 502 323-1297</td>
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<td>Subspecialties: CD, GE, HO, IC, ID, NEP, PCC</td>
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<td>Louisville University of Louisville Program</td>
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<td>Sponsor: University of Louisville School of Medicine</td>
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<tr>
<td></td>
<td>Program Director: Barbara Roberts Casper, MD</td>
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<td>3rd Floor</td>
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<td>Ambulatory Care Building</td>
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<td>Louisville, KY 40202</td>
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<tr>
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<td>Tel: 502 852-7040, Fax: 502 852-9936</td>
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<td>Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC</td>
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Louisiana
Baton Rouge
Louisiana State University (Baton Rouge) Program
Sponsor: Earl K Long Medical Center
Program Director: George H Karan, MD
Department of Medicine
5825 Airline Highway
Baton Rouge, LA 70805
Tel: 225-586-1066 Fax: 225-358-1076
Length: 3 Yrs ACGME Approved/Offered Positions: 26
Program ID: 140-21-21-607

Lafayette
Louisiana State University (Lafayette) Program
Sponsor: University Medical Center (Lafayette)
Program Director: Leela Lakshmi Prasad, MD
PO Box 69800
2390 W Congress Street
Lafayette, LA 70506
Tel: 337-261-6789 Fax: 337-261-6791
Length: 3 Yrs ACGME Approved/Offered Positions: 26
Program ID: 140-21-21-144

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Dayton W Deheraihow II, MD
Department of Medicine
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-568-4500 Fax: 504-568-7885
Length: 3 Yrs Subspecialties: CD, END, GH, IC, ID, NEP, PCC, RHU
Program ID: 140-21-21-143

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Stephen Hamburger, MD
Department of Medicine
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504-842-4066 Fax: 504-842-3387
Length: 3 Yrs ACGME Approved/Offered Positions: 56 Subspecialties: CD, END, GH, IC, ID, NEP, PCC, RHU
Program ID: 140-21-21-146

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Jeffrey O Wiese, MD
Department of Medicine
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504-582-7800 Fax: 504-586-3971
Length: 3 Yrs ACGME Approved/Offered Positions: 75 Subspecialties: CD, END, GH, ID, IM, NEP, PCC
Program ID: 140-21-21-147

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital
Overton Brooks Veterans Affairs Medical Center
Program Director: Larry S Blay, MD
1501 Kings Highway
Shreveport, LA 71130
Tel: 318-675-5857 Fax: 318-675-5948
Length: 3 Yrs ACGME Approved/Offered Positions: 67 Subspecialties: CCM, CD, END, GH, ID, NEP, PCC, RHU
Program ID: 140-21-21-148

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: David Gannen, MD
Department of Medicine
213 Bramhall Street
Portland, ME 04102
Tel: 207-871-9561 Fax: 207-871-9578
Length: 3 Yrs Subspecialties: CD, ID, NEP, PCC
Program ID: 140-23-11-149

Maryland
Baltimore
Franklin Square Hospital Center Program
Sponsor: Franklin Square Hospital Center
Program Director: Frederick K Williams II, MD
Department of Medicine
9000 Franklin Square Drive
Baltimore, MD 21237
Tel: 410-777-7105 Fax: 410-777-8105
Length: 3 Yrs Program ID: 140-23-12-151

Good Samaritan Hospital of Maryland Program
Sponsor: Good Samaritan Hospital of Maryland
Johns Hopkins Hospital
Program Director: John F Rogers, MD
6501 Loch Raven Boulevard
RMB 502
Baltimore, MD 21239
Tel: 410-530-4800 Fax: 410-530-4987
Length: 3 Yrs Program ID: 140-23-21-499

Greater Baltimore Medical Center Program
Sponsor: Greater Baltimore Medical Center
Program Director: Norman M Ely, MD
6550 North Charles Street
Pavilion East, Suite 3B
Baltimore, MD 21208
Tel: 410-445-4827 Fax: 410-445-8400
E-mail: mdevelopbgmc.org
Length: 3 Yrs Program ID: 140-23-21-152

Harbor Hospital Center Program
Sponsor: Harbor Hospital Center
Program Director: Richard B Williams, MD
Department of Medicine
300 S Hanover Street
Baltimore, MD 21225
Tel: 410-350-3505 Fax: 410-350-0186
E-mail: terry.kus@medstar.net
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 140-23-21-153

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Charles Wiener, MD
Department of Medicine, 5th Floor 1850 E Monument Street
Baltimore, MD 21205
Tel: 410-655-7910 Fax: 410-655-0974
Length: 3 Yrs Subspecialties: CD, END, GH, HEM, IC, ICE, ID, IM, NEP, ON, PCC, RHU
Program ID: 140-23-11-153

Johns Hopkins University/Bayview Medical Center Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Program Director: Roy C Ziegelstein, MD
2640 Eastern Ave A-1 W Room 102
Baltimore, MD 21224
Tel: 410-550-0533 Fax: 410-550-1084
Length: 3 Yrs Subspecialties: GE, NEP
Program ID: 140-23-11-150

St Agnes HealthCare Program
Sponsor: St Agnes Hospital
Program Director: Richard S Rees, MD
City of Baltimore
900 Caton Avenue
Baltimore, MD 21229
Tel: 410-366-3110 Fax: 410-366-9255
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 140-23-12-154

Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Program Director: Wayne N Campbell, MD
Department of Medicine
201 E University Parkway
Baltimore, MD 21227
Tel: 410-554-2384 Fax: 410-554-2314
Length: 3 Yrs ACGME Approved/Offered Positions: 29
Program ID: 140-23-12-155

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Susan D Wolfsthal, MD
Department of Medicine - University Campus
1830 E Monument Street
Baltimore, MD 21204
Tel: 410-259-3278 Fax: 410-259-0275
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Subspecialties: CD, END, GH, HO, IC, ICE, ID, IM, NEP, PCC, RHU
Program ID: 140-23-21-160

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Program Director: Terrence X Dwyer, MD
Office of Program Director for Internal Medicine
8501 Wisconsin Avenue, Bldg 7 - Room 6239
Bethesda, MD 20889
Tel: 301-319-4977 Fax: 301-295-1340
Length: 3 Yrs Subspecialties: END, GH, IH
Program ID: 140-23-11-013

US Armed Services Program
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Program Director: Richard M Forster, MD
University Campus, Department of Medicine Residency Office
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 345-2173 Fax: 508 585-6751
Length: 3 Yrs
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, NER, PUD, RHU
Program ID: 140-24-21-184

Wayne State University/Detroit Medical Center (Grace Hospital) Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Sinai-Grace Hospital
Program Director: Mohamed S Siddique, MD
Department of Medicine
601 W Outer Drive
Detroit, MI 48235
Tel: 313 986-4670 Fax: 313 986-1788
Length: 3 Yrs. ACGME Approved/Offered Positions: 48
Program ID: 140-25-21-506

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Emory Hospital
Veterans Affairs Medical Center (Detroit)
Program Director: Wilhelmine Wiese, MD
Detroit Medical Center
4201 St Antoine, 5-C
Detroit, MI 48201
Tel: 313 745-4832 Fax: 313 963-0045
Length: 3 Yrs. ACGME Approved/Offered Positions: 12
Subspecialties: CD, EN, GE, HO, IC, ICE, ID, IMG, NER, PAC, RHU
Program ID: 140-25-21-194

Michigan

Ann Arbor

St Joseph Mercy Hospital Program
Sponsor: St Joseph Mercy Health System
Program Director: Theresa E Vettese, MD
5333 McAluey Dr Delbertch Health Building #0000
P.O. Box 305
Ann Arbor, MI 48106
Tel: 734 712-3815 Fax: 734 712-5583
Length: 3 Yrs. ACGME Approved/Offered Positions: 49
Program ID: 140-25-21-196

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: John De Valle, MD
31101 Taubman Center, Box 2806
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 946-4385 Fax: 734 946-3654
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NER, PAC, RHU
Program ID: 140-25-21-187

Dearborn

Oakwood Hospital Program
Sponsor: Oakwood Hospital
Program Director: Jonathan Zimmerman, MD, MHA
18101 Oakwood Boulevard
Dearborn, MI 48124
Tel: 313 585-7795 Fax: 313 456-2071
Email: medres@oakwood.org
Length: 3 Yrs. ACGME Approved/Offered Positions: 20
Subspecialties: IMG
Program ID: 140-25-21-188

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Eric J Scher, MD
Department of Medicine CFP-1
2769 W Grand Blvd
Detroit, MI 48202
Tel: 313 916-3829 Fax: 313 916-1394
Length: 3 Yrs. ACGME Approved/Offered Positions: 116
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NER, PAC
Program ID: 140-25-21-118

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Louis D Sarazwali, MD
21101 Moross Road
Detroit, MI 48236
Tel: 313 343-3263 Fax: 313 343-7794
Length: 3 Yrs. ACGME Approved/Offered Positions: 41.5
Subspecialties: CD, IC, ID, NER
Program ID: 140-25-21-191

Wayne State University/Detroit Medical Center (Grace Hospital) Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Sinai-Grace Hospital
Program Director: John B O'Donnell, MD, MS
Department of Medicine
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6583 Fax: 269 337-4234
Email: medres@kcmu.edu
Length: 3 Yrs
Program ID: 140-25-21-199

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Ingham Regional Medical Center
Michigan State University Clinical Center
Sparrow Hospital
Program Director: Mark E Loebrke, MD
3-B11 Clinical Center - MSU
138 Service Rd
East Lansing, MI 48824
Tel: 517 353-5160 Fax: 517 343-2759
Email: imedres@msu.edu
Length: 3 Yrs. ACGME Approved/Offered Positions: 30
Subspecialties: CD, HO, IC
Program ID: 140-25-21-195

Pontiac

St Joseph Mercy-Oakland Program
Sponsor: St Joseph Mercy Oakland
Program Director: Mark Bustamante, MD
Department of Medicine
44405 Woodward Avenue
Pontiac, MI 48341
Tel: 248 658-6533 Fax: 248 658-3244
Length: 3 Yrs
Program ID: 140-25-11-200

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Leslie L Rochee, MD
Department of Medicine
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-0466 Fax: 248 551-5426
Length: 3 Yrs
Subspecialties: CD, GE, IC, ID, IMG, ON
Program ID: 140-25-12-201

Saginaw

Synergy Medical Education Alliance Program
Sponsor: Synergy Medical Education Alliance
Covenant HealthCare System-Cooper Campus
Covenant HealthCare System-Harrison Campus
St Mary's Medical Center
Program Director: Subhas Mitra, MD
Department of Internal Medicine
1000 Houghton Avenue
Saginaw, MI 48607
Tel: 989 583-6326 Fax: 989 583-6840
Email: sgmd@synergymedical.org
Length: 3 Yrs. ACGME Approved/Offered Positions: 18
Program ID: 140-25-31-202
Mississippi

Jackson University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics
Program Director: Michael R McCallum, MD
Department of Medicine
2550 N State Street
Jackson, MS 39216
Tel: 601 898-2250 Fax: 601 898-6665 Length: 3 Yrs Subspecialties: CD, EN, GE, HO, ID, NE, PCC, RHU Program ID: 140-27-21-269

Keesler AFB

Keesler Medical Center Program
Sponsor: Keesler Medical Center
Program Director: Susan B. Robinson, MD
Department of Medicine
400 Keesler Boulevard
Keesler AFB, MS 39504
Tel: 228-377-6850 Fax: 228-377-6417 Length: 3 Yrs AGGME Approved/Offered Positions: 20 Program ID: 140-28-31-204

Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Program Director: Morton G Gold, MD
Department of Medicine
201 East 11th Street
Minneapolis, MN 55403
Tel: 612-863-6500 Fax: 612-863-6515 Length: 3 Yrs Length: 3 Yrs AGGME Approved/Offered Positions: 60 Subspecialties: CCM, EMU Program ID: 140-26-31-207

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: Kathleen V Watson, MD
Department of Medicine
2240 3rd Street South, Suite 402
Minneapolis, MN 55454-3292
Tel: 612-624-3305 Fax: 612-624-3305 Length: 3 Yrs Subspecialties: CD, EN, GE, HO, IC, IC, ID, IM, NE, PC, RHU Program ID: 140-26-31-206

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Graduate Med Ed-Mayo Clinic College of Medicine
Program Director: John R. Kolaric, MD
Department of Medicine
200 First Street, SW
Rochester, MN 55902
Tel: 507-284-2308 Fax: 507-284-2308 Length: 3 Yrs Subspecialties: CCM, CD, EN, GE, HO, IC, ICE, ID, IM, NE, PC, RHU Program ID: 140-26-31-208

Missouri

Missouri University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Program Director: Charles L. Brooks, MD
Department of Medicine
Columbia, MO 65212
Tel: 573-882-6198 Fax: 573-882-5090 Length: 3 Yrs Subspecialties: CD, EN, GE, HO, ID, NE, PC, RHU Program ID: 140-28-31-210

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Program Director: Truman Medical Center
Truman Medical Center
5325 Holmes
Kansas City, MO 64110
Tel: 816-444-0950 Fax: 816-444-0969 Length: 3 Yrs AGGME Approved/Offered Positions: 64 Subspecialties: CD, EN, GE, HO, ICE, ID, PC Program ID: 140-28-31-214

St Louis

Missouri University School of Medicine Program
Sponsor: Missouri University School of Medicine
Program Director: Robert W. Duntley, MD
Department of Medicine
6420 Clayton Road
St. Louis, MO 63117
Tel: 314-768-8900 Length: 3 Yrs AGGME Approved/Offered Positions: 20 Program ID: 140-28-31-219

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Daniel M. Goodman, MD
Department of Medicine
660 Sycamore Avenue
Box 6211
Saint Louis, MO 63104
Tel: 314-935-7622 Fax: 314-935-7622 Length: 3 Yrs Subspecialties: CCM, CD, EN, GE, HO, IC, ICE, ID, IM, NE, PC, RHU Program ID: 140-28-31-215

Nebraska

Omaha

Creighton University Program
Sponsor: Creighton University School of Medicine
Program Director: Robert W. Duntley, MD
Department of Medicine
1500 Madison Avenue
Omaha, NE 68131
Tel: 402-893-6300 Fax: 402-893-6300 E-mail: rwd@creighton.edu Length: 3 Yrs AGGME Approved/Offered Positions: 64 Subspecialties: CD, EN, PC Program ID: 140-30-21-222
University of Nebraska Medical Center
College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Progm Director: James R O'Dell, MD
Department of Medicine
382050 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7205 Fax: 402 559-6114
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, IMG, PCC
Program ID: 149-30-21-224

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Progm Director: Glenn Newell, MD
401 Haddon Ave
Room 242
Camden, NJ 08103
Tel: 856-254-7860
Email: cooper.med-residency@umdnj.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC,
RHS
Program ID: 149-30-21-227

Englewood
Mount Sinai School of Medicine (Englewood) Program
Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Progm Director: Lawrence N Krall, MD
Department of Medicine
366 Engle Street
Englewood, NJ 07631
Tel: 201 894-8864
Length: 3 Yrs
Program ID: 149-33-21-228

Jersey City
Mount Sinai School of Medicine (Jersey City) Program
Sponsor: Mount Sinai School of Medicine
Jersey City Medical Center
Progm Director: Robert G Lahita, MD, PhD
Department of Medicine
60 Baldwin Avenue
Jersey City, NJ 07304
Tel: 201 915-2340 Fax: 201 915-2319
Length: 3 Yrs
Program ID: 149-33-21-232

Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Progm Director: Richard S Parnish, MD
Department of Medicine
94 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 232-5465 Fax: 973 232-8215
Length: 3 Yrs
Program ID: 149-33-12-457

Long Branch
Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Progm Director: Sara Wallach, MD
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 233-6540 Fax: 732 233-6536
Length: 3 Yrs
Program ID: 149-33-11-253

Montclair
Atlantic Health System (Montclairside) Program
Sponsor: Atlantic Health System
Montclairside Hospital
Progm Director: Ruth Wang Liang, MD
One Bay Avenue
Department of Medicine
Montclair, NJ 07042
Tel: 973 439-6101 Fax: 973 439-6577
Length: 3 Yrs
Program ID: 149-33-11-234

New Jersey
Atlantic City
Atlantic City Medical Center Program
Sponsor: Atlantic City Medical Center
Progm Director: Zia Salam, MD
Office of Medical Education
1925 Pacific Avenue
Atlantic City, NJ 08401
Tel: 609 441-8074 Fax: 609 441-2137
Length: 3 Yrs
Program ID: 149-33-31-220

Paterson
Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program
Sponsor: State of New Jersey Medical School
St Joseph's Regional Medical Center
Progm Director: M Amna Khan, MD
700 Main Street
Paterson, NJ 07503
Tel: 973 754-2481 Fax: 973 754-3376
Length: 3 Yrs
Program ID: 149-33-21-522

Atlantic Health System (Montclair) Program
Sponsor: Atlantic Health System
Mount Sinai Hospital
51 Madison Avenue
Morristown, NJ 07960
Tel: 973 971-9512 Fax: 973 991-1325
Length: 3 Yrs
Program ID: 149-33-11-235

Neptune
Ocean County Medical Center Program
Sponsor: Ocean County Medical Center
Progm Director: Ellen Cohen, MD
Department of Medicine
130 College Avenue
Oakland, NJ 07436
Tel: 973 264-4725 Fax: 973 264-5340
E-mail: yravera@shcs.com
Length: 3 Yrs
Program ID: 149-33-21-518

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Progm Director: Jo-Ann Reteguiz, MD
Department of Medicine
160 Bergen Street
Newark, NJ 07112
Tel: 973 995-4328 Fax: 973 995-4328
E-mail: joa@mdc.edu
Length: 3 Yrs
Program ID: 149-33-11-253

Paterson
Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program
Sponsor: State of New Jersey Medical School
St Joseph's Regional Medical Center
Progm Director: M Amna Khan, MD
700 Main Street
Paterson, NJ 07503
Tel: 973 754-2481 Fax: 973 754-3376
Length: 3 Yrs
Program ID: 149-33-21-522

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Progm Director: Ellen Cohen, MD
Department of Medicine
301 Lyons Avenue
Newark, NJ 07112
Tel: 973 995-4328 Fax: 973 995-4328
E-mail: yravera@shhs.com
Length: 3 Yrs
Program ID: 149-33-21-518

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Progm Director: Jo-Ann Reteguiz, MD
Department of Medicine
160 Bergen Street
Newark, NJ 07112
Tel: 973 995-4328 Fax: 973 995-4328
E-mail: joa@mdc.edu
Length: 3 Yrs
Program ID: 149-33-11-253

Jersey Shore University Medical Center Program
Sponsor: Jersey Shore University Medical Center
Progm Director: Elliot Frank, MD
Department of Medicine
1400 State Route 38
Neptune, NJ 07754
Tel: 732 774-4210 Fax: 732 774-3765
Length: 3 Yrs
Program ID: 149-33-11-235

New Haven
University of New Haven (New Haven) Program
Sponsor: University of New Haven School of Medicine
Progm Director: Joseph J O'Shaughnessy, MD
Department of Medicine
19 N Colony Street
New Haven, CT 06519
Tel: 203-334-2191 Fax: 203-334-2192
Length: 3 Yrs
Program ID: 149-33-21-522

University of New Hampshire School of Medicine
New Hampshire Program
Sponsor: University of New Hampshire School of Medicine
Progm Director: Donald D Woods, MD
Department of Medicine
120 Main Street
Durham, NH 03824
Tel: 603 862-2294 Fax: 603 862-2295
Length: 3 Yrs
Program ID: 149-33-21-522

New Hampshire
Sun/Jpecialties:
Thl:
Length:
Sponsor:
Program Id:
Year:
Length:
Perth Amboy
Raritan Bay Medical Center Program
Sponsor: Raritan Bay Medical Center-Perth Amboy Division
Pgm Director: Constantine Gill, MD
Internal Medicine Residency Department
530 New Brunswick Avenue
Perth Amboy, NJ 08861
Tel: 732 334-6580 Fax: 732 334-4669
E-mail: ovgars@trhcm.org
Length: 3 Yrs
Program ID: 140-33-21-466

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School Medical Center at Princeton
Robert Wood Johnson University Hospital
St Peter's University Hospital
Pgm Director: Nayan & Kothari, MD
Department of Medicine
One Robert Wood Johnson PI PO Box 19
New Brunswick, NJ 08903
Tel: 732 335-7745 Fax: 732 235-7437
Length: 3 Yrs
Subspecialties: CD, END, GP, ID, NEP, PCC, RHU
Program ID: 140-33-21-243

Plainfield
Muhlenberg Regional Medical Center Program
Sponsor: Muhlenberg Regional Medical Center
Pgm Director: Francis L Griffin, MD
Department of Medicine
Park Avenue & Randolph Road
Plainfield, NJ 07061
Tel: 908 668-3603 Fax: 908 226-4543
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Program ID: 140-33-11-244

South Orange
Seton Hall University School of Graduate Medical Education (St Francis) Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Francis Medical Center
Pgm Director: Dennis J Clari, MD
601 Hamilton Avenue
Department of Medicine/Surgery - Room B 158
Trenton, NJ 08629
Tel: 609 589-6291 Fax: 609 589-6292
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 140-33-13-523

Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Michael's Medical Center (Cathedral Health Services, Inc.)
Trinitas Hospital-Williamson Street Campus
Pgm Director: Ernest E Federici, MD
Department of Medicine
400 S Orange Avenue
South Orange, NJ 07079
Tel: 908 964-5357 Fax: 908 351-7830
E-mail: intme@trinitas.org
Length: 3 Yrs ACGME Approved/Offered Positions: 75
Subspecialties: CCM, CD, CP, GI, HO, IC, ID, PUD
Program ID: 140-33-21-498

Summit
Atlantic Health System (Overlook) Program
Sponsor: Atlantic Health System
Overlook Hospital
Pgm Director: Douglas Bazemore, MD
99 Beavoir Avenue at Sylvan Road
Summit, NJ 07901
Tel: 908 522-2248 Fax: 908 522-0840
Length: 3 Yrs
Program ID: 140-33-11-345

Trenton
Capital Health System-Fuld Campus Program
Sponsor: Capital Health System-Fuld Campus
Pgm Director: Martin J Glynn, MD
750 Brunswick Avenue
Trenton, NJ 08608
Tel: 609 294-6031 Fax: 609 294-6038
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-33-21-346

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Pgm Director: Ann Gateley, MD
Department of Medicine
2211 Lomas NE, MSC10 5500
Albuquerque, NM 87131
Tel: 505 272-6311 Fax: 505 272-6408
Length: 3 Yrs
Subspecialties: CCM, CD, END, GP, ID, NEP, PCC, RHU
Program ID: 140-34-21-247

South Orange
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Pgm Director: Albert Steinmann, MD
Department of Medicine Education Office (MC-17)
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-0377 Fax: 518 262-6873
Length: 3 Yrs ACGME Approved/Offered Positions: 74
Subspecialties: CD, END, GP, ID, IMG, PCC, RHU
Program ID: 140-35-31-248

Bronx
Albert Einstein College of Medicine (Jacobi) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Pgm Director: Steven C Martin, MD
Department of Medicine - 3NE1
1600 Pelham Parkway South
Bronx, NY 10461
Tel: 718 318-5460 Fax: 718 318-7460
E-mail: smartin@acon.yu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 98
Program ID: 140-35-31-521

Albert Einstein College of Medicine (Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Bronx and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Pgm Director: Sharon Silbiger, MD
Department of Medicine
111 Roa 31/9th Street
Bronx, NY 10467
Tel: 718 920-6608 Fax: 718 518-6103
Length: 3 Yrs
Subspecialties: CCM, CD, END, GP, ID, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-287

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx - Lebanon Hospital Center
Pgm Director: Srishar S Chilumuri, MD
Department of Medicine
1650 Grand Concourse, 8th Floor
Bronx, NY 10457
Tel: 718 518-5618 Fax: 718 518-6001
Length: 3 Yrs ACGME Approved/Offered Positions: 90
Subspecialties: GE, PUD
Program ID: 140-35-11-263

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Pgm Director: Anita Soni, MD
301 E 140th Street
Bronx, NY 10451
Tel: 718 579-5000 Fax: 718 579-4856
Length: 3 Yrs
Program ID: 140-35-21-470

Mount Sinai School of Medicine (Bronx) Program
Sponsor: Mount Sinai School of Medicine
Veterans Affairs Medical Center (Bronx)
North Central Bronx Hospital
Pgm Director: Mark A Korsen, MD
150 W Kingsbridge Road
Bronx, NY 10468
Tel: 718 854-9000 Fax: 718 741-4233
Length: 3 Yrs
Program ID: 140-35-31-017

New York Medical College (Our Lady of Mercy) Program
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Pgm Director: Barry J Pombert, MD
600 E 215th Street
Bronx, NY 10466
Tel: 718 920-0169 Fax: 718 920-9036
Length: 3 Yrs
Subspecialties: GP, HO, IMG
Program ID: 140-35-21-285

St Barnabas Hospital Program
Sponsor: St Barnabas Hospital
Pgm Director: James O Hellemann, MD
Department of Medicine
Third Avenue and 183rd St
Bronx, NY 10457
Tel: 718 966-6202 Fax: 718 966-3486
E-mail: jhellemann@pol.net
Length: 3 Yrs
Program ID: 140-35-21-485
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Malcolm R Rose, MD
Department of Medicine
485 E 10th Avenue
Brooklyn, NY 11238
Tel: 212 280-8120 Fax: 718 280-8120
E-mail: mhrsha@interfaith.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 73
Subspecialties: IO, NEP, N
Program ID: 140-35-11-264

Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Program Director: Alan A Butz, MD
Department of Medicine
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 550-0125 Fax: 718 550-8120
Length: 3 Yrs ACGME Approved/Offered Positions: 98
Subspecialties: GI, HO, PUD
Program ID: 140-35-12-265

Coney Island Hospital Program
Sponsor: Coney Island Hospital
Program Director: Selvaganan Tirumurugan
2601 Ocean Parkway
Brooklyn, New York 11218
Tel: 718 636-9500 Fax: 718 616-3797
E-mail: swaters@coneyislandhospital.org
Length: 3 Yrs ACGME Approved/Offered Positions: 63
Subspecialties: HEM, PUD
Program ID: 140-35-11-266

Interfaith Medical Center Program
Sponsor: Interfaith Medical Center
Program Director: Eric A Jaffe, MD
Department of Medicine
1545 Atlantic Avenue, Room 3N158
Brooklyn, New York 11213
Tel: 718 616-3740 Fax: 718 616-3797
E-mail: dmmedicinesnterfaithmedical.com
Length: 3 Yrs ACGME Approved/Offered Positions: 75
Subspecialties: PUD
Program ID: 140-35-21-276

Kingsbrook Jewish Medical Center Program
Sponsor: Kingsbrook Jewish Medical Center
Program Director: Mohammad Zahir, MD
Department of Medicine
885 Schenectady Ave
Brooklyn, New York 11203
Tel: 718 604-5401 Fax: 718 604-5400
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 140-35-11-277

Long Island College Hospital Program
Sponsor: Long Island College Hospital
Program Director: Frank DiPillo, MD
339 Hicks Street
Brooklyn, New York 11201
Tel: 718 780-1811 Fax: 718 780-1800
Length: 3 Yrs ACGME Approved/Offered Positions: 76
Subspecialties: GE, NEP
Program ID: 140-35-11-280

Lutheran Medical Center Program
Sponsor: Lutheran Medical Center
Program Director: Victor Hrebustovich, MD
Department of Medicine
150 55th St
Brooklyn, New York 11220
Tel: 718 630-7350
Length: 3 Yrs ACGME Approved/Offered Positions: 66
Program ID: 140-35-11-282

Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Malcolm R Rose, MD
Department of Medicine
485 E 10th Avenue
Brooklyn, NY 11238
Tel: 718 280-8120 Fax: 718 280-8120
Length: 3 Yrs ACGME Approved/Offered Positions: 85
Subspecialties: CC, CD, GI, IC, IO, IM, PUD
Program ID: 140-35-11-283

New York Methodist Hospital (Wyckoff Heights) Program
Sponsor: New York Methodist Hospital
Program Director: Mark K Adler, MD
Department of Medicine
334 Stockton Street
Brooklyn, New York 11237
Tel: 718 861-7536 Fax: 718 486-2270
E-mail: mark.adler@nymhp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: HEM, PUD
Program ID: 140-35-21-520

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Program Director: Harvey Desik, MD
Department of Medicine
506 Sixth Street
Brooklyn, New York 11215
Tel: 718 780-5246 Fax: 718 780-9259
E-mail: had9003@nyp.org
Length: 3 Yrs ACGME Approved/Offered Positions: 97
Subspecialties: HEM, PUD
Program ID: 140-35-11-284

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Jeanne Macrae, MD
334 Clarkson Avenue, Box 50
Brooklyn, New York 11203
Tel: 718 270-6707 Fax: 718 270-4488
E-mail: Jeanne.Macrae@Downstate.edu
Length: 3 Yrs
Subspecialties: CC, CD, ENDO, GI, IC, ICO, ID, NEP, PUD, RHR
Program ID: 140-35-21-305

Woodhull Medical and Mental Health Center Program
Sponsor: Woodhull Medical and Mental Health Center
Program Director: Gregorios Hidalgo, MD
615 Broadway
Brooklyn, New York 11206
Tel: 718 961-5806 Fax: 718 961-8763
Length: 3 Yrs
Program ID: 140-35-21-487

SUNY at Buffalo Graduate Medical-Dental Education Consortium (Sisters of Charity) Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Sisters of Charity Hospital
Program Director: Elizabeth J Quati, MD
Department of Medicine
2137 Main Street
Buffalo, New York 14215
Tel: 716 882-1421 Fax: 716 882-1857
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-35-21-261

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Veterans Affairs Medical Center (Buffalo)
Program Director: Gerald J Landes, MD
Department of Medicine
462 Grider Street
Buffalo, New York 14215
Tel: 716 898-8441 Fax: 716 888-3379
Length: 3 Yrs
Subspecialties: GI, NEP, PUD, RHR
Program ID: 140-35-31-253

Cooperstown Bassett Healthcare Program
Sponsor: Bassett Healthcare
Mary Imogene Bassett Hospital
One Howe Road
Cooperstown, NY 13326
Tel: 607 547-6522 Fax: 607 547-6612
E-mail: charlotte.hoag@bassett.org
Length: 3 Yrs
Program ID: 140-35-31-254

East Meadow Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Donald A Feinfield, MD
Department of Medicine
2201 Hempstead Turnpike
East Meadow, New York 11554
Tel: 516 572-6501 Fax: 516 572-5609
Length: 3 Yrs
Program ID: 140-35-21-254

Elmhurst Mount Sinai School of Medicine (Elmhurst) Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Program Director: Rand David, MD
79-01 Broadway
Elmhurst, New York 11373
Tel: 718 334-2490 Fax: 718 334-6845
Length: 3 Yrs
Program ID: 140-35-11-268

Graduate Medical Education Directory 2004-2005
Far Rockaway
St John's Episcopal Hospital-South Shore Program
Sponsor: St John's Episcopal Hospital-South Shore
SUH Health Science Center at Brooklyn
Pgm Director: Sheldon Markowitz, MD
Department of Medicine
327 Beach 19th St
Far Rockaway, NY 11691
Tel: 718-883-6977 Fax: 718 883-6950
E-mail: smarkow@suh.org
Length: 3 Yrs ACGME Approved/Offered Positions: 50
Program ID: 140-35-21-486

Flushing
Flushing Hospital Medical Center Program
Sponsor: Flushing Hospital Medical Center
Pgm Director: Conrad T Fischer, MD
4600 Parsons Boulevard
Flushing, NY 11355
Tel: 718 870-4510 Fax: 718 870-4510
E-mail: cmfischer@flhosp.org
Length: 3 yrs
Subspecialties: IMG
Program ID: 140-35-11-272

New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
Pgm Director: Terrence M Brady, MD
56-45 Main St
Flushing, NY 11355
Tel: 718-670-1547 Fax: 718-670-2456
E-mail: tmbrady@nyp.org
Length: 3 yrs
Subspecialties: CD, GR, ID, NEP, PUD
Program ID: 140-35-11-262

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Pgm Director: Joanne Gottridge, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-2357 Fax: 516 562-3555
Length: 3 Yrs ACGME Approved/Offered Positions: 25 Subspecialties: CD, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-9-255

Mount Vernon
Mount Vernon Hospital Program
Sponsor: Mount Vernon Hospital
Pgm Director: Zev Carrey, MD
Department of Medicine
12 North 7th Avenue - Room 501
Mount Vernon, NY 10550
Tel: 914 664-8000 Fax: 914 664-2416
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-35-21-486

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Pgm Director: Barry Sheinberg, MD
Department of Medicine
270-35 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-7270 Fax: 718 470-0827
Length: 3 Yrs Subspecialties: CD, GE, HO, ID, IMG, NEP, PCC
Program ID: 140-35-21-281

New Rochelle
New York Medical College (Sound Shore) Program
Sponsor: New York Medical College
Pgm Director: Jeffrey M Bremsdorfer, MD
16 Guion Place
New Rochelle, NY 10802
Tel: 914 637-4681 Fax: 914 637-1171
E-mail: Medicine@SSMC.org
Length: 3 Yrs
Program ID: 140-35-11-258

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Pgm Director: Adrienne M Flockman, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 1003
Tel: 212 240-4012 Fax: 212 420-4615
Length: 3 yrs
Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC
Program ID: 140-35-21-261

North Shore Long Island Jewish Medical Center Program
Sponsor: North Shore Hospital Program
Pgm Director: Linda Capp, MD
Department of Medicine
600 Lerro Avenue at 135th Street
New York, NY 10037
Tel: 212 699-1224 Fax: 212 929-1403
Length: 3 Yrs Subspecialties: GE, ID, NEP, PUD
Program ID: 140-35-11-273

Mount Sinai School of Medicine (Cabrini) Program
Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Pgm Director: Wilfredo Talamantes, MD
Department of Medicine
227 E 16th St
New York, NY 10003
Tel: 212 995-6028 Fax: 212 970-3452
Length: 3 Yrs ACGME Approved/Offered Positions: 68 Subspecialties: ID, PUD, RHU
Program ID: 140-35-11-266
<table>
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<tr>
<th>Accredited Programs in Internal Medicine</th>
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**Mount Sinai School of Medicine (North General) Program**
- **Sponsor:** Mount Sinai School of Medicine
- **North General Hospital**
- **Program Director:** Linda P Williams, MD
- **Address:** 1879 Madison Avenue, New York, NY 10025
- **Phone:** 212 423-4483, Fax: 212 423-4399
- **Length:** 3 Yrs
- **Program ID:** 140-35-11-274

**Mount Sinai School of Medicine Program**
- **Sponsor:** Mount Sinai School of Medicine
- **Einhorn Hospital Center-Mount Sinai Brooklyn**
- **Program Director:** Mark W Babij, MD
- **Address:** One Einhorn Place, Box 1118, New York, NY 10029
- **Phone:** 212 241-9100, Fax: 212 241-9145
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-290

**New York Medical College (Metropolitan) Program**
- **Sponsor:** New York Medical College
- **Metropolitan Hospital Center**
- **Program Director:** Shobhana A Chaudhari, MD
- **Address:** 1901 First Avenue, New York, NY 10029
- **Phone:** 212 423-6771, Fax: 212 423-8009
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-349

**New York Medical College at St Vincent's Hospital and Medical Center of New York Program**
- **Sponsor:** New York Medical College
- **St Vincent's Catholic Medical Centers (Manhattan)**
- **Program Director:** Margaret D Smith, MD
- **Address:** 155 W 1st Street, New York, NY 10011
- **Phone:** 212 694-8900, Fax: 212 694-3225
- **Length:** 3 Yrs
- **Program ID:** 140-35-11-302

**New York Presbyterian Hospital (Columbia Campus) Program**
- **Sponsor:** New York Presbyterian Hospital
- **New York Presbyterian Hospital (Columbia Campus)**
- **Program Director:** Nicholas H Fiebach, MD
- **Address:** 604-8300, New York, NY 10023
- **Phone:** 212 305-8400, Fax: 212 305-8406
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-279

**New York Presbyterian Hospital (Cornell Campus) Program**
- **Sponsor:** New York Presbyterian Hospital
- **Memorial Sloan-Kettering Cancer Center**
- **Program Director:** Mark S Feinberg, MD
- **Address:** 1300 York Avenue, New York, NY 10021
- **Phone:** 212 746-4749, Fax: 212 746-6602
- **Length:** 3 Yrs
- **Program ID:** 140-35-21-279

**New York University School of Medicine Program**
- **Sponsor:** New York University School of Medicine
- **Bellevue Hospital Center**
- **Program Director:** Mitchell H Chasnoff, MD
- **Address:** 550 First Avenue, New York, NY 10016
- **Phone:** 212 263-6368, Fax: 212 263-2103
- **Length:** 3 Yrs
- **Program ID:** 140-35-11-295

**NYU Downtown Hospital Program**
- **Sponsor:** NYU Downtown Hospital
- **Program Director:** Warren L Licht, MD
- **Department of Medicine**
- **Address:** 140-35-11-297
- **Phone:** 212 922-3314, Fax: 212 923-3945
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-301

**St Luke's-Roosevelt Hospital Center Program**
- **Sponsor:** St Luke's - Roosevelt Hospital Center
- **Program Director:** Ethan D Fried, MD
- **Department of Medicine**
- **Address:** 1001 Tenth Ave, New York, NY 10019
- **Phone:** 212 523-3314, Fax: 212 523-3945
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-359

**Staten Island University Hospital Program**
- **Sponsor:** Staten Island University Hospital
- **Program Director:** Thomas G McGlenn, MD
- **Address:** 475 Seaview Avenue, Staten Island, NY 10305
- **Phone:** 718 226-6605, Fax: 718 226-6598
- **Length:** 3 Yrs
- **Program ID:** 140-35-11-303

**Stony Brook SUNY at Stony Brook Program**
- **Sponsor:** University Hospital - SUNY at Stony Brook
- **Veterans Affairs Medical Center (Northport)**
- **Program Director:** William Wertheim, MD
- **Department of Medicine**
- **Address:** 716, Room 220, Stony Brook, NY 11794
- **Phone:** 631 444-2065, Fax: 631 444-2493
- **Length:** 3 Yrs
- **Program ID:** 140-35-21-315

**Syracuse SUNY Upstate Medical University Program**
- **Sponsor:** SUNY Upstate Medical University
- **Program Director:** Vincent E Prechotte, MD
- **Address:** 759 E Adams Street, Syracuse, NY 13210
- **Phone:** 315 464-4464, Fax: 315 464-4444
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-314

**University of Rochester Program**
- **Sponsor:** Strong Memorial Hospital of the University of Rochester
- **Program Director:** Michael DiBalle, MD
- **Department of Medicine**
- **Address:** 1550 Long Pond Road, Rochester, NY 14620
- **Phone:** 585 723-7716, Fax: 585 723-7594
- **E-mail:** resmed@universityhealth.org
- **Length:** 3 Yrs
- **Program ID:** 140-35-31-357

**University of Rochester Program**
- **Sponsor:** Strong Memorial Hospital of the University of Rochester
- **Program Director:** Ronald D Bordley, MD
- **Department of Medicine**
- **Address:** 611 Elmwood Avenue, Box MED, Rochester, NY 14621
- **Phone:** 585 723-5207, Fax: 585 723-5111
- **Length:** 3 Yrs
- **Program ID:** 140-35-11-318

**Valhalla New York Medical College at Westchester Medical Center Program**
- **Sponsor:** New York Medical College
- **Westchester Medical Center**
- **Program Director:** Stephen J Peterson, MD
- **Department of Medicine**
- **Address:** 256 Moger Pavilion, Room 256, Valhalla, NY 10595
- **Phone:** 914 498-8373, Fax: 914 594-4434
- **Length:** 3 Yrs
- **Program ID:** 140-35-11-317

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**Graduate Medical Education Directory 2004-2005**

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680
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Leo H Berkowitz, MD
Department of Medicine
P.O. Box 2361
Chapel Hill, NC 27514
Tel: 919-966-1042 Fax: 919-843-2386
Length: 3 Yrs
Subspecialties: CD, END, GE, H0, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-36-21-318

Charlotte
Carolina Medical Center Program
Sponsor: Carolina Medical Center
Program Director: Beth E Best, MD
Department of Medicine
PO Box 2361
Charlotte, NC 28223
Tel: 704-331-316 Fax: 704-355-7526
Length: 3 Yrs
Program ID: 140-36-11-319

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Donna B McNeill, MD
Department of Medicine
Box 2312
Durham, NC 27710
Tel: 919-613-2903 Fax: 919-681-6648
E-mail: stanfani.webb@duke.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, H0, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-36-21-320

Greensboro
Moses H Cone Memorial Hospital Program
Sponsor: Moses H Cone Memorial Hospital
Program Director: Sam Cybert, MD
Department of Internal Medicine
1200 N Elm Street
Greensboro, NC 27401
Tel: 336-332-8062 Fax: 336-332-8062
Length: 3 Yrs
Program ID: 140-36-11-321

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University, School of Medicine
Program Director: James S Tan, MD, PhD
Brody School of Medicine
PMCM TA, Room 340
Greenville, NC 27858
Tel: 252-744-9083 Fax: 252-744-2380
Length: 3 Yrs
Subspecialties: CD, HO, ID, NEP, PUD
Program ID: 140-36-11-323

Wilmington
New Hanover Regional Medical Center Program
Sponsor: New Hanover Regional Medical Center
Program Director: Charles J Schleppen, MD, MS
Coastal AIDS Medical Program
1301 South 17th Street
Box 1025
Wilmington, NC 28402
Tel: 910-762-5516 Fax: 910-762-5590
Length: 3 Yrs
Program ID: 140-36-11-324

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Peter K Lichstein, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336-716-4460 Fax: 336-716-2273
E-mail: plchste@wfubmc.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, H0, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-36-21-325

North Dakota
Fargo
University of North Dakota Program
Sponsor: University of North Dakota School of Medicine and Health Sciences
Veterans Affairs Medical and Regional Office Center (Fargo)
MeritCare Health System
Program Director: William P Newman, MD
1919 North Elm Street
Fargo, ND 58102
Tel: 701-293-4155 Fax: 701-293-4145
Length: 3 Yrs
Program ID: 140-37-21-326

Ohio
Akron
Akron General Medical Center/NEOU COM Program
Sponsor: Akron General Medical Center
Program Director: James S Tan, MD
Department of Medicine
400 Wabash Avenue
Akron, OH 44301
Tel: 330-394-6149 Fax: 330-536-0270
Length: 3 Yrs
Program ID: 140-38-11-327

Summa Health System/NEOU COM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Program Director: James S Tan, MD
Department of Med Education
525 E Market Street
Akron, OH 44301
Tel: 330-375-4741 Fax: 330-375-4799
E-mail: yanick@summa-health.org
Length: 3 Yrs
Program ID: 140-38-11-328

Canton
Canton Medical Education Foundation/NEOU COM Program
Sponsor: Canton Medical Education Foundation
Aultman Hospital
Mercy Medical Center (Canton)
Program Director: James R Ziegler, Jr, MD
1219 6th Street, SW
Canton, OH 44710
Tel: 330-393-5220 Fax: 330-589-2605
Length: 3 Yrs
Program ID: 140-38-21-330

Cincinnati
Christ Hospital Program
Sponsor: Christ Hospital
Program Director: Frank A Toebbe, MD
Department of Medicine
3100 Auburn Avenue
Cincinnati, OH 45219
Tel: 513-685-2258 Fax: 513-685-2673
Length: 3 Yrs
Program ID: 140-38-11-331

Jewish Hospital of Cincinnati Program
Sponsor: Jewish Hospital of Cincinnati
Program Director: Stephen J Goldberg, MD, MBA
Department of Internal Medicine
4777 E Galbraith Road
Cincinnati, OH 45236
Tel: 513-686-5446 Fax: 513-686-5443
Length: 3 Yrs
Program ID: 140-38-11-333

TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
TriHealth - Good Samaritan Hospital
Program Director: Helen K Koselka, MD
Department of Medicine
750 Dioumoud Avenue
Cincinnati, OH 45220
Tel: 513-873-3229
E-mail: Candice.Larkin@triprehealth.com
Length: 3 Yrs
Program ID: 140-38-21-334

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Gregory W Rouss, MD
Department of Medicine
PO Box 107557
Cincinnati, OH 45267
Tel: 513-585-2590 Fax: 513-588-3878
E-mail: uwcmmed@uc.edu
Length: 3 Yrs
Program ID: 140-38-21-335

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Michael J McFarlane, MD
Office of Academic Programs (G575)
3500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216-778-5823 Fax: 216-778-5823
E-mail: medres@metrohealth.org
Length: 3 Yrs
Program ID: 140-38-11-336
Case Western Reserve University (St Vincent Charity/St Luke's) Program
Sponsor: St Vincent Charity Hospital/St Luke's Medical Center
Program Director: Richard E. Christie, MD
2351 E 22nd Street
Cleveland, OH 44115
Tel: 216 363-2543 Fax: 216 363-2721
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Program ID: 140-39-11-338

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Program Director: Keith B Armitage, MD
Department of Medicine
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-3833 Fax: 216 444-8216
Length: 3 Yrs ACGME Approved/Offered Positions: 96
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-38-21-335

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Byron J Hoogwerf, MD
Division of Medicine IM Residency Office, NA-21
1900 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2336 Fax: 216 445-6280
E-mail: lmmd@ccf.org
Length: 3 Yrs Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP
Program ID: 140-38-13-339

Fairview Health System Program
Sponsor: Fairview Health System/Fairview Hospital
Fairview Hospital
Program Director: K V Gopalakrishna, MD
Internal Medicine Residency Program
18101 Lorain Avenue
Cleveland, OH 44111
Tel: 216 476-7368 Fax: 216 476-2944
Length: 3 Yrs ACGME Approved/Offered Positions: 32
Program ID: 140-38-21-340

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Catherine R Lucey, MD
207 Mears Hall
1564 Upham Drive
Columbus, OH 43210
Tel: 614 294-9898 Fax: 614 293-9789
Length: 3 Yrs Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC, RHU
Program ID: 140-38-12-341

Columbus

Mount Carmel Program
Sponsor: Mount Carmel
Program Director: O Patrick Ecklar, MD
Department of Medicine
785 W State Street
Columbus, OH 43222
Tel: 614 234-2070 Fax: 614 234-2772
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-38-12-340

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Program Director: James M Falko, MD
8330 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-5498 Fax: 614 566-6852
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Program ID: 140-38-12-343

Dayton

Wright State University Program
Sponsor: Wright State University School of Medicine
Program Director: Virginia C Wood, MD
PO Box 207
Dayton, OH 45401
Tel: 937 208-3867 Fax: 937 208-2621
Length: 3 Yrs Subspecialties: CD, GE, HO, ID
Program ID: 140-38-21-345

East Cleveland

Huron Hospital Program
Sponsor: Huron Hospital
Program Director: Neeraj Singh, MD
Department of Medicine
3550 North Road
Cleveland, OH 44112
Tel: 216 761-7579 Fax: 216 761-2820
Length: 3 Yrs ACGME Approved/Offered Positions: 49
Program ID: 140-38-21-476

Kettering

Kettering Medical Center Program
Sponsor: Kettering Medical Center
Program Director: Stephen D McDonald, MD
Program Focal Point: Thomas G Cooney, MD
Department of Medicine, Internal Medicine Residency Program
2800 Kettering Blvd
Kettering, OH 45429
Tel: 937 386-6903 Fax: 937 386-5399
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-38-21-947

Toledo

Medical College of Ohio Program
Sponsor: Medical College of Ohio
Program Director: Douglas J Fademman, MD
Internal Medicine Residency Program
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-6677 Fax: 419 383-6180
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: CD, END, GE, ICE, ID, IMG, NEP
Program ID: 140-38-21-348

Youngstown

St Elizabeth Health Center/NEOHCOM Program
Sponsor: St Elizabeth Health Center
Program Director: Nadine G Bruce, MD
200 Youngstown Ave
Youngstown, OH 44501
Tel: 330 489-3354 Fax: 330 489-3777
E-mail: gwronjohn_brown@hmhs.org
Length: 3 Yrs
Program ID: 140-38-11-349

Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Program Director: John Politis, MD
500 Gypsy Lane
Youngstown, OH 44501
Tel: 330 884-2579 Fax: 330 884-5727
Length: 3 Yrs ACGME Approved/Offered Positions: 32
Program ID: 140-38-31-350

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Program Director: Brent R Brown, MD
Department of Medicine, Room WP-2040
PO Box 25801
Oklahoma City, OK 73190
Tel: 405 271-5983 Fax: 405 271-7196
E-mail: pati@ouhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 88
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP
Program ID: 140-39-21-351

Tulsa

University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Program Director: Michael A Weiss, MD
Suite 3-2-22
4500 E 41st
Tulsa, OK 74105
Tel: 918 744-2548 Fax: 918 744-2531
Length: 3 Yrs
Program ID: 140-39-21-352

Oregon

Portland

Legacy Emanuel Hospital and Health Center Program
Sponsor: Legacy Emanuel Hospital and Medical Center
Program Director: Stephen R Jones, MD
1016 NW 22nd Avenue, R 200
Portland, OR 97210
Tel: 503 413-8258 Fax: 503 413-7381
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Program ID: 140-40-11-053

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Program Director: Thomas G Cooney, MD
Department of Medicine, OP-30
1811 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-8530 Fax: 503 494-6596
Length: 3 Yrs ACGME Approved/Offered Positions: 88
Subspecialties: CD, END, GE, HO, ICE, ID, NEP, PCC, RHU
Program ID: 140-40-31-357

Providence Medical Center Program
Sponsor: Providence Portland Medical Center
Program Director: Mark R Rosenberg, MD
Department of Medical Education
9550 NE Rose St - Suite 540
Portland, OR 97213
Tel: 503 642-2131 Fax: 503 215-6857
E-mail: innprosp@providence.org
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 140-40-31-356
## Accredited Programs in Internal Medicine

<table>
<thead>
<tr>
<th>Program</th>
<th>Sponsor</th>
<th>Director</th>
<th>Address</th>
<th>Length</th>
<th>Phone</th>
<th>Fax</th>
<th>E-mail</th>
<th>Subspecialties</th>
<th>Program ID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Providence St Vincent Hospital and Medical Center Program</strong></td>
<td>St Vincent Hospital and Medical Center</td>
<td>David D. Freer, MD</td>
<td>1201 SW Barnes Road - Suite 20 Portland, OR 97225</td>
<td>3 yrs</td>
<td>503-216-2229</td>
<td>503-216-4041</td>
<td><a href="mailto:johncalvan@stvincenthospital.org">johncalvan@stvincenthospital.org</a></td>
<td>Internal Medicine</td>
<td>140-41-31-356</td>
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<tr>
<td><strong>Pennsylvania</strong></td>
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<tr>
<td><strong>Abington</strong></td>
<td>Abington Memorial Hospital Program</td>
<td>William P. Iobst, MD</td>
<td>120 Old York Road, Suite 28 Abington, PA 18801</td>
<td>3 yrs</td>
<td>610-402-6560</td>
<td>610-402-1675</td>
<td><a href="mailto:e-mail@amba.org">e-mail@amba.org</a></td>
<td>-</td>
<td>140-41-12-358</td>
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<tr>
<td><strong>Allenstown</strong></td>
<td>Lehigh Valley Hospital/Pennsylvania State University Program</td>
<td>William E. O'Keefe, DO</td>
<td>601 Ostrum Street Bethlehem, PA 18015</td>
<td>3 yrs</td>
<td>610-964-4644</td>
<td>610-964-4020</td>
<td><a href="mailto:ea@amb.com">ea@amb.com</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-21-300</td>
</tr>
<tr>
<td><strong>Bethlehem</strong></td>
<td>St Luke's Hospital Program</td>
<td>Gloria Fioravanti, DO</td>
<td>100 North Academy Avenue Allentown, PA 18105</td>
<td>3 yrs</td>
<td>610-964-4644</td>
<td>610-964-4020</td>
<td><a href="mailto:e-mail@amba.org">e-mail@amba.org</a></td>
<td>-</td>
<td>140-41-21-300</td>
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<tr>
<td><strong>Danville</strong></td>
<td>Geisinger Health System Program</td>
<td>Mary E. O'Keefe, MD</td>
<td>100 North Academy Avenue Danville, PA 18232</td>
<td>3 yrs</td>
<td>570-371-6787</td>
<td>570-371-6724</td>
<td><a href="mailto:e-mail@amb.com">e-mail@amb.com</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-31-360</td>
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<tr>
<td><strong>Easton</strong></td>
<td>Easton Hospital Program</td>
<td>David G Kemp, MD</td>
<td>250 South 21st Street Easton, PA 18042</td>
<td>3 yrs</td>
<td>610-250-4817</td>
<td>610-250-4833</td>
<td><a href="mailto:e-mail@amb.com">e-mail@amb.com</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-11-362</td>
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<tr>
<td><strong>Harrisburg</strong></td>
<td>PinnacleHealth Hospitals Program</td>
<td>Nirmal Joshi, MD</td>
<td>601 Old York Road Klein 306 Philadelphia, PA 19141</td>
<td>3 yrs</td>
<td>215-456-9480</td>
<td>215-456-7286</td>
<td><a href="mailto:e-mail@pinnaclehealth.org">e-mail@pinnaclehealth.org</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-11-365</td>
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<tr>
<td><strong>Hershey</strong></td>
<td>Penn State University/Milton S Hershey Medical Center Program</td>
<td>Thomas C. Klein, MD</td>
<td>PO Box 7800 Harrisburg, PA 17105</td>
<td>3 yrs</td>
<td>717-231-9508</td>
<td>717-231-9556</td>
<td><a href="mailto:e-mail@pennstatehealth.org">e-mail@pennstatehealth.org</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-11-365</td>
</tr>
<tr>
<td><strong>Johnstown</strong></td>
<td>Temple University/Columbia Valley Memorial Hospital Program</td>
<td>George L. Zimny, MD</td>
<td>100 South 21st Street Johnstown, PA 15905</td>
<td>3 yrs</td>
<td>814-534-9408</td>
<td>814-534-3390</td>
<td><a href="mailto:e-mail@amba.org">e-mail@amba.org</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-31-367</td>
</tr>
<tr>
<td><strong>McKeesport</strong></td>
<td>University of Pittsburgh Medical Center Medical Education (McKeesport Hospital Program)</td>
<td>Glenn Eiger, MD</td>
<td>5401 Old York Road Pittsburgh, PA 15206</td>
<td>3 yrs</td>
<td>412-644-2164</td>
<td>412-644-2164</td>
<td><a href="mailto:e-mail@amba.org">e-mail@amba.org</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-31-367</td>
</tr>
<tr>
<td><strong>Philadelphia</strong></td>
<td>Albert Einstein Healthcare Network Program</td>
<td>Glenn Eiger, MD</td>
<td>215-707-4685 Philadelphia, PA 19140</td>
<td>3 yrs</td>
<td>215-707-4756</td>
<td>215-707-4756</td>
<td><a href="mailto:e-mail@mcauastro.temple.edu">e-mail@mcauastro.temple.edu</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-21-365</td>
</tr>
<tr>
<td><strong>Drexel University College of Medicine</strong></td>
<td>Drexel University College of Medicine</td>
<td>Eric W. Vogel, MD</td>
<td>900 North Broad Street Philadelphia, PA 19140</td>
<td>3 yrs</td>
<td>215-949-9763</td>
<td>215-949-9765</td>
<td><a href="mailto:e-mail@amba.org">e-mail@amba.org</a></td>
<td>Allergy, Anaphylaxis, Asthma, Cardiology, Critical Care Medicine, Gastroenterology, Interventional Cardiology, Infectious Disease, Nephrology, Pulmonary Medicine</td>
<td>140-41-31-365</td>
</tr>
</tbody>
</table>

*Graduate Medical Education Directory 2004-2005* 683
Accredited Programs in Internal Medicine

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital Veterans Affairs Medical Center (Anchorage)
Program Director: Gregory C. Kane, MD
Location: 1026 Walnut Street
Room 891
Philadelphia, PA 19107
Tel: 215-606-6590 Fax: 215-606-8380
Length: 3 Yrs ACGME Approved/Offered Positions: 119
Subspecialties: CD, END, GE, GI, IG, ICE, MD, NER, PCC, RHI
Program ID: 140-41-21-379

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Veterans Affairs Medical Center (Philadelphia)
Program Director: Lisa M. Bellini, MD
Location: 100 Centrex
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215-697-3600 Fax: 215-697-7091
Length: 3 Yrs ACGME Approved/Offered Positions: 119
Subspecialties: CD, END, GE, GI, IG, ICE, ID, MD, NER, PCC, RHI
Program ID: 140-41-21-380

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Scott Miller, MD
Location: 320 East North Avenue
Pittsburgh, PA 15212
Tel: 412-358-4970 Fax: 412-358-4683
Length: 3 Yrs ACGME Approved/Offered Positions: 57
Subspecialties: CD, GE, IG, NER, PCC
Program ID: 140-41-11-381

Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Program Director: Kimball Mohr, MD
Location: Department of Medicine
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412-232-9380 Fax: 412-232-5681
Length: 3 Yrs ACGME Approved/Offered Positions: 51
Program ID: 140-41-11-389

University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside Veterans Affairs Medical Center (Pittsburgh)
UPMC Montefiore, NTBH
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412-606-4941 Fax: 412-606-4941
Length: 3 Yrs ACGME Approved/Offered Positions: 53
Subspecialties: CCM, CD, END, GE, GI, IG, ICE, ID, MD, NER, PCC, RHI
Program ID: 140-41-21-504

Crozer-Chester Medical Center Program
Sponsor: Crozer-Chester Medical Center
Program Director: Susan L. Williams, MD
Location: One Medical Center Blvd
Department of Medicine, 8 East
Upland, PA 19013
Tel: 610-674-6114 Fax: 610-447-8773
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 140-41-31-314

West Reading
Reading Hospital and Medical Center Program
Sponsor: Reading Hospital and Medical Center
Program Director: Daniel H. Kimball Jr, MD
Location: Sixth Avenue and Spruce Streets
West Reading, PA 19611
Tel: 610-988-6133 Fax: 610-988-9803
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-41-21-388

York
York Hospital Program
Sponsor: York Hospital
Program Director: J Wolfe Blotzer, MD
Location: Department of Medicine
1001 S George Street
York, PA 17405
Tel: 717-851-2164 Fax: 717-851-2843
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 140-41-11-382

Puerto Rico
Bayamon
Universidad Central del Caribe Program
Sponsor: Universidad Central del Caribe School of Medicine
Hospital Universitario Dr. Ramos Rivas Armas
Program Director: Luis M. Reyes-Ortiz, MD
Dept of Medicine-PO Box 60227
Ave Laurel Santa Juanita
Bayamon, PR 00656
Tel: 787-745-4285 Fax: 787-250-0050
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 140-41-12-452

Caguas
Caguas Regional Hospital Program
Sponsor: San Juan Bautista Medical Center/Caguas Regional Hospital
Program Director: Jose H. Martinez, MD
Dept of Med Carretera 5172 de Caguas Cidra
Urbanizacion Turabo Gardens
Caguas, PR 00726
Tel: 787-746-3141 Fax: 787-746-3440
Length: 3 Yrs
Program ID: 140-41-21-393

Mayaguez
Ramon Betances Hospital-Mayaguez Medical Center/Ponce School of Medicine Consortium Program
Sponsor: Dr. Ramon E. Betances Hospital/Mayaguez Medical Center
Advanced Cardiology Center Corp/Ponce SOM Consortium
University Hospital
Program Director: Milton D. Carrero, MD
Hostos 410
Mayaguez, PR 00681
Tel: 787-834-8858 Fax: 787-834-8960
E-mail: MiltonDCarrero@aol.com
Length: 3 Yrs
Program ID: 140-41-31-525

Ponce
Damas Hospital-Ponce School of Medicine Educational Consortium Program
Sponsor: Hospital de Damas
Program Director: Miguel Perez-Areloa, MD
Medical Education, Edif Parra
2225 Ponce By Pass, Suite 407
Ponce, PR 00717
Tel: 787-840-8825 Fax: 787-984-2966
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 140-41-11-403
Hospital Episcopal San Lucas/Ponce School of Medicine Program  
Sponsor: Hospital Episcopal San Lucas  
Program Director: Orlando L Vazquez-Torres, MD  
Department of Medicine  
PO Box 336610  
Ponce, PR 00730  
Tel: 757-954-1371  
Fax: 757-844-1371  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 18  
Program ID: 140-42-11-305

San Juan  
San Juan City Hospital Program  
Sponsor: San Juan City Hospital  
Program Director: María de León Mirando, MD  
PMB479  
PO Box 70144  
San Juan, PR 00936  
Tel: 787-765-2322  
Fax: 787-765-1547  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 30  
Subspecialties: HEM, ON, TY  
Program ID: 140-42-11-396

University of Puerto Rico Program  
Sponsor: University of Puerto Rico School of Medicine  
University Hospital  
Program Director: Carlos González-Oppenheimer, MD  
Department of Internal Medicine  
Box 360061  
San Juan, PR 00936  
Tel: 787-754-6001  
Fax: 787-754-1799  
E-mail: gonzaro@coqui.net  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 45  
Subspecialties: CD, EN, GE, GI, ID, IM, MR, NE, PCC, RHI  
Program ID: 140-42-42-397

Veterans Affairs Medical and Regional Office Center (San Juan) Program  
Sponsor: Veterans Affairs Medical Center (San Juan)  
Program Director: Carlos B Ramírez-Bondía, MD  
Medical Service (111)  
10 Casia Street  
San Juan, PR 00921  
Tel: 787-691-1368  
Fax: 787-691-8561  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 92  
Subspecialties: CD, GE, ID, NE, PCC  
Program ID: 140-42-31-398

Rhode Island  
Pawtucket  
Memorial Hospital of Rhode Island/Brown University Program  
Sponsor: Memorial Hospital of Rhode Island  
Program Director: Eleanor Summerville, MD  
Department of Medicine  
111 Brewster Street  
Pawtucket, RI 02860  
Tel: 401-729-2221  
Fax: 401-729-2202  
E-mail: tin@mbrh.org  
Length: 3 Yrs  
Program ID: 140-43-21-473

Providence  
Brown University Program  
Sponsor: Rhode Island Hospital-Lifespan Miriam Hospital-Lifespan  
Program Director: Edward J Wing, MD  
Department of Medicine  
393 Eddy Street  
Providence, RI 02908  
Tel: 401-444-6677  
Fax: 401-444-5492  
Length: 3 Yrs  
Subspecialties: CCM, CD, EN, GE, HO, IC, ICE, ID, IM, NE, PCC  
Program ID: 140-43-11-400

Roger Williams Medical Center Program  
Sponsor: Roger Williams Medical Center  
Program Director: Alan B Weidberg, MD  
Department of Medicine  
825 Chalkstone Avenue  
Providence, RI 02908  
Tel: 401-255-2070  
Fax: 401-456-2016  
Length: 3 Yrs  
Subspecialties: HO, ID, PUD, RHI  
Program ID: 140-43-31-401

South Carolina  
Charleston  
Medical University of South Carolina Program  
Sponsor: Medical University of South Carolina College of Medicine  
MUSC Medical Center  
Ralph H Johnson VA Medical Center (Charleston)  
Program Director: B Benjamin Clyburn, MD  
Department of Internal Medicine  
96 Jonathan Lucas Street PO Box 259623  
Charleston, SC 29425  
Tel: 843-793-4274  
Fax: 843-793-1728  
Length: 3 Yrs  
Subspecialties: CD, EN, GE, GI, IC, ID, NE, PCC, RHI  
Program ID: 140-44-42-493

Palm Beach/Hospital University of South Carolina School of Medicine Program  
Sponsor: Palm Beach Health  
Palm Beach Health Richland  
William Jennings Bryan Derm Veterans Hospital  
Program Director: Michael S Stinson, MD  
USC School of Medicine  
Two Medical Park, Suite 502  
Columbia, SC 29203  
Tel: 803-540-1000  
Fax: 803-540-1069  
Length: 3 yrs  
ACGME Approved/Offered Positions: 34  
Subspecialties: EN, IM  
Program ID: 140-45-42-404

Greenville  
Greenville Hospital System Program  
Sponsor: Greenville Hospital System  
Program Director: Scott L Arnold, MD  
Department of Medicine  
701 Grove Road  
Greenville, SC 29605  
Tel: 864-455-7880  
Fax: 864-455-5008  
Length: 3 Yrs  
Program ID: 140-44-11-405

South Dakota  
Sioux Falls  
University of South Dakota Program  
Sponsor: University of South Dakota School of Medicine  
Royal G Johnson Veterans Affairs Medical Center  
Sioux Valley Hospital and University of SD Medical Center  
Program Director: John L Bolce, MD  
Department of Medicine  
1400 W 22nd Street  
Sioux Falls, SD 57105  
Tel: 605-367-1558  
Fax: 605-367-1866  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 24  
Program ID: 140-46-42-400

Tennessee  
Chattanooga  
University of Tennessee College of Medicine at Chattanooga Program  
Sponsor: University of Tennessee College of Medicine-Chattanooga  
Erlanger Medical Center  
Program Director: Roger C Jones, MD  
975 East Third Street  
Box 94  
Chattanooga, TN 37403  
Tel: 423-779-3508  
Fax: 423-778-5611  
Length: 3 Yrs  
Program ID: 140-47-11-407

Johnson City  
East Tennessee State University Program  
Sponsor: James H Quillen College of Medicine  
Johnson City Medical Center Hospital  
Veterans Affairs Medical Center (Mountain Home)  
Wellmont Health System - Holston Valley  
Program Director: Richard Jordan, MD  
Internal Medicine  
Box 7002  
Johnson City, TN 37764  
Tel: 423-439-8283  
Fax: 423-439-8366  
E-mail: jordanr@etsu.edu  
Length: 3 Yrs  
Program ID: 140-47-21-408

Knoxville  
University of Tennessee Medical Center at Knoxville Program  
Sponsor: University of Tennessee Graduate School of Medicine  
University of Tennessee Memorial Hospital  
Program Director: Calvin M Bard, MD  
1934 Alcoa Highway  
Knoxville, TN 37920  
Tel: 865-544-8640  
Fax: 865-544-8849  
E-mail: sensor@mc.utk.edu  
Length: 3 Yrs  
Program ID: 140-47-11-409

Memphis  
University of Tennessee Program  
Sponsor: University of Tennessee College of Medicine Baptist Memorial Hospital  
Regional Medical Center at Memphis  
Veterans Affairs Medical Center (Memphis)  
Program Director: James B Lewis Jr, MD  
Department of Medicine  
842 Jefferson Avenue, Room A501  
Memphis, TN 38103  
Tel: 901-448-8514  
Fax: 901-448-7806  
Length: 3 Yrs  
Subspecialties: CD, EN, GE, GI, IC, ID, NE, PCC, RHI  
Program ID: 140-47-21-412

Nashville  
 Meharry Medical College Program  
Sponsor: Meharry Medical College School of Medicine  
Abe C York Veterans Affairs Medical Center  
Metropolitan Nashville General Hospital  
Program Director: Clinton L Cummings, MD  
Department of Medicine  
1000 Dr. Dedg Dr Blvd  
Nashville, TN 37208  
Tel: 615-327-6511  
Fax: 615-327-6417  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 32  
Program ID: 140-47-11-413
Accredited Programs in Internal Medicine

University of Tennessee (Nashville) Program
Sponsor: University of Tennessee College of Medicine
Baptist Hospital
Prgm Director: Cheryl A Passler, MD
Department of Medicine, Box 94
2000 Church Street
Nashville, TN 37232
Tel: 615 284-5663  Fax: 615 284-5984
Length: 3 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 140-47-21-478

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: John S Sergent, MD
D-5100 Medical Center N
21at and Garland Streets
Nashville, TN 37232
Tel: 615 322-2020  Fax: 615 343-7550
Length: 3 Yrs  ACGME Approved/Offered Positions: 115
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-47-31-414

Texas

Amarillo

Texas Tech University (Amarillo) Program
Sponsor: Texas Tech University Health Sciences Center at Amarillo
Northwest Texas Health Care System
Veterans Affairs Medical Center (Amarillo)
Prgm Director: W R Davis, MD
1400 Coulter
Amarillo, TX 79106
Tel: 806 354-5481  Fax: 806 354-5754
E-mail: Bharat.Khandheria@ttuhsc.edu
Length: 3 Yrs
Program ID: 140-48-21-477

Austin

Austin Medical Education Programs of Seton Healthcare Network Program
Sponsor: Austin Medical Education Program of Seton Healthcare Network
Brackenridge Hospital
Prgm Director: Beth W Millor, MD
Department of Internal Medicine
601 E 11th Street  Suite 410
Austin, TX 78701
Tel: 512 324-7865  Fax: 512 477-8933
Length: 3 Yrs
Program ID: 140-48-12-415

Dallas

Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Prgm Director: Michael Emmett, MD
Department of Medicine
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-2020  Fax: 214 820-6385
E-mail: Humcimed@baylorhealth.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 29
Subspecialties: CD, GE, IC, ICE, ON
Program ID: 140-48-31-416

Methodist Hospitals of Dallas Program
Sponsor: Methodist Hospitals of Dallas
Prgm Director: Leigh K Bunye, MD
Department of Medicine
PO Box 655889
Dallas, TX 75356
Tel: 214 947-2366  Fax: 214 947-2358
E-mail: juanpajaroporter@mhm.com
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 140-48-12-417

Presbyterian Hospital of Dallas Program
Sponsor: Presbyterian Hospital of Dallas
Prgm Director: Mark Feldman, MD
Department of Medicine
8900 Walnut Hill Lane
Dallas, TX 75331
Tel: 214 345-7833  Fax: 214 345-5167
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 140-48-11-420

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: L David Hills, MD
Department of Medicine
3323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3483  Fax: 214 648-7550
E-mail: BMResidency@utsouthwestern.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-48-21-419

University of Texas Southwestern Medical School/St Paul Medical Center Program
Sponsor: University of Texas Southwestern Medical School
St Paul University Hospital
Prgm Director: Randall L Rosenblatt, MD
Department of Medicine
5690 Harry Hines Blvd
Dallas, TX 75395
Tel: 214 878-3788  Fax: 214 878-3069
E-mail: randallrosenblatt@utsouthwestern.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 19
Program ID: 140-48-11-418

El Paso

Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
Prgm Director: R E Thomason General Hospital
El Paso, TX 79905
Tel: 915 545-6039  Fax: 915 545-6034
Length: 3 Yrs  ACGME Approved/Offered Positions: 30
Program ID: 140-48-11-424

William Beaumont Army Medical Center Program
Sponsor: William Beaumont Army Medical Center
Prgm Director: Lisa L Zacher, MD
Department of Medicine
6006 N Piedras Street
El Paso, TX 79930
Tel: 915 569-2225  Fax: 915 569-2226
E-mail: lisa.zacher@lamedd.army.mil
Length: 3 Yrs  ACGME Approved/Offered Positions: 27
US Armed Services Program
Program ID: 140-48-12-408

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Baylor Army Medical Center
Prgm Director: Maureen K Koops, MD
Department of Medicine
3581 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-5900  Fax: 210 916-4721
E-mail: Carmen.Vargas@AMEDD.Army.mil
Length: 3 Yrs  ACGME Approved/Offered Positions: 39
Subspecialties: CD, HO, PCC
Program ID: 140-48-12-409

US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Thomas Blackwell, MD
Department of Medicine
301 University Blvd
Galveston, TX 77550
Tel: 409 712-3655  Fax: 409 772-5462
Length: 3 Yrs
Program ID: 140-48-12-421

Harlingen

University of Texas Health Science Center at San Antonio Lower Rio Grande Valley RAHC Program
Sponsor: University of Texas Medical School at San Antonio
River Bariatric Medical Center
Prgm Director: James F Hanley, MD
Rio Grande Valley Regional Academic Health Center
2102 Treasure Hills Blvd
Harlingen, TX 78550
Tel: 956 365-8900  Fax: 956 365-8900
E-mail: RABHCResidency@uthscsa.edu
Length: 3 Yrs
Program ID: 140-48-21-524

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Prgm Director: Amir Haley, MD
Department of Medicine - B-501
5556 Fannin
Houston, TX 77030
Tel: 713 441-3215  Fax: 713 795-1522
Length: 3 Yrs
Subspecialties: CCM, CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-48-21-442

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Mark A Farnie, MD
Department of Medicine
PO Box 20705
Houston, TX 77225
Tel: 713 500-6000  Fax: 713 500-6497
E-mail: vera.s.jones@uth.tmc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 137
Subspecialties: CD, END, GE, HEM, IC, ICE, ID, NEP, ON, PCC, RHU, TY
Program ID: 140-48-31-423
Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Willford Hall Medical Center (WHMC)
Program Director: John R Downs, MD
50th Medical Wing/MMMS
2230 Bergquist Drive, Suite 1
San Antonio, TX 78236
Tel: 210 253-7611 Fax: 210 253-6806
Length: 3 Yrs ACGME Approved/Offered Positions: 57
Subspecialties: END, GE, ID, RHI
Program ID: 140-48-12-003
US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Kenneth M Nugent, MD
Department of Medicine
3691 Fourth Street
Lubbock, TX 79430
Tel: 806 743-0150 Fax: 806 743-3148
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: CD, GE, NEP
Program ID: 140-48-21-459

Odessa
Texas Tech University (Odessa) Program
Sponsor: Texas Tech University Health Sciences Center at Odessa
Medical Center Hospital
Memorial Hospital and Medical Center
Program Director: James K Burks, MD
701 W 5th Street
Odessa, TX 79762
Tel: 915 335-0234 Fax: 915 335-5260
E-mail: james.burks@tuthsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 140-48-21-518

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Veterans Hospital (San Antonio)
University Health System
Program Director: Debra K Hunt, MD, MPH
Department of Medicine
7703 Floyd Curl Drive MC 7Q71
San Antonio, TX 78229
Tel: 210 567-6820 Fax: 210 567-4856
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHI
Program ID: 140-48-21-425

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: Joan D O'Brien, MD
Department of Medicine
2401 S 31st Street
Temple, TX 76504
Tel: 254 774-2364 Fax: 254 724-4070
Length: 3 Yrs
Subspecialties: CD, GE, IC, ID, ON, PCC
Program ID: 140-48-21-426

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Merle A Sande, MD
Department of Medicine, 4C104
20 N 1900 W
Salt Lake City, UT 84132
Tel: 801 581-2228 Fax: 801 585-0418
Length: 3 Yrs
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHI
Program ID: 140-49-21-427

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Mark Levine, MD
Department of Medicine
111 Colchester Ave - Burgess 106
Burlington, VT 05403
Tel: 802 847-4259 Fax: 802 847-5827
Length: 3 Yrs ACGME Approved/Offered Positions: 44
Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC, RHI
Program ID: 140-50-21-429

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Gerald P Donowitz, MD
P.O. Box 801343
Charlottesville, VA 22908
Tel: 434 924-1914 Fax: 434 924-3885
Length: 3 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHI
Program ID: 140-51-21-430

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
VPM Medical Center
VAMC Norfolk General Hospital
Program Director: Richard H Spady, MD
Hofheimer Hall
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-8004 Fax: 757 446-7921
Length: 3 Yrs
Subspecialties: END, IC, IM
Program ID: 140-51-21-432

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Lisa S Inouye, MD, MPH
Charrette Health Care Center
620 John Paul Jones Circle
Portsmouth, VA 23704
Tel: 757 953-2208 Fax: 757 953-9666
E-mail: inouye@mar.mod.mil
Length: 3 Yrs
Program ID: 140-51-11-014
US Armed Services Program

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Hartfordview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Veterans Affairs Medical Center (Seattle)
Program Director: James F Wallace, MD
Department of Medicine
Box 13367
Seattle, WA 98109
Tel: 206 543-3685 Fax: 206 685-9852
Length: 3 Yrs ACGME Approved/Offered Positions: 149
Subspecialties: CCM, CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, PCC, RHI
Program ID: 140-54-21-434

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Program Director: Roger W Bush, MD
925 Spenca Street, Mailstop 18 GME
PO Box 1890
Seattle, WA 98111
Tel: 206 563-8070 Fax: 206 563-2307
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 140-54-12-435

SPOKANE
SPOKANE MEDICAL CENTERS/UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE PROGRAM
Sponsor: Inland Empire Hospital Services Association
Dona Sour Medical Center
Sacred Heart Medical Center
Program Director: Judy A Benson, MD
West 101-8th Avenue
PO Box 2005
Spokane, WA 99220
Tel: 509 474-3022 Fax: 509 474-6316
Length: 3 Yrs
Program ID: 140-54-31-436

Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Huntner Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Betty Anne Johnson, MD
West Hospital, Room 618 - 1200 East Broad Street
PO Box 88050
Richmond, VA 23298
Tel: 804 829-4726 Fax: 804 829-4626
Length: 3 Yrs ACGME Approved/Offered Positions: 120
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHI
Program ID: 140-51-21-483

Roanoke
Carilion Health System/University of Virginia (Roanoke-Salem) Program
Sponsor: Carilion Health System
Carilion Medical Center - Roanoke Memorial Hospitals
Veterans Affairs Medical Center (Salem)
Program Director: W Bill Grubin, MD
Department of Medicine
PO Box 13867
Roanoke, VA 24033
Tel: 540 981-7130
Length: 3 Yrs
Program ID: 140-51-31-431

Graduate Medical Education Directory 2004-2005

Accredited Programs in Internal Medicine
Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Program Director: Cecily K. Peterson, MD
Department of Medicine
Tacoma, WA 98431
Tel: 253 968-0963 Fax: 253 968-1168
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: IM
Program ID: 140-54-12-010
US Armed Services Program

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Program Director: J Gregory Resnicow, MD
3100 MacCorkle Avenue
Charleston, WV 25304
Tel: 304 347-1295
Length: 3 Yrs
Program ID: 149-55-11-488

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Michelle A Nuss, MD
ISC North, Room 400A
PO Box 1968
Morgantown, WV 26506
Tel: 304 293-4239 Fax: 304 293-3661
Length: 3 Yrs
Subspecialties: CD, HO, IC, ID, NEP, PCC
Program ID: 149-55-11-440

Wisconsin
La Crosse
Gundersen Lutheran Medical Foundation Program
Sponsor: Gundersen Lutheran Medical Foundation-Gundersen Clinic
Lutheran Hospital-La Crosse
Program Director: Steven B Pearson, MD
Lutheran Hospital-La Crosse
1536 South Avenue/001-005
La Crosse, WI 54601
Tel: 608 775-2923 Fax: 608 775-4457
Length: 3 Yrs ACGME Approved/Offered Positions: 22
Program ID: 140-56-12-442

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Donnell Vogel, MD
5630 CSC-5454
600 Highland Avenue
Madison, WI 53792
Tel: 608 253-7392 Fax: 608 236-6743
E-mail: lve@medicine.wisc.edu
Length: 3 Yrs
Subspecialties: CD, END, GE, HEM, IC, ID, IMG, NEP, ON, PCC, RHE
Program ID: 140-56-31-544

Interventional Cardiology (Internal Medicine)

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care System
University Hospital of Arkansas
Program Director: Joe K. Bissett, MD
4301 W Markham, Slot 532
Little Rock, AR 72205
Tel: 501 686-7862 Fax: 501 686-8318
E-mail: jbsissett@uams.edu
Length: 1 Yr
Program ID: 152-04-22-124

California
La Jolla
Scripps Clinic/Scripps Green Hospital Program
Sponsor: Scripps Clinic
Program Director: Paul S. Torstein, MD
10666 Torrey Pines Rd · 8 1056
La Jolla, CA 92037
Tel: 858 554-6065 Fax: 858 554-6593
E-mail: gme@scripps.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-05-21-109
Los Angeles
Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Program Director: Victor J Alharonian, MD
1536 N Edgemont Avenue, Building 3
Los Angeles, CA 90027
Tel: 323 783-4079 Fax: 323 783-7819
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-08-31-002

UCLA Medical Center Program
Sponsor: UCLA Medical Center/Cedars-Sinai David Geffen School of Medicine
UCLA Medical Center
Program Director: Jesse W Currier, MD
47-123 Center for the Health Sciences
650 Colorado 3 Young Drive North
Los Angeles, CA 90066
Tel: 310 206-9133 Fax: 310 206-8113
E-mail: DGGiang@smne.ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-05-21-004

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
USC University Hospital
Program Director: Antikumar O Mbta, MD
1335 S San Pablo Street, AHC 117
Los Angeles, CA 90033
Tel: 323 442-5491 Fax: 323 442-5491
E-mail: USHeart@usc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-05-12-003

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Program Director: Thomas A Portis, MD
Moeller Hospital, Room M-1180
506 Farnam Avenue
San Francisco, CA 94143
Tel: 415 476-4314 Fax: 415 476-1030
E-mail: portis@medschool.ucsf.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-05-31-006

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Alan C Young, MD
300 Pasteur Drive, Room H1103
Stanford, CA 94305
Tel: 650 723-0180 Fax: 650 725-8766
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-05-13-005

Torrance
Los Angeles County-Harbor UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor/UCLA Medical Center
Hospital of the Good Samaritan
Program Director: Ray V Matthews, MD
1233 Whittier
Los Angeles, CA 90017
Tel: 213 977-2239 Fax: 213 977-2209
Length: 1 Yr
Program ID: 152-05-21-105

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Program Director: John C Messenger, MD
4600 E Ninth Avenue, Box D-132
Denver, CO 80262
Tel: 303 932-6623 Fax: 303 372-6644
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-07-21-101

Connecticut
Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Program Director: Robert F Fishman, MD
267 Grant Street
Bridgeport, CT 06610
Tel: 203 384-3944 Fax: 203 384-3664
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-06-21-099

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Program Director: Francis J Kirwan, MD
Cardiac Laboratory
89 Seymour Street, Suite 205
Hartford, CT 06102
Tel: 860 545-2977 Fax: 860 545-3567
E-mail: poulin@harthosp.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-09-21-081

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Joseph J Brennan, MD
PO Box 208617
New Haven, CT 06509
Tel: 203 785-4135 Fax: 203 737-2457
Length: 1 Yr
Program ID: 152-08-13-117

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (USH)
Program Director: Jonathan S Reiter, MD
2156 Pennsylvania Avenue, NW
Suite 4-414
Washington, DC 20037
Tel: 202 994-8676 Fax: 202 994-3673
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-18-21-006

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Program Director: Ziyad M S Shazadi, MD
1394 Clifton Road, NE
Suite FH06
Atlanta, GA 30322
Tel: 404 712-7424 Fax: 404 712-5622
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 252-12-31-009

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Augusto D Pichard, MD
110 Irving Street, NW 4B-1
Washington, DC 20010
Tel: 202 877-9796 Fax: 202 877-3329
Length: 1 Yr
Program ID: 152-10-11-127

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Karen M Smith, MD
1000 SW Archer Road — PO Box 100277
Gainesville, FL 32610
Tel: 352 382-0022 Fax: 352 382-3980
E-mail: hutchmed@medicine.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-11-13-106

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Theodore A Bass, MD
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904 394-2605 Fax: 904 394-6113
E-mail: InterventionalGME@jax.ufl.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-11-31-098

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Eduardo de Marchena, MD
PO Box 016960 (Locator D-39)
Miami, FL 33101
Tel: 305 596-6535 Fax: 305 596-8103
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-11-21-006

Graduate Medical Education Directory 2004-2005
689

Programs

Accredited Programs in Interventional Cardiology (Internal Medicine)
Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm. Director: Capes J Davidson, MD
251 E Huron #8-525
Chicago, IL 60611
Tel: 312 926-5411 Fax: 312 926-6137
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-21-011

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm. Director: R. Jeffrey Snel, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 934-6559 Fax: 312 942-5829
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-31-012

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Prgm. Director: Robert C Coidrupan, MD, PhD
845 S Wood
MC 715, Suite 829 CSB
Chicago, IL 60612
Tel: 312 996-6730 Fax: 312 413-2948
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-16-31-115

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr Veterans Affairs Hospital
Prgm. Director: Ferdinand S Levy, MD
3101 S First Avenue
Building 107, Room 1858
Maywood, IL 60153
Tel: 708 216-4225 Fax: 708 216-8795
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-16-23-015

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Chesterland Methodist Hospital of Indiana
Richard S. Rowleschak Veterans Affairs Medical Center
Prgm. Director: Jeffrey A Breall, MD, PhD
200 N Capitol Ave, Suite E400
Indianapolis, IN 46202
Tel: 317 962-0056 Fax: 317 962-0113
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-17-23-015

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Prgm. Director: James B Herrmillor, MD
3355 Naub Road
Indianapolis, IN 46260
Tel: 317-338-6866 Fax: 317 585-6946
Email: hermillor@theicaregroup.com
Length: 1 Yr
Program ID: 152-17-31-112

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm. Director: James D Rosson, MD
Department of Medicine
360 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3413 Fax: 319 356-4552
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-18-31-089

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
St Joseph Hospital
Veterans Affairs Medical Center (Lexington)
Prgm. Director: John C Gurlay, MD
L-543 Kentucky Clinic
740 S Limestone St
Lexington, KY 40506
Tel: 859 323-5631 Fax: 859 257-1902
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-20-21-016

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm. Director: Bahj Khuri, MD
2025 Gravier Street - Suite 606
New Orleans, LA 70112
Tel: 504-568-7845 Fax: 504-568-7866
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-21-21-018

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Prgm. Director: Stephen Kamee, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504-842-3717 Fax: 504-838-8853
Email: ptdosco@ochsner.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-21-31-009

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm. Director: Jen B Roser, MD
100 N Wolfe Street
Baltimore, MD 21287
Tel: 410 614-1555 Fax: 410 455-0223
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-23-21-022

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm. Director: James L Stafford, MD
220 Greene Street
Room G2185
Baltimore, MD 21201
Tel: 410 328-7505 Fax: 410 328-3500
Email: mbileck@medicine.umaryland.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-23-12-023

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm. Director: Joseph P Carrozzi Jr, MD
Department of Medicine
330 Brookline Avenue
Boston, MA 02215
Tel: 617 632-7456 Fax: 617 632-7460
Email: dilaeem@caregroup.harvard.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 152-24-21-024

Boston University Medical Center Program
Sponsor: Boston University Medical Center
Prgm. Director: Alice K Jacobs, MD
88 East Newton Street
Boston, MA 02118
Tel: 617 638-8719 Fax: 617 638-8719
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-24-12-026

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brookline-West Roxbury)
Prgm. Director: Jeffrey Popera, MD
75 Francis Street
Cth Lab Administration Office Tower 3A
Boston, MA 02115
Tel: 617 732-7130 Fax: 617 732-7122
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-24-12-028
Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Igor Palacios, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 726-9424 Fax: 617 726-6800
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 152-24-13-104

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Carey D. Kimmelstiel, MD
750 Washington Street, Box 264
Boston, MA 02111
Tel: 617 636-0814 Fax: 617 636-1118
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-13-025

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: Mark J. Schweiger, MD
750 Chestnut Street
c/o Nikki Burnett RM S4666
Springfield, MA 01108
Tel: 413 794-4400 Fax: 413 794-0198
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-31-030

St Vincent Hospital Program
Sponsor: St Vincent Hospital
Program Director: Edwin A. Ransaran, MD
Worcester Medical Center
20 Worcester Cir Blvd - Suite 210
Worcester, MA 01609
Tel: 508 363-0165 Fax: 508 363-8225
Length: 1 Yr  Program ID: 152-24-13-104

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: Mark 1. Forman, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3064 Fax: 508 856-4571
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 152-24-21-102

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Cindy L. Grimes, MD
Division of Cardiology
3901 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-4176 Fax: 248 551-7239
E-mail: TLhaggerty@beaumont.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 152-25-15-104

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Cindy L. Grimes, MD
Division of Cardiology
3901 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-4176 Fax: 248 551-7239
E-mail: TLhaggerty@beaumont.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Program ID: 152-25-15-104

Royal Oak
Accredited Programs in Interventional Cardiology (Internal Medicine)

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: John M Lasala, MD, PhD
Campus Box 8065
650 S Euclid Ave
St Louis, MO 63110
Tel: 314 362-3729 Fax: 314 747-1417
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-26-12-041

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Edward L O'Leary, MD
88255 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-5124 Fax: 402 559-8355
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-30-13-106

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: John F Robb, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8377 Fax: 603 650-6164
E-mail: jfr@hitchcock.org
Length: 1 Yr
Program ID: 152-32-31-118

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital UMC Medical Center
Prgm Director: Janah A Ajl, MD
1 Cooper Plaza
Camden, NJ 08103
Tel: 856 342-2697 Fax: 856 541-7416
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-33-13-100

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center
St Michael's Medical Center (Cathedral Health Services, Inc.)
Prgm Director: Paysam Shamon, MD
288 Dr ML King Jr Boulevard
Newark, NJ 07102
Tel: 973 877-5183 Fax: 973 877-6144
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-33-13-080

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Prgm Director: Augustin Delago, MD
Mail Code #44
47 New Scotland Avenue
Albany, NY 12206
Tel: 518 262-5076 Fax: 518 262-5082
Length: 1 Yr
Program ID: 152-35-12-113

Bronx
Albert Einstein College of Medicine (Montefiore) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: E Scott Marad, MD
1725 Eastchester Road
Bronx, NY 10461
Tel: 718 994-3575 Fax: 718 916-1984
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-35-12-103

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Prgm Director: Jacob Shami, MD
4800 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-7480 Fax: 718 283-8546
Length: 1 Yr
Program ID: 152-35-12-119

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Prgm Director: Jonathan Mammar, MD
450 Clarkson Avenue, Box 1267
Brooklyn, NY 11203
Tel: 718 270-2727 Fax: 718 270-4503
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-35-21-043

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Long Island Jewish Medical Center
Prgm Director: Lawrence Ong, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-1517 Fax: 516 562-2352
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-35-12-082

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: David Brown, MD
11 Dazian
16th Street First Avenue
New York, NY 10003
Tel: 212 420-4109 Fax: 212 420-2406
Length: 1 Yr
Program ID: 152-35-13-122

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Jamaica Hospital Medical Center
Prgm Director: Martin B Leon, MD
100 East 77th Street
New York, NY 10021
Tel: 212 444-6809 Fax: 212 434-6259
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-35-21-090

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Prgm Director: Samir K Sharma, MD
One Gustave L Levy Place, Box 1030
New York, NY 10029
Tel: 212 241-4021 Fax: 212 934-3645
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program ID: 152-35-21-197

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Hospital and Medical Center (Manhattan)
Prgm Director: John T Coppola, MD
153 West 11th Street
New York, NY 10011
Tel: 212 904-3231 Fax: 212 904-3255
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-35-32-046

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Mark A Apelbaum, MD
650 West 168th Street
New York, NY 10032
Tel: 212 956-4728 Fax: 212 904-9749
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-35-12-045

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Manish Parikh, MD
650 E 70th Street
New York, NY 10021
Tel: 212 746-2157 Fax: 212 746-8092
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-35-12-110

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Manhattan VA Harbor Health Care System
Prgm Director: Frederick Felt, MD
500 First Avenue
New York, NY 10016
Tel: 212 268-6665 Fax: 212 268-0780
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-35-11-123

St Luke's Roosevelt Hospital Center Program
Sponsor: St Luke's - Roosevelt Hospital Center
Prgm Director: James Wilents, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-4008 Fax: 212 523-3615
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 152-35-31-120

Graduate Medical Education Directory 2004-2005
Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Jerry J Lient, MD
Division of Cardiology
231 Albert B Sabin Way
Cincinnati, OH 45207
Tel: 513 558-6860 Fax: 513 558-6899
E-mail: jlinkser@ucmail.uc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-38-21-053

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Deepak L Bhath, MD
8500 Euclid Avenue, Desk F-35
Cleveland, OH 44106
Tel: 216 446-4042 Fax: 216 445-8531
E-mail: meded@ccf.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 152-38-21-065

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital Program
Program Director: Raymond D Magroen Jr, MD
475 W 12th Avenue, 200 HLSI
Columbus, OH 43210
Tel: 614 296-4146 Fax: 614 247-7775
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-38-12-054

Toledo

Medical College of Ohio Program
Sponsor: Medical College of Ohio Medical College of Ohio Hospital
Program Director: George A Stouffer, MD
800 Arlington Avenue, Suite 1102
Toledo, OH 43614
Tel: 419 383-3907 Fax: 419 383-3941
Length: 1 Yr
Program ID: 152-38-22-129

Pennsylvania

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: John H Chapman, MD
Department of Cardiology, 21-60
150 North Academy Drive
Danville, PA 17822
Tel: 570 271-6423 Fax: 570 271-8056
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 162-41-21-056

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Steven M Edlinger, MD
500 University Drive
Hershey, PA 17033
Tel: 717 531-7667 Fax: 717 531-7669
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-23-058

Philadelphia

Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Shahrir Taoufik, MD
4401 Old York Road
Klein Building, Suite 303
Philadelphia, PA 19141
Tel: 215 666-7220 Fax: 215 656-7926
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-23-059

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Program Director: Nelson M Wolf, MD
Medical College of Penn
3300 Henry Avenue
Philadelphia, PA 19129
Tel: 215 842-8680 Fax: 215 840-0547
E-mail: nwillm24@drexel.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-23-066

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Michael P Savage, MD
JHL, 825 Chestnut Street, 1st Floor
Philadelphia, PA 19107
Tel: 215 955-6478 Fax: 215 955-9843
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-41-13-991

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Presbyterian Medical Center (UPHS)
Program Director: John W Birkfeldt Jr, MD
20 Founders Pavilion
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 562-2181 Fax: 215 349-5894
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-41-12-907
Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital

Pgm Director: David M Lasorda, MD

Division of Interventional Cardiology

320 East North Avenue

Pittsburgh, PA 15212

Tel: 412 358-8706  Fax: 412 358-9864

E-mail: estewart@wpchs.org

Length: 1 Yr  ACGME Approved/Offered Positions: 3

Program ID: 152-41-12-061

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

UPMC Presbyterian Shadyside

Pgm Director: William D Anderson, MD

309 Lothrop Street

Pittsburgh, PA 15213

Tel: 412 447-8156  Fax: 412 447-8117

Length: 1 Yr  Program ID: 152-41-21-116

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital

Pgm Director: Venkatraman Srinivasan, MD

4800 Friendship Avenue

Suite 3411 North Tower

Pittsburgh, PA 15224

Tel: 412 578-6974  Fax: 412 578-4471

E-mail: dgcardio@uab.com

Length: 1 Yr  ACGME Approved/Offered Positions: 1

Program ID: 152-41-21-062

Wynnewood

Lankenau Hospital Program

Sponsor: Lankenau Hospital

Pgm Director: Jack L Martin, MD

558 Lankenau Plateau

100 Lancaster Avenue

Wynnewood, PA 19096

Tel: 610 645-5282  Fax: 610 645-0683

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-41-01-096

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan

Pgm Director: David M Williams, MD

Division of Cardiology, APC 614

583 Reddy Street

Providence, RI 02903

Tel: 401 444-4861  Fax: 401 444-8158

E-mail: dwilliams@lifespan.org

Length: 1 Yr  ACGME Approved/Offered Positions: 3

Program ID: 152-43-12-064

Brown University Program A

Sponsor: Rhode Island Hospital-Lifespan

Miriam Hospital-Lifespan

Pgm Director: Kenneth Korr, MD

144 Summit Avenue

Providence, RI 02906

Tel: 401 783-4107  Fax: 401 783-4049

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-43-21-063

South Carolina

Charleston

Medical University of South Carolina

Program

Sponsor: Medical University of South Carolina College of Medicine

MUSC Medical Center

Ralph H Johnson Vascular Center (Charleston)

Pgm Director: Christopher D Nissen, MD

135 Rutledge Avenue

Suite 201

Charleston, SC 29401

Tel: 843 720-9680  Fax: 843 720-7771

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-45-21-067

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center

Veterans Affairs Medical Center (Nashville)

Pgm Director: Robert N Flana, MD, BA

3220 Pierce Avenue

MRBII, Rm 308

Nashville, TN 37232

Tel: 615 922-3138  Fax: 615 932-2964

Length: 1 Yr  ACGME Approved/Offered Positions: 3

Program ID: 152-47-21-065

Texas

Dallas

Baylor University Medical Center

Program

Sponsor: Baylor University Medical Center

Pgm Director: Ravi G Vallabhan, MD

621 N Hall Street, Suite 500

Dallas, TX 75201

Tel: 214 841-3000  Fax: 214 841-2015

Length: 1 Yr  ACGME Approved/Offered Positions: 1

Program ID: 152-48-01-182

Galveston

University of Texas Medical Branch

Chambers Program

Sponsor: University of Texas Medical Branch Hospitals

Pgm Director: Barry F Uretsky, MD

101 John Sealy Annex

101 University Blvd

Galveston, TX 77555

Tel: 409 772-4861  Fax: 409 772-2188

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-48-21-097

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Methodist Hospital

Pgm Director: Neal S Steinman, MD

The Methodist Hospital

1555 Fannun Street, F-109

Houston, TX 77030

Tel: 713 790-4923  Fax: 713 793-1553

Length: 1 Yr  ACGME Approved/Offered Positions: 3

Program ID: 152-48-21-068

Baylor College of Medicine/St Luke's Episcopal Hospital Program

Sponsor: Baylor College of Medicine

St Luke's Episcopal Hospital

Pgm Director: Richard D Fish, MD

St Luke’s Episcopal Hospital

5120 Bissonnet (MC 1-135)

Houston, TX 77099

Tel: 713 555-6874  Fax: 713 555-8374

Length: 1 Yr  ACGME Approved/Offered Positions: 6

Program ID: 152-48-23-061

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston

Memorial Hermann Hospital System

Pgm Director: Richard W Smalling, MD

Division of Cardiology

4531 Funun, MSB 1-246

Houston, TX 77030

Tel: 713 555-6558  Fax: 713 555-6569

Length: 1 Yr  ACGME Approved/Offered Positions: 3

Program ID: 152-48-12-069

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio

Audie L Murphy Memorial Veterans Hospital (San Antonio)

University Health System

Pgm Director: Steven R Bailey, MD

7765 Floyd Curl Drive

San Antonio, TX 78229

Tel: 210 567-9691  Fax: 210 567-9990

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-48-21-070

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital

Pgm Director: D Scott Grant, DO

401 S 31st Street

Temple, TX 76508

Tel: 254 734-6166  Fax: 254 734-6580

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-48-12-071

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center

LDS Hospital

Pgm Director: Joseph B Muhlestein, MD

1743 E South Temple Avenue

Salt Lake City, UT 84133

Tel: 801 408-5300  Fax: 801 408-5050

Length: 1 Yr  ACGME Approved/Offered Positions: 1

Program ID: 152-49-12-094

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care

Pgm Director: Matthew W Watkins, MD

McClure 1, Cardiology Unit

111 Colchester Avenue

Burlington, VT 05401

Tel: 802 847-3544  Fax: 802 847-3687

Length: 1 Yr  ACGME Approved/Offered Positions: 2

Program ID: 152-50-21-073
Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Michael Ragosta, MD
Box 831394
Charlottesville, VA 22908
Tel: 434-924-3420 Fax: 434-882-9001
E-mail: cardiacfellow@virginia.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 152-51-13-993

Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Prgm Director: George W Vetrovec, MD
PO Box 980056
1200 E Broad Street
Richmond, VA 23296
Tel: 804-628-1215 Fax: 804-825-8831
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-51-21-474

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Prgm Director: Douglas K Stewart, MD
Box 356115 Room NN240
Heart Cath Lab
Seattle, WA 98195
Tel: 206-598-4077 Fax: 206-598-6180
Length: 1 Yr
Program ID: 152-54-23-126

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: Reyz Harpe, MD
PO Box 9157
Morgantown, WV 26506
Tel: 304-283-4096 Fax: 304-283-7828
Length: 1 Yr
Program ID: 152-55-21-092

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Matthew R Wolff, MD
600 Highland Avenue
Room G7/388 SGC
Madison, WI 53792
Tel: 608-282-4913 Fax: 608-263-0405
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 152-56-21-077

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Prgm Director: Tanvir Rajwa, MD
1455 N 12th St, PO Box 342
Milwaukee, WI 53291
Tel: 414-219-7100 Fax: 414-219-7675
E-mail: rebecca.young@aurora.org
Length: 1 Yr
Program ID: 152-56-19-114

Medical Genetics

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
University of Alabama School of Medicine
Prgm Director: Nathanial H Robin, MD
720 30th Street South, Kaul 239
Department of Genetics
Birmingham, AL 35249
Tel: 205-934-9423 Fax: 205-934-9488
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 199-81-19-8A8

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Los Angeles County Harbor-UCLA Medical Center
UCLA Medical Center
Prgm Director: David L Rimoin, MD, PhD
8700 Beverly Boulevard
Suite 4221
Los Angeles, CA 90048
Tel: 310-423-4461
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 104-85-21-010

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Prgm Director: Maureen Bocian, MD, MS
101 The City Drive, South
Bldg 2, RT 9, 7th Floor 4482
Orange, CA 92866
Tel: 714-458-8500 Fax: 714-456-5330
E-mail: mebocian@uci.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 100-85-21-042

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children’s Hospital and Health Center
Prgm Director: Marilyn C Jones, MD
3020 Children’s Way, MC: 5031
San Diego, CA 92123
Tel: 858-966-8940 Fax: 858-966-8950
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 190-85-31-019

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
University of California (San Francisco) Medical Center
Prgm Director: H E Hoyne, MD
Department of Pediatrics, H-315
Stanford University School of Medicine
Stanford, CA 94305
Tel: 650-725-8888 Fax: 650-725-8888
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 130-85-31-039
Accredited Programs in Medical Genetics

Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Program Director: Janet A Thomas, MD
Box 8230, The Children's Hospital
1669 East 16th Avenue
Denver, CO 80218
Tel: 303 861-6986 Fax: 303 861-3821
E-mail: thomas.janet@childrens.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 130-07-91-027

Connecticut

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Program Director: Robert M Greenstein, MD
Division of Human Genetics
65 Kane St, 1st Floor
Hartford, CT 06119
Tel: 860 523-6464 Fax: 860 523-6465
E-mail: greenstein@ruhsc.uconn.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-08-21-041

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: James M McGrath, MD
Dept of Pediatrics/DIV of Medical Genetics
PO Box 208066
New Haven, CT 06520
Tel: 203 785-5666 Fax: 203 785-3404
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 130-08-21-021

Florida

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Sponsor: Miami Children's Hospital
Program Director: Louis J Elias II, MD
Dept of Pediatrics/DIV of Medical Genetics
PO Box 018820 (D-520)
Miami, FL 33101
Tel: 305 243-7105 Fax: 305 243-7254
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-11-21-049

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Emory
Program Director: Paul M Fernhoff, MD
3040 Fridgeswood Drive
Atlanta, GA 30322
Tel: 404 727-0490 Fax: 404 727-0783
E-mail: pfernhoff@genetics.emory.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Subspecialties: MGP
Program ID: 130-12-21-048

Illinois

Chicago
University of Chicago/Northwestern University Program
Sponsor: University of Chicago Hospitals
Children's Memorial Hospital
McGaw Medical Center of Northwestern University
Program Director: Darrel J Waggoner, MD
5441 S Maryland Ave
MD 0077, Room L-161
Chicago, IL 60615
Tel: 773 834-0655 Fax: 773 834-0556
E-mail: yusufaw@genetics.bsd.uchicago.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-16-21-057

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Program Director: Allen I Horowitz, MD, PhD
S40 South Wood Street, MC 856
Chicago, IL 60616
Tel: 312 695-2722
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-16-21-017

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Program Director: Gail H Vance, MD
975 West Walnut Street, IB 130
Indianapolis, IN 46202
Tel: 317 274-2441 Fax: 317 274-1516
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 130-17-21-015

Louisiana

New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Haas C Anderson, MD
Hayward Genetics Center
1450 Tulane Avenue, SLA81
New Orleans, LA 70112
Tel: 504 585-5229 Fax: 504 584-1783
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 130-21-21-025

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Carney R Cutting, MD
Institute of Genetic Medicine
600 North Wolfe Street, CABS
Baltimore, MD 21287
Tel: 410 695-1775 Fax: 410 614-0215
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 130-23-21-043

Bethesda
National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Program Director: Maximilian Moenske, MD
National Institutes of Health
NII Bldg 10, Room 1OC103
Bethesda, MD 20892
Tel: 301 480-8167 Fax: 301 480-7856
Length: 2 Yrs ACGME Approved/Offered Positions: 14
Program ID: 130-23-21-023

Massachusetts

Boston
Harvard Medical School Program
Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Program Director: Mira Iorns, MD
Genetics-Pediatrics
300 Longwood Avenue
Boston, MA 02115
Tel: 617 635-4967 Fax: 617 739-0466
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 130-24-21-024

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Patricia G Wheeler, MD
750 Washington Street, 4104
Boston, MA 02111
Tel: 617 638-1468 Fax: 617 638-1469
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 130-24-21-052

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Jeffrey W Innis, MD, PhD
1584 Taubman Center
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 764-6767 Fax: 734 685-8897
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 130-25-21-030
### Oregon

**Portland**

**Oregon Health & Science University Program**

- **Sponsor:** Oregon Health & Science University Hospital
- **Director:** Shriners Hospitals for Children (Portland)
- **Program Director:** Jone E Sampson, MD
- **Address:** 3181 SW Sam Jackson Park Road
- **City:** Portland, OR 97239
- **Phone:** 503 494-7210
- **Fax:** 503 494-6886
- **E-mail:** sampjig@ohsu.edu
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 130-49-21-009

### Pennsylvania

**Philadelphia**

**Children’s Hospital of Philadelphia Program**

- **Sponsor:** Children’s Hospital of Philadelphia
- **Program Director:** Haig H Kazarian Jr, MD
- **Address:** Div Human Genetics, Rm 1002ABC
- **City:** Philadelphia, PA 19104
- **Phone:** 215 590-3855
- **Fax:** 215 590-3764
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 130-41-21-092

**University of Pittsburgh Medical Center Medical Education Program**

- **Sponsor:** University of Pittsburgh Medical Center Medical Education Program
- **Children’s Hospital of Pittsburgh**
- **Mage-Women’s Hospital**
- **Departments:** Mage-Womens Hospital
- **Address:** 300 maltet St
- **City:** Pittsburgh, PA 15213
- **Phone:** 412 641-0054
- **Fax:** 412 641-1032
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 130-41-21-045

### South Carolina

**Greenwood**

**Greenwood Genetic Center Program**

- **Sponsor:** Greenwood Genetic Center
- **Self Regional Healthcare**
- **Program Director:** Robert A Saul, MD
- **Address:** 1 Gregor Mendel Circle
- **City:** Greenwood, SC 29648
- **Phone:** 864 941-8100
- **Fax:** 864 941-8114
- **E-mail:** msaul@ggc.org
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 2
- **Program ID:** 130-49-21-006

### Tennessee

**Nashville**

**Vanderbilt University Program**

- **Sponsor:** Vanderbilt University Medical Center
- **Program Director:** George E Tiller, MD, PhD
- **Address:** Division of Medical Genetic and Metabolic Medicine
- **City:** Nashville, TN 37232
- **Phone:** 615 936-7061
- **Fax:** 615 343-8961
- **Length:** 2 Yrs
- **Program ID:** 130-47-21-033

### Texas

**Dallas**

**University of Texas Southwestern Medical School Program**

- **Sponsor:** University of Texas Southwestern Medical School
- **Program Director:** Lewis J Webber, MD, PhD
- **Address:** 2323 Harry Hines Boulevard, F3.318
- **City:** Dallas, TX 75019
- **Phone:** 214 648-8966
- **Fax:** 214 648-7829
- **E-mail:** webber@utsouthwestern.edu
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 5
- **Program ID:** 130-49-21-058

### Virginia

**Charlottesville**

**University of Virginia Program**

- **Sponsor:** University of Virginia Medical Center
- **Program Director:** Joseph Wagstaff, MD, PhD
- **Address:** PO Box 886
- **City:** Charlottesville, VA 22908
- **Phone:** 434 984-3369
- **Length:** 2 Yrs
- **Program ID:** 130-51-21-006

**Richmond**

**Virginia Commonwealth University Health System Program**

- **Sponsor:** Virginia Commonwealth University Health System
- **Medical College of Virginia Hospitals**
- **Program Director:** Walter E Nance, MD, PhD
- **Phone:** 804 828-3632
- **Fax:** 804 828-3760
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 3
- **Program ID:** 130-51-21-003

### Washington

**Seattle**

**University of Washington Program**

- **Sponsor:** University of Washington School of Medicine
- **Children’s Hospital and Regional Medical Center**
- **Program Director:** Peter H Byers, MD
- **Address:** 4000 California Ave SW, PO Box 386
- **City:** Seattle, WA 98195
- **Phone:** 206 643-4296
- **Fax:** 206 612-1899
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 8
- **Program ID:** 130-54-21-040

**Madison**

**University of Wisconsin Program**

- **Sponsor:** University of Wisconsin Hospital and Clinics
- **Program Director:** Richard M Pauli, MD, PhD
- **Address:** 600 Highland Avenue, #303
- **City:** Madison, WI 53796
- **Phone:** 608 263-8784
- **Fax:** 608 263-3405
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 130-56-21-006

**Salt Lake City**

**University of Utah Program**

- **Sponsor:** University of Utah Medical Center
- **Primary Children’s Medical Center**
- **Program Director:** Joseph E Tiller, MD, MPH
- **Address:** 30 North Medical Drive
- **City:** Salt Lake City, UT 84132
- **Phone:** 801 581-8943
- **Fax:** 801 585-7192
- **E-mail:** jrbyers@utah.edu
- **Length:** 2 Yrs
- **ACGME Approved/Offered Positions:** 4
- **Program ID:** 130-49-21-004
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<th>State</th>
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<th>Sponsor</th>
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<tr>
<td>Connecticut</td>
<td>Hartford Hospital Program</td>
<td>Hartford Hospital</td>
<td>Lance B. Peterson, MD</td>
<td>University of Connecticut</td>
<td>Hartford, CT</td>
<td>1 yr</td>
<td>314-16-31-015</td>
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<td>Indiana</td>
<td>Indianapolis University School of Medicine Program</td>
<td>Indiana University School of Medicine</td>
<td>William N. Wishard Memorial Hospital</td>
<td>Indianapolis, IN</td>
<td>1 yr</td>
<td>317-274-2557</td>
<td>314-17-21-001</td>
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<td>Maryland</td>
<td>Baltimore Johns Hopkins University Program</td>
<td>Johns Hopkins University School of Medicine</td>
<td>Karen Carroll, MD</td>
<td>Baltimore, MD</td>
<td>1 yr</td>
<td>410-955-5077</td>
<td>314-28-21-012</td>
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<td>Minnesota</td>
<td>Rochester Mayo School of Graduate Medical Education (Rochester) Program</td>
<td>Mayo School of Grad Med Ed Mayo Clinic</td>
<td>Jon E. Rosenblatt, MD</td>
<td>Rochester, MN</td>
<td>1 yr</td>
<td>507-284-2472</td>
<td>314-26-21-006</td>
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<td>North Carolina</td>
<td>Durham Duke University Hospital Program</td>
<td>Duke University Hospital</td>
<td>Barth Keller, MD</td>
<td>Durham, NC</td>
<td>3 yr</td>
<td>919-616-5747</td>
<td>314-36-21-004</td>
</tr>
</tbody>
</table>

**Evanston**

**Evanston Northwestern Healthcare (Evanston Hospital) Program**
Sponsor: Evanston Hospital
Pgm. Director: Lance B. Peterson, MD
1003 University Place, Suite 100
Evanston, IL 60201
Tel: 847-570-1637
Fax: 847-733-5314
E-mail: lpeterson@enh.org
Length: 1 yr ACME Approved/Offered Positions: 2
Program ID: 314-16-31-015

**Ohio**

**Cleveland**

**Cleveland Clinic Foundation Program**
Sponsor: Cleveland Clinic Foundation
Pgm. Director: Gary W. Procop, MD, MS
Clinical Microbiology/140
5500 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-5879
Fax: 216-444-4114
E-mail: procopg@ccf.org
Length: 1 yr
Program ID: 314-38-21-008

**New Haven**

**Yale-New Haven Medical Center Program**
Sponsor: Yale-New Haven Hospital
Pgm. Director: Frank J. Bia, MD, MPH
333 Cedar Street, CB 680c
PO Box 203800
New Haven, CT 06520
Tel: 203 785-6884
Fax: 203 737-2999
Length: 1 yr ACME Approved/Offered Positions: 1
Program ID: 314-16-31-013

**Georgia**

**Atlanta**

**Emory University Program**
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Pgm. Director: Angela M. Calliendo, MD, PhD
Department of Pathology, Room E-180
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-5721
Fax: 404 727-3510
E-mail: xacallen@emory.edu
Length: 1 yr
Program ID: 314-12-31-013

**Illinois**

**Chicago**

**McGaw Medical Center of Northwestern University Program**
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Pgm. Director: John B. Warren, MD
251 East Huron Street
Galler Pavilion Suite 7-102A
Chicago, IL 60611
Tel: 312 996-0949
Fax: 312 996-4550
Length: 1 yr ACME Approved/Offered Positions: 2
Program ID: 314-16-21-069

**Texas**

**Dallas**

**University of Texas Southwestern Medical School Program**
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Pgm. Director: Paul M. Southern, Jr, MD
5325 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214-648-3587
E-mail: paul.southern@utsouthwestern.edu
Length: 1 yr ACME Approved/Offered Positions: 1
Program ID: 314-49-12-014

**Galveston**

**University of Texas Medical Branch Hospitals Program**
Sponsor: University of Texas Medical Branch Hospitals
Pgm. Director: Michael B. Smith, MD
301 University Boulevard
Department of Pathology
Galveston, TX 77555
Tel: 409 747-2484
Length: 1 yr ACME Approved/Offered Positions: 1
Program ID: 314-48-21-010

**Graduate Medical Education Directory 2004-2005**

**Accredited Programs in Medical Microbiology (Pathology)**
Medical Toxicology (Emergency Medicine)

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Phoenix Children's Hospital
Pgm Director: Steven M Curry, MD
255 E McDowell Road, 2nd Floor
Phoenix, AZ 85006
Tel: 602 239-6669 Fax: 602 239-4138
E-mail: steven.curry@bannerhealth.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-08-21-001

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Pgm Director: Frank G Walter, MD
1101 N Campbell Avenue
Box 249007
Tucson, AZ 85724
Tel: 520 626-2480 Fax: 520 626-2480
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-08-31-024

California
Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
9A Northern California Health Care System
Pgm Director: Timothy E Alberson, MD, PhD
4100 V Street, Suite 3400
Sacramento, CA 95817
Tel: 916 734-6564 Fax: 916 734-7924
E-mail: talbertson@ucdavis.edu
Length: 2 Yrs
Program ID: 118-08-21-006

Colorado
Denver
Denver Health Medical Center Program
Sponsor: Denver Health Medical Center
Pgm Director: Richard C Dart, MD, PhD
1001 Yosemite Street
Suite 200
Denver, CO 80205
Tel: 303 739-1110 Fax: 303 739-1119
E-mail: richard.dart@nhdp.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-07-31-013

Connecticut
Farmington
University of Connecticut/Hartford Hospital Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Pgm Director: Charles A McKay Jr, MD
Division of Medical Toxicology/Poison Control Center
501 Farmington Ave
Farmington, CT 06030
Tel: 860 546-5411 Fax: 860 546-5412
E-mail: cmckay@hartson.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-08-12-006

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Centers for Disease Control and Prevention
Georgia Poison Control Center - Grady Health System
Pgm Director: Brent W Morgan, MD
80 Jesse Hill Jr Drive SE
Atlanta, GA 30308
Tel: 404 616-4629 Fax: 404 616-6657
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-12-12-021

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
William N Wishard Memorial Hospital
Pgm Director: Daniel E Rusyniak, MD
POB 1320
1-655 at 21st Street
Indianapolis, IN 46206
Tel: 317 962-2335 Fax: 317 962-2337
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-17-12-017

Massachusetts
Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Cambridge Hospital/Cambridge Health Alliance
Pgm Director: Michele M Burnz, MD
11 Smith Building
300 Longwood Avenue
Boston, MA 02115
Tel: 617 956-6669 Fax: 617 730-6621
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-24-31-007

Michigan
Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
St John Hospital and Medical Center
Pgm Director: Suzanne White, MD
4100 John R, Suite 616
Detroit, MI 48201
Tel: 313 745-0305 Fax: 313 745-5403
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-25-12-014

North Carolina
Charlotte
Carolina Medical Center Program
Sponsor: Carolinas Medical Center
Pgm Director: William F Kennis II, MD
Department of Emergency Medicine/MEB
1000 Blythe Boulevard
Charlotte, NC 28203
Tel: 704 355-5257 Fax: 704 355-8350
E-mail: rkerns@carolinashlealthcare.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-36-21-029

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Pgm Director: Curtis F Snook, MD
521 Albert Shibli Way
Cincinnati, OH 45229
Tel: 513 855-9801 Fax: 513 855-5711
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-38-31-013
Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Program Director: Bane Horowitz, MD
3181 SW Sam Jackson Park Road
MC CSS-550
Portland, OR 97239
Tel: 503 494-4833 Fax: 503 494-4986
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-48-21-003

Pennsylvania

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Keith B Burkart, MD
500 University Drive
PO Box 550
Hershey, PA 17033
Tel: 717 531-7087 Fax: 717 531-4441
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-41-12-004

Philadelphia

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Mercy Fitzgerald Hospital
Mercy Hospital of Philadelphia
St Christopher's Hospital for Children (Tenet Health System)
Program Director: Michael I Greenberg, MD, MPH
3500 Henry Avenue, Room 4010
Philadelphia, PA 19129
Tel: 215 842-6564 Fax: 215 842-5121
E-mail: mlg@drexel.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-41-31-019

University of Pennsylvania (Children's Hospital) Program
Sponsor: Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
University of Pennsylvania Health System
Program Director: Kevin C Osterhoudt, MD
The Children's Hospital of Philadelphia
34th Street and Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 590-3444 Fax: 215 590-4454
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-41-22-023

Tennessee

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Donna L Seger, MD
1313 21st Avenue South
Nashville, TN 37232
Tel: 615 343-0760 Fax: 615 343-0756
E-mail: donna.seger@vanderbilt.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-47-31-018

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Program Director: Daniel C Keyes, MD, MPH
Section of Toxicology
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-2047 Fax: 214 648-8423
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 118-48-31-000

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Blue Ridge Poison Control Center
Program Director: Mark A Kirk, MD
Department of Emergency Medicine
PO Box 800774
Charlottesville, VA 22908
Tel: 434 924-0049 Fax: 434 971-8687
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 118-51-18-022

Medical Toxicology (Preventive Medicine)

California

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
California Poison Control System (CPSC)-San Diego Scripps Mercy Hospital
Program Director: Richard F Clark, MD
133 Dickinson Street
San Diego, CA 92106
Tel: 619 543-6835 Fax: 619 543-3115
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 399-05-31-002

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Program Director: Neal Benowitz, MD
Box 1220
San Francisco, CA 94143
Tel: 415 336-8254 Fax: 415 206-4956
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 399-05-31-003

Illinois

Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County Rush University Medical Center University of Illinois Hospital and Clinics
Program Director: Steven Aks, DO
Div of Occupational Medicine
1600 W Polk Street, Suite 500
Chicago, IL 60612
Tel: 312 834-5830 Fax: 312 639-8189
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 399-16-31-001
Molecular Genetic Pathology

North Carolina
- Chapel Hill
  University of North Carolina Hospitals Program
  Sponsor: University of North Carolina Hospitals
  Program Director: Margaret L Guiley, MD
  Chapel Hill, NC 27514-7035
  Tel: 919 843-4955  Fax: 919 663-6770
  E-mail: jwright@unch.unc.edu
  Length: 1 Yr  ACGME Approved/Offered Positions: 1
  Program ID: 190-38-12-002

Virginia
- Richmond
  Virginia Commonwealth University Health System Program
  Sponsor: Virginia Commonwealth University Health System
  Program Director: Suhas Nastrin, MD, PhD
  Richmond, VA 23228
  Tel: 804 628-2053
  Length: 1 Yr  ACGME Approved/Offered Positions: 1
  Program ID: 190-01-11-002

Oregon
- Portland
  Oregon Health & Science University Program
  Sponsor: Oregon Health & Science University Hospital
  Program Director: Richard B Press, MD, PhD
  Mail Code L113
  Portland, OR 97201
  Tel: 503 494-2121  Fax: 503 494-3025
  Length: 1 Yr  ACGME Approved/Offered Positions: 1
  Program ID: 190-40-23-004

Pennsylvania
- Philadelphia
  University of Pennsylvania Program
  Sponsor: University of Pennsylvania Health System
  Program Director: Viviana Van Deervlin, MD, PhD
  3400 Spruce Street, 7103 Founders
  Philadelphia, PA 19104
  Tel: 215 683-4650  Fax: 215 682-7639
  E-mail: vlivea@upenn.edu
  Length: 1 Yr  ACGME Approved/Offered Positions: 2
  Program ID: 190-41-21-001

Pittsburgh
- University of Pittsburgh Medical Center Medical Education Program
  Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
  Program Director: James Versalovic, MD, PhD
  Magee-Women's Hospital
  Pittsburgh, PA 15213
  Tel: 412 648-8510  Fax: 412 383-6594
  E-mail: kantja@upmc.edu
  Length: 1 Yr  ACGME Approved/Offered Positions: 2
  Program ID: 190-41-31-009

Texas
- Houston
  Baylor College of Medicine Program
  Sponsor: Baylor College of Medicine
  Program Director: James Versalovic, MD, PhD
  One Baylor Plaza
  Houston, TX 77030
  Tel: 713 798-2212  Fax: 713 798-1032
  Length: 1 Yr  ACGME Approved/Offered Positions: 2
  Program ID: 190-49-33-007

California
- Stanford
  Stanford University Program
  Sponsor: Stanford University Hospital
  Program Director: Ira Schraper, MD
  Department of Pathology, Room L235
  Stanford, CA 94305
  Tel: 650 734-3403
  Length: 1 Yr  ACGME Approved/Offered Positions: 1
  Program ID: 190-05-13-003

- Emory University Program
  Sponsor: Emory University School of Medicine
  Emory University Hospital
  Grady Memorial Hospital
  Program Director: Karen P Mann, MD, PhD
  1364 Clifton Road, NE
  Atlanta, GA 30303
  Tel: 404 712-9924  Fax: 404 727-2519
  E-mail: kmann@emory.edu
  Length: 1 Yr  ACGME Approved/Offered Positions: 1
  Program ID: 190-12-13-008

- USC
  University of Southern California
  Program Director: Margaret L Guiley, MD
  1341 Westlake Avenue, Suite 300
  Los Angeles, CA 90034
  Tel: 213 995-9111
  Length: 1 Yr  ACGME Approved/Offered Positions: 1
  Program ID: 190-61-12-005

Massachusetts
- Boston
  Brigham and Women's Hospital/ Harvard Medical School Program
  Sponsor: Brigham and Women's Hospital
  Beth Israel Deaconess Medical Center
  Children's Hospital
  Dana-Farber Cancer Institute
  Massachusetts General Hospital
  Program Director: Janina A Longtime, MD
  Amory Building 3-101
  75 Francis Street
  Boston, MA 02115
  Tel: 617 732-7444  Fax: 617 732-3877
  Length: 1 Yr
  Program ID: 190-24-13-010

Minnesota
- Rochester
  Mayo School of Graduate Medical Education (Rochester) Program
  Sponsor: Mayo School of Grad Med Ed
  Mayo Clinic College of Medicine
  Program Director: Kevin C Halling, MD, PhD
  300 First Street, SW
  Rochester, MN 55909
  Tel: 651 284-7616
  Length: 1 Yr
  Program ID: 190-36-12-011
Accredited Programs in Musculoskeletal Radiology (Radiology-Diagnostic)

**Minnesota**

**Rochester**
Mayo School of Graduate Medical Education (Rochester) Program  
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic  
College of Medicine  
Mayo Clinic (Rochester)  
Rochester Methodist Hospital  
St Mary's Hospital of Rochester  
Prgm Director: Sean P Scully, MD, PhD  
PO Box 2188, SW  
Rochester, MN 55905  
Tel: 507-284-3516 Fax: 507-284-5539  
E-mail: mgem.roch.mn.orthopedics@mayo.edu  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 270-24-21-004

**New York**

**New York**
Memorial Sloan-Kettering Cancer Center Program  
Sponsor: Memorial Sloan-Kettering Cancer Center  
Program for Special Surgery  
Prgm Director: John H Healey, MD  
1275 York Avenue  
New York, NY 10021  
Tel: 212-639-7610 Fax: 212-794-4015  
Length: 1 Yr Program ID: 270-35-21-005

**Texas**

**Houston**
University of Texas MD Anderson Cancer Center Program  
Sponsor: University of Texas MD Anderson Cancer Center  
Prgm Director: Alan W Youk, MD  
1515 Holcombe Boulevard, Unit 444  
Houston, TX 77030  
Tel: 713 794-5484 Fax: 713 794-8448  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 270-48-13-014

**Michigan**

**Detroit**
Henry Ford Hospital Program  
Sponsor: Henry Ford Hospital  
Prgm Director: Mariam T Van Hobbeek, MD  
Musculoskeletal Radiology/Area K2&K12  
2790 West Grand Blvd  
Detroit, MI 48202  
Tel: 313-916-7338 Fax: 313-916-5110  
Length: 1 Yr Program ID: 426-35-21-001

**New York**

**Bronx**
Albert Einstein College of Medicine Program  
Sponsor: Albert Einstein College of Medicine of Yeshiva University  
Montefiore Medical Center-Weiler Hospital  
Prgm Director: Beverly Thornhill, MD  
Dept of Radiology  
111 East 210th Street  
Bronx, NY 10467  
Tel: 718-430-5606 Fax: 718-789-7983  
Length: 1 Yr Program ID: 426-35-21-002

**New York**
New York University School of Medicine Program  
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Hospital for Joint Diseases Orthopaedic Institute  
Prgm Director: Mahvash Rafii, MD  
500 First Avenue  
New York, NY 10016  
Tel: 212-363-7608 Fax: 212-363-0554  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 426-35-11-006

**Rochester**
University of Rochester Program  
Sponsor: Strong Memorial Hospital of the University of Rochester  
Prgm Director: Johnny LV Mom, MD  
Box 648  
601 Elmwood Avenue  
Rochester, NY 14642  
Tel: 585-275-0872 Fax: 585-273-1033  
E-mail: Joel.Blades@urmc.rochester.edu  
Length: 1 Yr ACGME Approved/Offered Positions: 1  
Program ID: 426-35-31-003
North Carolina

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Felix S Chew, MD, MEd
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2478 Fax: 336 716-1276
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 425-36-21-004

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Arthur A De Smet, MD
600 Highland Avenue, E3/11 CSC
Madison, WI 53792
Tel: 608 263-0387 Fax: 608 263-0376
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 425-56-21-006

Ohio

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Bradford J Richmond, MD
9500 Euclid Avenue, A21
Desk A-21
Cleveland, OH 44195
Tel: 216 444-3831 Fax: 216 445-8445
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 426-36-21-007

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Prgm Director: Douglas F Beall, MD
Department of Radiological Sciences E1 1066
PO Box 2061
Oklahoma City, OK 73190
Tel: 405 271-1654 Fax: 405 271-3378
Length: 1 Yr
Program ID: 426-39-12-010

Pennsylvania

Philadelphia

Temple University Program
Sponsor: Temple University Hospital
Shriners Hospitals for Children (Philadelphia)
Prgm Director: Chul Kwak, MD
Broad and Ontario Streets
Philadelphia, PA 19140
Tel: 215 707-2540 Fax: 215 707-6651
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 426-41-21-005

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Murray Dalinka, MD
1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-9019 Fax: 215 662-7011
Length: 1 Yr
Program ID: 426-41-13-009

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Arthur A De Smet, MD
600 Highland Avenue, E3/11 CSC
Madison, WI 53792
Tel: 608 263-0387 Fax: 608 263-0376
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 425-56-21-006

Neonatal-Perinatal Medicine (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Prgm Director: Waldemar A Carlo, MD
Division of Neonatology
535 New Hillman Building
Birmingham, AL 35233
Tel: 205 934-4680 Fax: 205 934-3100
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 328-01-21-001

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
University Hospital of Arkansas
Prgm Director: Richard W Hall, MD
Neonatology, Sb6 512 B
401 W Markham
Little Rock, AR 72205
Tel: 501 603-1255 Fax: 501 686-8937
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-04-21-105

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: Andrew O Hopper, MD
11224 Anderson Street
Division of Neonatology
Loma Linda, CA 92354
Tel: 909 658-7445 Fax: 909 658-0929
E-mail: shopper@als.ll unc.edu
Length: 3 Yrs
Program ID: 329-05-21-062

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Charles F Simmons Jr, MD
5700 Beverly Boulevard
North Tower, Room 6311
Los Angeles, CA 90048
Tel: 310 423-0600 Fax: 310 423-2402
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 328-08-21-113

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Richard Findlay, MD
12921 South Wilmington Avenue
Los Angeles, CA 90059
Tel: 310 658-3185 Fax: 310 630-0456
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-03-12-117
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Joseph A. Kitterman, MD
Department of Pediatrics
Box 0748, Room U 330
San Francisco, CA 94143
Tel: 415 476-7242 Fax: 415 476-9976
E-mail: jkitter@itsa.ucsf.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-08-21-009

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Children's Hospital Los Angeles
LAC + USC Medical Center
Program Director: Ranganasamy Ramanathan, MD
Women's and Children's Hospital, Room L019
1240 North Mission Road
Los Angeles, CA 90033
Tel: 323 266-3440 Fax: 323 226-3440
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 329-05-21-004

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Program Director: Huichang D. Modanlou, MD
Building 2, Route 81
101 The City Drive South
Orange, CA 92668
Tel: 714 456-6083 Fax: 714 456-7508
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-05-31-114

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Michael P. Sherman, MD
Division of Neonatology FB 193
Davis, CA 95616
Tel: 916 752-3441 Fax: 916 752-8115
E-mail: cemctfrica@ucdavis.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-05-21-997

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Program Director: Neil F. Finner, MD
Dept. of Pediatrics/Neonatology
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5874 Fax: 619 543-3813
Length: 3 Yrs
Program ID: 329-05-31-096

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Ian Gross, MD
Department of Pediatrics
PO Box 335064
New Haven, CT 06520
Tel: 203 688-5436 Fax: 203 688-5436
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-08-21-014

Delaware
Wilmington
Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Children's Care Health Services Inc.
Program Director: Stephen Portman, MD
700 College
Philadelphia, PA 19107
Tel: 215 733-2410 Fax: 215 733-2092
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 329-41-21-104

District of Columbia
Washington
Children's National Medical Center/George Washington University Program
Sponsor: Children's National Medical Center
George Washington University Hospital (UHS)
Program Director: Khodayer Rais-Bahrami, MD
Department of Neonatology
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 844-4764 Fax: 202 844-3459
E-mail: krainshah@CNMC.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-10-21-010

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Kolling and V Siva Subramanian, MD
3800 Reservoir Rd, NW
Washington, DC 20007
Tel: 202 444-6500 Fax: 202 444-4747
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-10-21-066

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Josef Neu, MD
Division of Neonatology
1600 SW Archer Road, Room HB513
Gainesville, FL 32610
Tel: 352 395-4138 Fax: 352 395-4367
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-11-21-016

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Children's Hospital (The)
University of Connecticut Hospital
Program Director: Thomas A. Parkes, MD
12341 East 22nd Ave
Bldg 800, MS F441
Aurora, CO 80045
Tel: 303 724-1007 Fax: 303 724-0886
E-mail: thomas.parker@uchsc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-07-21-012

Boston
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Program Director: Luta P. Halamek, MD
700 Welch Road, Suite 315
Palo Alto, CA 94304
Tel: 650 723-5711 Fax: 650 723-8351
E-mail: twalston@stanford.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 7
Program ID: 329-09-21-010

Torrance
Los Angeles County- Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County Harbor - UCLA Medical Center
Children's Hospital of Orange County
Program Director: P. Sherra Baj, MD
1000 W Carson Street
Torrance, CA 90509
Tel: 310 223-1983 Fax: 310 223-3897
Length: 3 Yrs
Program ID: 329-05-11-116

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Program Director: Thomas A. Parkes, MD
12341 East 22nd Ave
Bldg 800, MS F441
Aurora, CO 80045
Tel: 303 724-1007 Fax: 303 724-0886
E-mail: thomas.parker@uchsc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-07-21-012
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Eduardo Bancalari, MD
PO Box 016950 (R-131)
Miami, FL 33101
Tel: 305-598-2338 Fax: 305-545-6581
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-11-21-017

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Program Director: Darline A Calhoun, DO
141 Seventh Ave South CRI 2006
St Petersburg, FL 33701
Tel: 727-553-1230 Fax: 727-553-1231
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-11-21-018

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Program Director: Lucky Jain, MD
Department of Pediatrics
2404 Edgewood Drive, NE
Atlanta, GA 30322
Tel: 404-727-1471 Fax: 404-727-2130
Length: 3 Yrs
Program ID: 329-12-21-085

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Program Director: Jatinder Bhatia, MD
Department of Pediatrics
BW 6033
Augusta, GA 30912
Tel: 706-721-2331 Fax: 706-721-7531
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 329-12-21-087

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Program Director: Mark W Thompson, MD
1310 Punahou Street
Honolulu, HI 96836
Tel: 808-433-5012 Fax: 808-433-6046
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-14-21-019

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Program Director: Suma P Pysal, MD
1901 West Harrison
Division of Neonatology - Room 4402
Chicago, IL 60612
Tel: 312-864-4023 Fax: 312-864-9943
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-020

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evans Hospital
Northwestern Memorial Hospital
Program Director: Baye-Amen O debohgo, MD
Div of Neonatology, #45
2300 Children's Plaza
Chicago, IL 60614
Tel: 773-880-4142 Fax: 773-880-3061
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-16-21-021

University of Chicago Program
Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Program Director: Kwang-sun Lee, MD
3541 S Maryland Avenue, MC6000
Chicago, IL 60637
Tel: 773-702-0120 Fax: 773-702-0740
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-16-11-098

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Program Director: Dharmapuri Vidyasagar, MD
Division of Neonatology
840 S Wood Street
Chicago, IL 60612
Tel: 312-996-4185 Fax: 312-413-7891
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-022

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Program Director: Jonathan K Muraskas, MD
107-5811
Maywood, IL 60153
Tel: 708-316-1067 Fax: 708-316-6502
E-mail: bhakuni@suny.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-069

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: Bhagya Puppala, MD
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847-223-5313 Fax: 847-223-2338
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-16-21-070

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Riley Hospital for Children
Program Director: David W Boyle, MD
Section of Neonatal Perinatal Medicine
600 West Drive, R8058
Indianapolis, IN 46202
Tel: 317-274-4715 Fax: 317-274-3065
E-mail: neonatal@iu.edu
Length: 3 Yrs
Program ID: 329-17-21-023

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: John A Widness, MD
Department of Pediatrics
200 Hawkins Drive, 8007 JPP
Iowa City, IA 52242
Tel: 319-356-8182 Fax: 319-356-4685
E-mail: john-widness@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-18-11-087

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky & Chandler Medical Center
University of Kentucky Hospital
Program Director: Henrietta S Bada, MD
Department of Pediatrics
800 Rose Street, Room, MS 473
Lexington, KY 40536
Tel: 859-323-1019 Fax: 859-257-0106
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-29-21-024

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Rosal Children's Hospital ( Norton Healthcare, Inc)
University of Louisville Hospital
Program Director: David H Adamkin, MD
Division of Neonatal Medicine
571 South Floyd Street Suite #842
Louisville, KY 40202
Tel: 502-852-8470 Fax: 502-852-8473
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-29-21-025
Louisiana

New Orleans

Louisiana State University/Tulane University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Dusa Porn, MD, MS
1545 Tulane Avenue
New Orleans, LA 70112
Tel: 504 667-6329  Fax: 504 667-7332
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-21-1-106

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Kausababreddy Dhanireddy, MD
PO Box 33852
1901 Kings Highway Room K5-03
Shreveport, LA 71135
Tel: 318 675-2766  Fax: 318 675-6660
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-21-1-088

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Susan W Aucott, MD
600 N Wolfe Street, CMSC 210
Baltimore, MD 21287
Tel: 410 955-2929  Fax: 410 955-6288
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-21-1-026

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Prgm Director: Rose Marie Viscardi, MD
Dept of Pediatrics - Div of Neonatology-UMMS N5W68
22 South Greene Street
Baltimore, MD 21201
Tel: 410 328-1076  Fax: 410 328-1076
E-mail: rviscard@umaryland.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-21-1-027

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Prgm Director: Gary A Silverman, MD, PhD
Children's Hospital, Eversio 691
500 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7067  Fax: 617 730-0260
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 329-24-21-028

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Simon K Michael, MD, PhD
Floating Hospital for Children
760 Washington Street, NEFC #44
Boston, MA 02111
Tel: 617 636-8096  Fax: 617 636-1456
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 329-21-1-071

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
Prgm Director: Francis J Bednarek, MD
119 Belmont Street
Worcester, MA 01605
Tel: 508 534-0266  Fax: 508 534-0880
E-mail: frankftk@umass.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 329-21-1-029

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Robert E Schumacher, MD
F4300 Mott Hospital 01024
1500 E Medical Center Dr
Ann Arbor, MI 48109
Tel: 734 615-4106  Fax: 734 615-7723
E-mail: ped-mental@med.umich.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-25-21-030

Detroit

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harpur-Hutzel Hospital
Prgm Director: Soetha Shankaran, MD
3601 Beaubien Blvd
Detroit, MI 48201
Tel: 313 745-1438  Fax: 313 745-0867
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-35-21-631

Lansing

Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Sparrow Hospital
Prgm Director: Padmanabhi Karnai, MD
1216 E Michigan Avenue
Lansing, MI 48909
Tel: 517 483-3670  Fax: 517 483-3994
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 329-25-21-033

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Children's Hospitals & Clinics - St Paul
Fairview-University Medical Center
Prgm Director: Catherine M Bendel, MD
MMC 36
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-3250  Fax: 612 624-8176
E-mail: bendel001@umn.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 329-32-21-033

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Columbia Regional Hospital
Prgm Director: John A Pardalos, MD
Dept of Child Health, N723
81 Hospital Drive
Columbia, MO 65212
Tel: 573 884-2717  Fax: 573 884-2777
E-mail: pardalos@health.missouri.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 329-28-21-035

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Truman Medical Center
Prgm Director: William T Truong, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3552  Fax: 816 234-3550
Length: 3 Yrs
Program ID: 329-25-11-091

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Mary's Health Center
Prgm Director: William J Keenan, MD
1465 S Grand Blvd
St Louis, MO 63104
Tel: 314 577-5642  Fax: 314 577-5640
Length: 3 Yrs
Program ID: 329-32-21-036

Graduate Medical Education Directory 2004-2005
Accredited Programs in Neonatal-Perinatal Medicine (Pediatrics)

Washington University/B-JH/SLCH
Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
One Children's Place
St. Louis, MO 63110
Tel: 314 286-2883 Fax: 314 286-2892
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 329-35-21-037

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Robert A. Darnall, MD
Department of Pediatrics
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 655-6067 Fax: 603-655-6050
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 329-35-21-111

New Jersey
New Brunswick
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
St Peter's University Hospital
Robert Wood Johnson University Hospital
Program Director: Thomas Hegyi, MD
MIB 312C
New Brunswick, NJ 08903
Tel: 732 235-9929 Fax: 732 235-7345
E-mail: hegyi@umdnj.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 329-35-21-092

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Program Director: Robert E. Ohls, MD
Dept of Pediatrics, Division of Neonatology ACC 3-W
Albuquerque, NM 87131
Tel: 505 272-2553 Fax: 505-272-1539
E-mail: rohls@unm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-35-21-072

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Joaquim M. Finheiro, MD, MPH
Department of Pediatrics, MC-101
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5421 Fax: 518 262-5881
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 329-35-21-038

Washington University/B-JH/SLCH
Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
One Children's Place
St. Louis, MO 63110
Tel: 314 286-2883 Fax: 314 286-2892
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 329-35-21-037

New York Presbyterian Hospital (Cornell Campus Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Jeffrey M Perlman, MCHB
525 East 68th Street
New York, NY 10021
Tel: 212 746-3530 Fax: 212 746-8068
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 329-35-21-042

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Karen D Hendricks-Munoz, MD, MPH
Tisch Hospital - H553
580 First Avenue
New York, NY 10016
Tel: 212 263-7477 Fax: 212 263-0134
Length: 3 Yrs
Program ID: 329-35-21-108

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Ronnie Guillot, MD, PhD
Department of Pediatrics
601 Elmwood Avenue, Box 651
Rochester, NY 14642
Tel: 585 275-6209 Fax: 585 461-3614
Length: 3 Yrs
Program ID: 329-35-21-043

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Joseph D DeCristofaro, MD
Department of Pediatrics
HSC 11-T 069
Stony Brook, NY 11794
Tel: 631 444-7263 Fax: 631 444-9142
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-35-21-093

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Edmund F LaGamma, MD
Regional Neonatal Intensive Care Unit
Westchester Medical Center
Valhalla, NY 10595
Tel: 914 493-8558 Fax: 914 409-1488
E-mail: edmund_lagamma@nymc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Program ID: 329-35-21-077

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Wayne A Price, MD
Department of Pediatrics, CB#7086
Fourth Floor UNC Hospital
Chapel Hill, NC 27599
Tel: 919 966-0152 Fax: 919 966-3034
E-mail: wprice@unc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 329-35-21-045

Graduate Medical Education Directory 2004-2005
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgrm Director: Ronald N Goldberg, MD
Division of Neonatology
Box 3176
Durham, NC 27710
Tel: 919 681-4024 Fax: 919 681-4065
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 329-36-21-046

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgrm Director: James J Cummings, MD
Pediatrics-Neonatology
600 Moye Blvd
Greenville, NC 27835
Tel: 252 744-4781 Fax: 252 744-3868
Length: 3 Yrs. ACGME Approved/Offered Positions: 3
Program ID: 329-36-21-078

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
 Forsyth Memorial Hospital
Prgrm Director: Judy A Auckerman, MD
Medical Center Boulevard
Dept of Pediatrics
Winston-Salem, NC 27157
Tel: 336 716-4683 Fax: 336 716-3505
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 329-36-11-108

Ohio
Cincinnati
Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children’s Hospital Medical Center
TriHealth - Good Samaritan Hospital
University Hospital Inc
Prgrm Director: Ward R Rice, MD, PhD
Neonatology, MLC 7000
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-7386 Fax: 513 636-7858
Length: 3 Yrs. ACGME Approved/Offered Positions: 12
Program ID: 329-38-21-047

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgrm Director: Cynthia F Beazer, MD, PhD
Division of Neonatology
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5240 Fax: 216 844-3228
E-mail: cfb360@cwru.edu
Length: 3 Yrs.
Program ID: 329-38-21-048

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgrm Director: Cynthia F Beazer, MD, PhD
Division of Neonatology
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5240 Fax: 216 844-3228
E-mail: cfb360@cwru.edu
Length: 3 Yrs.
Program ID: 329-38-21-048

Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
TriHealth - Children's Hospital
University Hospital Inc
Prgrm Director: Stephen E Welty, MD
700 Children’s Drive
Columbus, OH 43205
Tel: 614 723-4530 Fax: 614 723-4541
Length: 3 Yrs.
Program ID: 329-38-21-049

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Oil Medical Center - Children’s Hospital
Oil Medical Center - Everett Tower
Prgrm Director: Marilyn Escobedo, MD
Dept of Pediatrics (CHS-28307)
PO Box 26857
Oklahoma City, OK 73121
Tel: 405 271-5215 Fax: 405 271-1256
Length: 3 Yrs.
Program ID: 329-38-21-049

Oklahoma
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Oil Medical Center - Children’s Hospital
Oil Medical Center - Everett Tower
Prgrm Director: Marilyn Escobedo, MD
Dept of Pediatrics (CHS-28307)
PO Box 26857
Oklahoma City, OK 73121
Tel: 405 271-5215 Fax: 405 271-1256
Length: 3 Yrs.
Program ID: 329-38-21-049

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgrm Director: Cynthia T McEvoy, MD
(DCNR-P)
707 SW Hoyt Street
Portland, OR 97239
Tel: 503 494-0805 Fax: 503 494-1542
Length: 3 Yrs.
Program ID: 329-39-21-079

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgrm Director: Keith H Marks, MD
Pennsylvania State University
PO Box 805, 500 University Drive
Hershey, PA 17033
Tel: 717 531-8413 Fax: 717 531-1533
Length: 3 Yrs.
Program ID: 329-41-21-659

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Prgrm Director: Robert A Ballard, MD
Division of Neonatology
34th St and Civic Center Blvd
Philadelphia, PA 19144
Tel: 215 590-1051 Fax: 215 590-3051
Length: 3 Yrs.
Program ID: 329-41-21-051

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tenet Health System)
St Christopher's Hospital for Children (Tenet Health System)
Prgrm Director: Alan B Zubrow, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 677-5300 Fax: 215 677-8192
Length: 3 Yrs.
Program ID: 329-41-21-082

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Mage-Women's Hospital
Prgrm Director: James T Berkenbaugh Jr, MD
Department of Pediatrics
700 Falket Street
Pittsburgh, PA 15213
Tel: 412 641-1835 Fax: 412 641-8180
Length: 3 Yrs.
Program ID: 329-41-21-092

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Prgrm Director: Marta Valcarcel, MD
PO Box 36097
San Juan, PR 00936
Tel: 787 777-3235 Fax: 787 758-5307
E-mail: mvvalcarcel@puero.net
Length: 3 Yrs.
Program ID: 329-42-21-112

Rhode Island
Providence
Brown University Program
Sponsor: Women and Infants Hospital of Rhode Island
Prgrm Director: Barbara S Stonestreet, MD
101 Dudley Street
Providence, RI 02905
Tel: 401 274-1122 Fax: 401 433-7571
Length: 3 Yrs.
Program ID: 329-43-21-089
Accredited Programs in Neonatal-Perinatal Medicine (Pediatrics)

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MSC Medical Center
Prgm Director: David J. Annibale, MD
165 Ashley Avenue
672 Children's Hospital
Charleston, SC 29425
Tel: 843 792-3122 Fax: 843 792-8801
E-mail: annibale@musc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 329-45-21-100

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Prgm Director: Sheldon B. Kornes, MD
Newborn Center
853 Jefferson Avenue - 2nd Fl
Memphis, TN 38163
Tel: 901 448-5060 Fax: 901 448-1601
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 329-47-21-083

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Margaret G Rush, MD
Division of Neonatology
A/105 Medical Center North
Nashville, TN 37232
Tel: 615 322-3476 Fax: 615 342-1763
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 329-47-21-054

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Charles B Rosenfeld, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-5903 Fax: 214 648-2481
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 329-48-21-055

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: C. Jana Richardson, MD
Department of Pediatrics
301 University Blvd
Galveston, TX 77555
Tel: 409 772-5815 Fax: 409 772-0747
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 329-48-21-056

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Leonard E. Weisman, MD
Department of Pediatrics
One Baylor Plaza
Houston, TX 77030
Tel: 832 834-1900 Fax: 832 835-2799
E-mail: fellowship-program@bcm.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 329-48-21-067

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Fernando B Moya, MD
Department of Pediatrics
6401 Fannin, Suite 3.442
Houston, TX 77039
Tel: 713 506-5727 Fax: 713 506-5794
Length: 3 Yrs ACGME Approved/Offered Positions: 7 Program ID: 329-48-21-058

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AFAC)
Prgm Director: Robert J DiGeronimo, MD
Department of Pediatrics/MMNP
2200 Bergquist Drive - Suite 1
Lackland AFB, TX 78236
Tel: 210 292-6868 Fax: 210 292-6519
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 329-48-21-059

US Armed Services Program
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Prgm Director: Robert Castro, MD
7703 Floyd Curl Drive
MSC 7612
San Antonio, TX 78229
Tel: 210 567-3225 Fax: 210 567-6149
E-mail: peter@uthscsa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 329-48-21-115

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: J Ross Milley, MD, PhD
Department of Pediatrics
2500 S 1000 E, Room 2A00
Salt Lake City, UT 84102
Tel: 801 585-7005 Fax: 801 585-7086
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 329-49-21-004

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Prgm Director: Roger T Soll, MD
Hargrave 435
Burlington, VT 05401
Tel: 802 847-2392 Fax: 802 847-5225
Length: 3 Yrs Program ID: 329-50-21-060

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: John Kattwinkel, MD
PO Box 800386
Charlottesville, VA 22908
Tel: 434 924-5416 Fax: 434 924-3816
E-mail: jkj2@virginia.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 329-51-21-084

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Henry B Brody, MD
PO Box 980375
Richmond, VA 23298
Tel: 804 898-9664 Fax: 804 898-6662
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 329-51-21-061

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Sandra E Avel, MD, PhD
Department of Pediatrics
Box 356320
Seattle, WA 98195
Tel: 206 543-3390 Fax: 206 543-9826
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 329-54-21-066

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Frank B Greer, MD
202 South Park Street
Madison, WI 53715
Tel: 608 263-8561 Fax: 608 267-6377
Length: 3 Yrs ACGME Approved/Offered Positions: 3 Program ID: 329-56-21-069

Graduate Medical Education Directory 2004-2005
Nephrology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Ashita J Tolwani, MD
447 TIT
1530 3rd Ave South
Birmingham, AL 35294
Tel: 205 934-3585  Fax: 205 934-1879
E-mail: atolwani@uab.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 148-01-21-107

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Desert Dialysis Center
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Joy L Logan, MD
Department of Internal Medicine
1501 North Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-6370  Fax: 520 626-2024
Length: 2 Yrs
Program ID: 148-03-21-091

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Mary J Shaver, MD
4301 West Markham
Slot 514
Little Rock, AR 72205
Tel: 501 588-5265  Fax: 501 686-7678
E-mail: shaverlewismaryj@uams.edu
Length: 2 Yrs
Program ID: 148-04-21-092

California

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Suphmahi Bunnapanadist, MD
Department of Medicine
8700 Beverly Blvd, Room 470W
Los Angeles, CA 90048
Tel: 310 423-7880  Fax: 310 423-5566
E-mail: renaifelkelsh@csmc.edu
Length: 2 Yrs
Program ID: 148-05-11-093

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Program Director: Scott Raison, MD
1410 Sunset Blvd, 2nd Floor
Los Angeles, CA 90027
Tel: 323 783-6195  Fax: 323 783-8288
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 148-05-12-029

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Ira Kurtz, MD
Center for the Health Sciences
10033 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 306-6741  Fax: 310 825-6309
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-03-11-110

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
St Vincent Medical Center
Program Director: Vito M Campese, MD
1200 North State Street, Room 4550
Los Angeles, CA 90033
Tel: 323 228-7907  Fax: 323 226-5300
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 148-09-21-942

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Nai Uziyi, MD
Department of Internal Medicine
101 The City Drive
Orange, CA 92668
Tel: 714 456-5141  Fax: 714 456-6024
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-05-21-125

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Jane Y Yuen, MD
Division of Nephrology
4150 Y Street, Suite 5000, PSSB
Sacramento, CA 95817
Tel: 916 734-3774  Fax: 916 734-7209
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 148-05-21-082

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Naval Medical Center (San Diego)
Veterans Affairs Medical Center (San Diego)
Program Director: Roland O Blanta, MD
Nephrology 111R
3253 La Jolla Village Drive
La Jolla, CA 92114
Tel: 858 692-7126  Fax: 858 553-7049
Length: 3 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 148-05-21-149
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<td>San Francisco</td>
<td>University of California (San Francisco) Program</td>
<td>Sponsor: University of California (San Francisco) School of Medicine</td>
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<td>San Francisco General Hospital Medical Center</td>
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<td>Prgm Director: Paul McAdoo, MD</td>
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<td>E-mail: <a href="mailto:paul.mcadoo@ucsf.edu">paul.mcadoo@ucsf.edu</a></td>
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<td>Santa Clara Valley Medical Center</td>
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<td>Prgm Director: Bryan D Myers, MD</td>
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<td>District of Columbia</td>
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<td>Prgm Director: Susan Q Lew, MD</td>
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<td>Department of Medicine, Suite 4-425</td>
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<td>2150 Pennsylvania Avenue, NW</td>
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<td>North Florida/South Georgia Veterans Health System</td>
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<td>Shands Hospital at the University of Florida</td>
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<td>Prgm Director: Edward A Ross, MD</td>
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<td>Department of Medicine, PO Box 100024</td>
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<td>1600 SW Archer Road</td>
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<td>148-09-21-115</td>
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<td>Prgm Director: Robert D Tough, MD</td>
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712 Graduate Medical Education Directory 2004-2005
Illinois

**Chicago**

McGaw Medical Center of Northwestern University Program  
**Program**: McGaw Medical Center of Northwestern University  
**Sponsor**: McGaw Medical Center of Northwestern University  
**Veterans Affairs Chicago Health Care System**  
**Prgm Director**: Daniel Battle, MD  
**Address**: 303 E Chicago Avenue  
**City**: Chicago, IL 60611  
**Tel**: 312-996-8342  
**Fax**: 312-900-0032  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 6  
**Program ID**: 148-16-21-058

**Rush University Medical Center Program**  
**Prgm Director**: Roger A Boddy, MD  
**Address**: 1553 West Congress Parkway  
**City**: Chicago, IL 60610  
**Tel**: 312-950-8434  
**Fax**: 312-950-8431  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 6  
**Program ID**: 148-16-11-116

**University of Chicago Program**  
**Prgm Director**: Patrick Murray Jr, MD  
**Address**: 5241 S Maryland Ave  
**City**: Chicago, IL 60637  
**Tel**: 773-702-3930  
**Fax**: 773-702-5918  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 6  
**Program ID**: 148-16-11-062

**University of Illinois College of Medicine at Chicago Program**  
**Program Director**: James P Lash, MD  
**Address**: 840 South Wood Street/MC 703  
**City**: Chicago, IL 60612  
**Tel**: 312-996-6738  
**Fax**: 312-996-7738  
**Length**: 2 Yrs  
**Program ID**: 148-16-21-117

Maywood

**Loyola University Program**  
**Sponsor**: Loyola University Medical Center  
**Prgm Director**: Karen A Griffin, MD  
**Address**: 2110 S First Ave  
**City**: Maywood, IL 60153  
**Tel**: 708-216-3506  
**Fax**: 708-216-4006  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 8  
**Program ID**: 148-16-21-003

Indiana

**Indianapolis**

**Indianapolis**

**Indiana University School of Medicine Program**  
**Sponsor**: Indiana University School of Medicine  
**Clarian Indiana University Hospital**  
**Prgm Director**: Pierre Dagheir, MD  
**Address**: 950 West Walnut Street  
**City**: Indianapolis, IN 46222  
**Tel**: 317-274-7007  
**Fax**: 317-274-8376  
**Email**: nfmellow@iuui.edu  
**Length**: 2 Yrs  
**Program ID**: 148-17-21-129

Iowa

**Iowa City**

**University of Iowa Hospitals and Clinics Program**  
**Sponsor**: University of Iowa Hospitals and Clinics  
**Prgm Director**: John B Stikes, MD  
**Department of Medicine***  
**Address**: Iowa City, IA 52242  
**Tel**: 319-356-2360  
**Fax**: 319-356-2960  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 6  
**Program ID**: 148-18-21-983

Kansas

**Kansas City**

**University of Kansas Medical Center Program**  
**Sponsor**: University of Kansas School of Medicine  
**University of Kansas Medical Center**  
**Veterans Affairs Medical Center (Kansas City)**  
**Prgm Director**: Arnold M Choisko, MD  
**Department of Medicine***  
**Address**: Rainbow Boulevard  
**City**: Kansas City, KS 66160  
**Tel**: 913-588-0274  
**Fax**: 913-588-3967  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 4  
**Program ID**: 148-19-21-096

Kentucky

**Lexington**

**University of Kentucky Medical Center Program**  
**Sponsor**: University of Kentucky A B Chandler Medical Center  
**University of Kentucky Hospital**  
**Veterans Affairs Medical Center (Lexington)**  
**Prgm Director**: B Peter Sasy, MD  
**Address**: 500 Rose Street  
**City**: Lexington, KY 40506  
**Tel**: 502-253-0438  
**Fax**: 502-253-0222  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 4  
**Program ID**: 148-20-21-162

Louisville

**University of Louisville Program**  
**Sponsor**: University of Louisville School of Medicine  
**Department of Medicine***  
**Address**: 1430 Tulane Avenue  
**City**: New Orleans, LA 70112  
**Tel**: 504-586-9500  
**Fax**: 504-584-7479  
**Email**: kadarns2@lsuhsc.edu  
**Length**: 2 Yrs  
**Program ID**: 148-21-21-164

**Tulane University Program**  
**Sponsor**: Tulane University School of Medicine  
**Medical Center**  
**Address**: 1430 Tulane Avenue  
**City**: New Orleans, LA 70112  
**Tel**: 504-586-0340  
**Fax**: 504-584-1900  
**Length**: 2 Yrs  
**Program ID**: 148-21-21-090

Shreveport

**Louisiana State University (Shreveport) Program**  
**Sponsor**: LSU Health Sciences Center-University Hospital  
**Tulane University Medical Center**  
**Prgm Director**: Kenneth Abreo, MD  
**Department of Medicine***  
**Address**: 300 Kings Highway  
**City**: Shreveport, LA 71130  
**Tel**: 318-977-7070  
**Fax**: 318-977-5013  
**Email**: ctaylo16@lsuhsc.edu  
**Length**: 2 Yrs  
**Program ID**: 148-21-21-053

Maine

**Portland**

**Maine Medical Center Program**  
**Sponsor**: Maine Medical Center  
**Prgm Director**: Mark G Parker, MD  
**Department of Medicine***  
**Address**: 22 Bramhall Street  
**City**: Portland, ME 04102  
**Tel**: 207-797-5117  
**Fax**: 207-797-6306  
**Length**: 2 Yrs  
**ACGME Approved/Offered Positions**: 4  
**Program ID**: 148-22-21-168
Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Michael Choi, MD
Address: 1500 North Charles Street, 10th Floor
Baltimore, MD 21201
Tel: 410 550-6121
Fax: 410 955-0490
Email: djsalant@jhmi.edu
Length: 2 Yrs
Program ID: 149-24-21-109

Johns Hopkins University/Bayview Medical Center Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: David A Spector, MD
Address: 4940 Eastern Avenue
Baltimore, MD 21224
Tel: 410 550-0614
Fax: 410 550-7950
Email: dspector@jhmi.edu
Length: 2 Yrs
Program ID: 149-24-21-116

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Daniel J Salzberg, MD
Address: Nephrology Division, Room NW142
22 Greene Street
Baltimore, MD 21201
Tel: 410 955-5750
Fax: 410 328-5685
Email: djsalant@jhmi.edu
Length: 2 Yrs
Program ID: 149-24-21-033

Bethesda

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Program Director: Christina M Yuan, MD
Address: Walter Reed Army Medical Center
1000 Army Medical Drive
Washington, DC 20204
Tel: 202 782-6422
Fax: 202 782-0695
Email: dspector@jhmi.edu
Length: 2 Yrs
Program ID: 149-24-21-036

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Robert S Brown, MD
Address: Department of Medicine
390 Brookline Ave
Boston, MA 02215
Tel: 617 667-2147
Fax: 617 667-6276
Email: rdbrown@bidmc.harvard.edu
Length: 2 Yrs
Program ID: 149-24-21-004

Boston University Medical Center Program
Sponsor: Boston University Medical Center
Program Director: David J Salant, MD
Address: Department of Medicine
88 East Newton Street
Boston, MA 02118
Tel: 617 638-7350
Fax: 617 638-7356
Email: djalant@bu.edu
Length: 2 Yrs
Program ID: 149-24-21-130

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Program Director: Joseph V Bonventre, MD, PhD
Department of Medicine
75 Francis Street
Boston, MA 02115
Tel: 617 732-0200
Fax: 617 582-6910
Length: 2 Yrs
Program ID: 148-24-21-005

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Andrew S Levy, MD
Department of Medicine
250 Washington Street
Boston, MA 02111
Tel: 866 469-8329
Fax: 617 638-8329
Email: a挹ilt@tufts-bmc.org
Length: 2 Yrs
Program ID: 149-24-21-006

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: Karen M Smith, MD
Address: 55 Lake Avenue North
Worcester, MA 01655
Tel: 508 334-2070
Fax: 508 866-3111
Length: 2 Yrs
Program ID: 148-24-21-007

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Frank C Brosius, MD
Address: 414 Taubman Center, Box 0684
Ann Arbor, MI 48109
Tel: 734 764-3107
Fax: 734 763-0682
Length: 2 Yrs
Program ID: 149-24-21-006

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Kenneth A Fisher, MD
Address: 2799 West Grand Boulevard
CSP-5
Detroit, MI 48202
Tel: 313 916-2902
Fax: 313 916-2564
Length: 2 Yrs
Program ID: 148-24-21-110

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Robert Provenzano, MD
Address: 22101 Moross Road
Detroit, MI 48236
Tel: 313 886-8787
Fax: 313 386-4103
Email: luperta@john.org
Length: 2 Yrs
Program ID: 148-24-21-174

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Veterans Affairs Medical Center (Detroit)
Program Director: Noreen F Roos, MD
Division of Nephrology
4160 John R, Suite 908
Detroit, MI 48201
Tel: 313 745-7145
Fax: 313 745-8941
Length: 2 Yrs
Program ID: 148-25-21-140

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: Mark M Rosenberg, MD
Department of Medicine
Box 700 UMMC
Minneapolis, MN 55455
Tel: 612 626-3960
Fax: 612 626-3960
Length: 2 Yrs
Program ID: 148-25-21-008

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Program Director: Thomas R Schwab, MD
Address: 200 First St, SW
Rochester, MN 55905
Tel: 507 266-1044
Fax: 507 266-7881
Length: 2 Yrs
Program ID: 148-25-21-016

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi Medical Center
Program Director: Christopher J LeBrun, MD, PhD
Address: 2500 N State St
Jackson, MS 39216
Tel: 601 884-6570
Fax: 601 884-5765
Length: 2 Yrs
Program ID: 148-25-21-006

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Program Director: Christopher J LeBrun, MD, PhD
Address: 2500 N State St
Columbia, MO 65212
Tel: 573 882-7599
Fax: 573 884-4820
Length: 2 Yrs
Program ID: 148-28-21-008
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Program Director: Kevin J Martin, MD
Division of Nephrology
4105 South Grand
St Louis, MO 63110
Tel: 314 377-8756 Fax: 314 771-6784
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-25-21-796
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Daniel W Coyne, MD
660 South Euclid Avenue
Box 8129
St Louis, MO 63110
Tel: 314 362-7211 Fax: 314 747-3743
E-mail: lweseln@email.wustl.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 10
Program ID: 148-29-21-131

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Karen Servitela, MD
School of Medicine
SAC, UNMHC
Albuquerque, NM 87131
Tel: 505 272-4780 Fax: 505 272-2340
Length: 2 Yrs
Program ID: 148-34-21-119

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Vaughn W Folkert, MD
Division of Nephrology
1300 Morris Park Ave, Ulmman 617
Bronx, NY 10461
Tel: 718 430-4158 Fax: 718 430-3963
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-35-21-866
Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Shyan-Yih Chou, MD
One Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 490-8616 Fax: 718 486-0694
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 148-33-21-199
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Leonard Meggs, MD
185 South Orange Avenue, MSB-9016
Newark, NJ 07112
Tel: 973 826-7000 Fax: 973 826-2838
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-33-21-159
Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: John A Walker, MD
Dept of Medicine/Division of Nephrology
One Robert Wood Johnson Plaza - MEB 412
New Brunswick, NJ 08903
Tel: 732 795-7773 Fax: 732 235-6142
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-38-21-212

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Veterans Affairs Medical Center (Buffalo)
Program Director: James W Lohr, MD
3455 Bailey Avenue - Room 7193
Buffalo, NY 14215
Tel: 716 838-2150 Fax: 716 838-6794
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-95-21-804

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Donald A Feinfeld, MD
Department of Medicine
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 573-2870 Fax: 516 573-0682
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 148-35-21-777

Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
Program Director: Marilyn Gallier, MD
55-45 Main Street
Flushing, NY 11355
Tel: 718 670-1151 Fax: 718 353-9819
E-mail: mag9026@nyp.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-88-11-798

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: Ilene J Miller, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 465-8210 Fax: 516 465-8203
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-90-21-143

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Program Director: John K Mazaika, MD
359 First Street
Mineola, NY 11501
Tel: 516 665-3145 Fax: 516 665-2179
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-35-11-236

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Pravin C Singhal, MD
410 Lakeside Road, Suite #207
New Hyde Park, NY 11042
Tel: 718 476-7385
E-mail: singhal@lij.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-35-21-120
New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: Allen M Kaufman, MD
Department of Medicine
First Avenue at 18th Street
New York, NY 10032
Tel: 212 870-9400  Fax: 212 438-4117
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-95-11-055

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Velvra A Pogue, MD
150th Street & Lenox Avenue
Room 10-101
New York, NY 10032
Tel: 212 939-1744  Fax: 212 939-1745
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 148-95-11-147

Lenox Hill Hospital Program
Sponsor: Lenox Hill Hospital
Prgm Director: Maria V Devita, MD
100 East 77th Street
New York, NY 10021
Tel: 212 439-6251  Fax: 212 434-5538
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-95-11-165

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Barbara T Murphy, MD
Box 1040
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6001  Fax: 212 887-6088
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 148-95-11-136

New York Medical College (Metropolitan) Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Our Lady of Mercy Medical Center
St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Alf M Tannenberg, MD
1901 First Avenue
New York, NY 10029
Tel: 212 423-6460  Fax: 212 423-7923
E-mail: shobhana_chaudhari@nymc.org
Length: 2 Yrs
Program ID: 148-95-11-047

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Hospital and Medical Center of New York
Prgm Director: Godfrey C Burns, MD
130 W 12th St Suite 3B
New York, NY 10011
Tel: 212 894-8322  Fax: 212 894-3322
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-95-11-024

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Jai Bashakrishnan, MD
622 West 168th Street
Room PH-124
New York, NY 10023
Tel: 212 368-5480  Fax: 212 365-5475
E-mail: idd@columbia.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-95-11-079

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Philip August, MD, MPH
525 East 68th Street
New York, NY 10021
Tel: 212 746-2310  Fax: 212 746-8091
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 148-95-21-144

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Healthcare System
NYU Hospitals Center
Prgm Director: Judith A Bernstein, MD
550 First Avenue
New York, NY 10016
Tel: 212 638-5350  Fax: 212 638-3485
E-mail: judith.bernstein@med.nyu.edu
Length: 2 Yrs
Program ID: 148-95-21-101

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s - Roosevelt Hospital Center
Prgm Director: Germaine Chan, MD
Division of Nephrology
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 525-3390  Fax: 212 523-3945
E-mail: gchan@chpnet.org
Length: 2 Yrs
Program ID: 148-95-21-088

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Rebecca Munk, MD
601 Elmwood Avenue
PO Box 075
Rochester, NY 14642
Tel: 585 275-1554  Fax: 585 442-6201
E-mail: marilyn_miran@urmc.rochester.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-95-11-157

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Edward Nord, MD
T-15, Room 029
Stony Brook, NY 11794
Tel: 631 444-1617  Fax: 631 444-1674
Length: 2 Yrs
Program ID: 148-95-21-009

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Steven J Scheinman, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5290  Fax: 315 464-5464
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-95-21-089

Valhalla

New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: Karin Solangi, MD
Dept of Medicine
Valhalla, NY 10595
Tel: 914 493-7703  Fax: 914 493-8502
Length: 2 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 148-95-11-010

North Carolina

Chapel Hill

University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Ronald E Collinsworth, MD, MSPH
Third Floor, MacNider Building, Room 545
CBW 7155
Chapel Hill, NC 27599
Tel: 919 966-2561  Fax: 919 966-2561
Length: 2 Yrs
Program ID: 148-96-21-121

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Thomas M Coffman, MD
Box 3014
Durham, NC 27710
Tel: 919 256-0847  Fax: 919 256-6879
Length: 2 Yrs
Program ID: 148-96-21-122

Greenville

Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Paul Bull Jr, MD
9355 West Arlington Boulevard
Greeneville, NC 27834
Tel: 252 744-2645  Fax: 252 744-1817
E-mail: nephrologyfellowship@eastcarolina.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 148-96-31-178

Winston-Salem

Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Scott G Satko, MD
1 Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4695  Fax: 336 716-4318
E-mail: ssatko@wfubmc.edu
Length: 2 Yrs
Program ID: 148-96-21-011
Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc Veterans Affairs Medical Center (Cincinnati)
Program Director: Satwanti Singh, MD
Division of Nephrology
231 Albert Sabin Way, ML 0585
Cincinnati, OH 45267
Tel: 513 558-4309
E-mail: satwanti.singh@uc.edu
Length: 2 Yrs
Program ID: 148-38-21-066

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland MetroHealth Medical Center Veterans Affairs Medical Center (Cleveland)
Program Director: Donald E Ericks, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-8060 Fax: 216 444-5204
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-38-21-137

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Joseph V Nally Jr, MD
9500 Euclid Avenue - Desk 451
Cleveland, OH 44195
Tel: 216 444-9378 Fax: 216 444-9378
E-mail: meded@ccf.org
Length: 2 Yrs
Program ID: 148-38-12-139

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital Department of Medicine
410 W 11th Avenue
Columbus, OH 43210
Tel: 614 289-6997 Fax: 614 263-3075
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-38-11-080

Toledo

Medical College of Ohio Program
Sponsor: Medical College of Ohio Department of Medicine
3130 Glenhade Avenue
Toledo, OH 43614
Tel: 419 383-2756 Fax: 419 383-3102
Length: 2 Yrs
Program ID: 148-38-21-012

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine OU Medical Center Veterans Affairs Medical Center (Oklahoma City)
Program Director: Benjamin D Cowley Jr, MD
Nephrology/ WP2250
OUHSC / 520 S L Young Blvd
Oklahoma City, OK 73104
Tel: 405 271-6482 Fax: 405 271-6486
E-mail: billie.acree@ouhsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-39-21-067

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Veterans Affairs Medical Center (Portland)
Program Director: Sharon Anderson, MD
Division of Nephrology & Hypertension
3314 SW US Veterans Hospital Road P2262
Portland, OR 97239
Tel: 503 494-7196 Fax: 503 494-5390
E-mail: nephro@ohsu.edu
Length: 2 Yrs
Program ID: 148-40-51-140

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: William B Evans, MD
Division of Nephrology
PO Box 100
Hershey, PA 17033
Tel: 717 531-8156 Fax: 717 531-6776
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-41-11-013

Philadelphia

Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: Eric J Bloom, MD
5601 Old York Road
Philadelphia, PA 19141
Tel: 215 456-6073 Fax: 215 456-7154
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-41-11-056

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tent Health System)
Medical College of Pennsylvania Hosp (Tent Health System)
Program Director: Sandra P Levison, MD
3900 Henry Avenue
Suite 4271
Philadelphia, PA 19129
Tel: 215 847-6068 Fax: 215 847-9439
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 148-41-21-102

Puerto Rico

San Juan

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine University Hospital
Program Director: Enrique Ortiz-Kidd, MD
University of Puerto Rico School of Medicine
PO Box 65067
San Juan, PR 00936
Tel: 787 758-5254 Fax: 787 758-1739
Length: 2 Yrs
Program ID: 148-42-21-104
Veterans Affairs Medical and Regional Office Center Program
Sponsor: Veterans Affairs Medical Center (San Juan)
Program Director: Hector B Cordova, MD
Medical Service (1116)
10 Casia St
San Juan, PR 00921
Tel: 787 641-7582 Fax: 787 641-4561
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 148-42-31-169

Rhode Island

Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Miriam Hospital-Lifespan
Program Director: J Gary Auello, MD
500 Hind Street
Providence, RI 02903
Tel: 401 444 5283 Fax: 401 444-5453
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 148-48-21-115

South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Program Director: David W Ploeh, MD
96 Jonathan Lucas Street
PO Box 250923
Charleston, SC 29425
Tel: 803 792-4123
Length: 2 Yrs
Program ID: 148-48-21-156

Tennessee

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Barry M Wall, MD
Department of Nephrology
1060 Jefferson Ave
Memphis, TN 38104
Tel: 901 533-8660 Fax: 901 577-7477
E-mail: burch13@utmem.com
Length: 2 Yrs
Program ID: 148-47-21-123

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Julia Lewis, MD
Division of Nephrology, 5-3223 MCN
21st and Garland
Nashville, TN 37232
Tel: 615 343-6186 Fax: 615 343-7156
Length: 2 Yrs
Program ID: 148-47-31-014

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: Thill F Palmer, MD
5223 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-2410 Fax: 214 648-2071
Length: 2 Yrs
Program ID: 148-48-21-684

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Tujinder Abuja, MD
301 University Blvd
4.200 John Sealy Annex
Galveston, TX 77556
Tel: 404 772-1811 Fax: 404 772-5451
E-mail: tahuja@utmb.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-48-21-049

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
St Luke's Episcopal Hospital
Veterans Affairs Medical Center (Houston)
Program Director: Horacio J Arogunde, MD
Section of Nephrology
6500 Fannin Street, Suite #1273
Houston, TX 77030
Tel: 713 798-5860 Fax: 713 798-5053
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Program ID: 148-48-21-070

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Program Director: Bruce C Kone, MD
Department of Medicine
6431 Fannin, Suite 4.148
Houston, TX 77030
Tel: 713 500-6575
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 148-48-31-015

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Program Director: Melvin E Lauki, MD
Department of Medicine
5001 4th Street
Lubbock, TX 79430
Tel: 806 743-3105 Fax: 806 743-3148
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-48-31-091

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Wilford Hall Medical Center (AETC)
Program Director: Robert T Kanaa Jr, MD
Department of Medicine/Nephrology — MSC 7582
7705 Floyd Curl Drive
San Antonio, TX 78239
Tel: 210 567-4700 Fax: 210 567-4712
Length: 2 Yrs
Program ID: 148-48-21-057

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Donald E Kohan, MD
Division of Nephrology, 4S 312
30 North 1900 East
Salt Lake City, UT 84112
Tel: 801 581-9709 Fax: 801 581-4343
Length: 2 Yrs
Program ID: 148-48-21-111

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Richard J Solomon, MD
Rehab 2, UHC Campus
1 South Prospect St
Burlington, VT 05401
Tel: 802 847-2534 Fax: 802 847-8376
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 148-50-21-142

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Mark D Okusa, MD
Department of Internal Medicine
Box 801333
Charlottesville, VA 22908
Tel: 434 982-2187 Fax: 434 982-6848
Length: 2 Yrs
Program ID: 148-51-21-016

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Anne L King, MD
PO Box 981159
Richmond, VA 23298
Tel: 804 829-9682 Fax: 804 829-7587
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 148-51-21-017

Accredited Programs in Nephrology (Internal Medicine)
Neurodevelopmental Disabilities (Neurology)

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Rehabilitation Institute of Chicago
Program Director: Charles N Swisher, MD
7200 N Lake Shore Drive
Chicago, IL 60611
Tel: 773-476-4000 Fax: 773-476-4001
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 186-10-1305

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Kennedy Krieger Institute
Program Director: Bruce K Shapiro, MD
707 North Broadway
Baltimore, MD 21205
Tel: 410-614-2100 Fax: 410-614-2101
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 186-23-2100

Massachusetts

Boston
Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Massachusetts General Hospital
Program Director: Sandra L Friedman, MD, MPH
300 Longwood Avenue
Boston, MA 02115
Tel: 617-739-3935 Fax: 617-739-3936
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 186-24-22002

Ohio

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
University of Cincinnati College of Medicine
Program Director: Mark B Schapiro, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513-636-4222 Fax: 513-636-1888
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 186-38-21004
Neurological Surgery

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Mark N Hadley, MD
1812 Sixth Avenue South
511 Medical Education Bldg
Birmingham, AL 35294
Tel: 205 978-5701
Fax: 205 978-5701
Length: 5 yrs
ACGME Approved/Offered Positions: 10
Program ID: 160-01-21-003

Arizona
Phoenix
St Joseph’s Hospital and Medical Center Program
Sponsor: St Joseph’s Hospital and Medical Center
Program Director: Volker K H Sonntag, MD
Barrow Neurological Institute
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 406-3196
Fax: 602 406-4104
E-mail: KDSwa@chjiceu.edu
Length: 5 yrs
ACGME Approved/Offered Positions: 15
Program ID: 160-03-12-004

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Northwest Medical Center
Phoenix Children’s Hospital
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Martin E Weinand, MD
Division of Neurosurgery, ABNS
PO Box 254070
Tucson, AZ 85724
Tel: 520 635-3503
Fax: 520 635-8813
E-mail: mweinand@u.arizona.edu
Length: 5 yrs
ACGME Approved/Offered Positions: 5
Program ID: 160-04-21-112

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Osama Al-Mefly, MD
4501 West Markham, Slot 507
Little Rock, AR 72205
Tel: 501 686-8767
Fax: 501 686-8767
Length: 5 yrs
ACGME Approved/Offered Positions: 5
Program ID: 160-04-21-005

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Austin Colobas, MD
Room 256B
11354 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4417
Fax: 909 535-8325
Length: 5 yrs
ACGME Approved/Offered Positions: 5
Program ID: 160-06-11-006

Los Angeles
UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County Harbor-UCLA Medical Center
Santa Monica-UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Neil A Martin, MD
Box 975309
10883 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-7362
Fax: 310 267-2707
E-mail: cmtonuts@mednet.ucla.edu
Length: 5 yrs
ACGME Approved/Offered Positions: 13
Program ID: 160-06-21-010

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Children’s Hospital Los Angeles
LAC + USC Medical Center
USC University Hospital
Program Director: Martin I Weiss, MD
1200 North State Street
Building 504
Los Angeles, CA 90033
Tel: 323 236-7421
Fax: 323 236-7833
E-mail: weiss@usc.edu
Length: 5 yrs
ACGME Approved/Offered Positions: 10
Program ID: 160-06-21-009

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Program Director: Jan Paul McGurk, MD, PhD
4800 Y Street, Suite #3740
Sacramento, CA 95817
Tel: 916 734-3958
Fax: 916 452-2590
Length: 5 yrs
ACGME Approved/Offered Positions: 5
Program ID: 160-11-000

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Nicholas M Barbaro, MD
560 Pacific Avenue, M775, Box 0112
San Francisco, CA 94143
Tel: 415 202-2966
Fax: 415 753-1772
Length: 5 yrs
ACGME Approved/Offered Positions: 13
Program ID: 160-06-31-011

Stanford
Stanford University Program
Sponsor: Stanford University Hospital-Children’s Hospital
Cooke-Johnson Children’s Hospital Stanford Children’s Hospital
Veterans Affairs Palo Alto Health Care System
Program Director: Gary K Steinberg, MD, PhD
300 Pasteur Drive
Edward Building, 5401
Stanford, CA 94305
Tel: 650 723-6575
Fax: 650 723-2815
Length: 5 yrs
ACGME Approved/Offered Positions: 10
Program ID: 160-05-21-012

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: John F Vandervark, MD
4200 East 9th Avenue, C-307
Denver, CO 80220
Tel: 303 315-1310
Fax: 303 315-2303
Length: 5 yrs
ACGME Approved/Offered Positions: 5
Program ID: 160-07-21-102

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Charles C Duncan, MD
300 Cedar Street
PO Box 239802
New Haven, CT 06520
Tel: 203 785-2300
Fax: 203 785-5916
Length: 5 yrs
ACGME Approved/Offered Positions: 10
Program ID: 160-08-21-015
District of Columbia
Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Inova Fairfax Hospital
Washington Hospital Center
Pgm Director: Anthony Caputo, MD
2150 Pennsylvania Avenue, NW Suite 7-420
Washington, DC 20037
Tel: 202 741-2735 Fax: 202 741-2742
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-10-21-017

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Children's National Medical Center
Washington Hospital Center
Pgm Director: Kevin M McGrail, MD
3800 Reservoir Road NW (1 PHC)
Washington, DC 20007
Tel: 202 444-7151 Fax: 202 444-7573
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-10-21-016

Florida
Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands at AGH
Shands Hospital at the University of Florida
Pgm Director: William A Friedman, MD
Department of Neurological Surgery
PO Box 105265
Gainesville, FL 32610
Tel: 352 392-4314 Fax: 352 392-8413
E-mail: johnson@neurosurgery.ufl.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-11-21-018

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children's Hospital
Veterans Affairs Medical Center (Miami)
Pgm Director: Roberto C Heros, MD
1005 NW 14 Terrace
Lois Pope LIFE Center (D4-5)
Miami, FL 33136
Tel: 305 243-6718 Fax: 305 243-3190
E-mail: rimondi@med.miami.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10 Subspecialties: SCI
Program ID: 160-11-21-019

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children's Hospital
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Pgm Director: Harry R van Loveren, MD
4 Columbia Drive
Suite 730
Tampa, FL 33606
Tel: 813 259-0001 Fax: 813 256-0044
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-11-21-109

Georgia
Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Memorial Hospital
Pgm Director: Timothy B Mapstone, MD
1305 B Clifton Road
Suite 5000, Room G504
Atlanta, GA 30322
Tel: 404 778-8895 Fax: 404 778-4472
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 160-12-21-020

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Pgm Director: Mark A Lee, MD, PhD
Department of Neurosurgery
1120 15th Street, BJ-3088
Augusta, GA 30912
Tel: 706 721-7124 Fax: 706 721-8004
E-mail: award@mcgs.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-12-21-021

Illinois
Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Pgm Director: Stephen Ontrofa, MD
233 E Erie Street, Suite 614
Chicago, IL 60611
Tel: 312 695-0001 Fax: 312 695-0225
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-15-21-022

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Pgm Director: Kevin A Vo Roon, MD
Department of Neurosurgery
1725 W Harrison Street, Ste 1115
Chicago, IL 60612
Tel: 312 926-8358 Fax: 312 926-3258
E-mail: jolymer@rush.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 6
Program ID: 160-16-21-023

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: B. Lech Macdonald, MD, PhD
5641 South Maryland Avenue - MC 3626
Chicago, IL 60637
Tel: 773 702-2123 Fax: 773 702-5610
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-16-21-024

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Pgm Director: Fatsy T Charbel, MD
913 South Wood Street (MC 700)
Chicago, IL 60612
Tel: 312 996-4712 Fax: 312 996-9016
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-16-21-025

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
John H Stroger Hospital of Cook County
Pgm Director: Bisa P Nuckles, MD
Loyola University Medical Center
2160 S South First Avenue
Maywood, IL 60153
Tel: 708 216-0006 Fax: 708 216-4048
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-16-21-026

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
Methodist Medical Center of Illinois
OSF St Francis Medical Center
Pgm Director: William C Olivero, MD
500 W E Green Oak Avenue, Room 3641
Peoria, IL 61617
Tel: 309 655-3642
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-16-21-099

Indiana
Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Chirian Rindana University Hospital
Chirian Methodist Hospital of Indiana
Cook County Hospital
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Pgm Director: Paul R Nelson, MD
645 Barnhill Drive
Emerson Hall 139
Indianapolis, IN 46202
Tel: 317 274-5725
Length: 5 Yrs ACGME Approved/Offered Positions: 9
Program ID: 160-17-11-027

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Pgm Director: Matthew A Howard, III, MD
300 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-9466 Fax: 319 353-6605
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-18-11-028
Kansas

Kansas City
University of Kansas Medical Center
Program
Sponsor: University of Kansas School of Medicine
Children's Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Pgm Director: Paul L. O'Byrne, MD
1001 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 586-6118 Fax: 913 586-7570
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-19-21-029

Shreveport
Louisiana State University (Shreveport)
Program
Sponsor: LSU Health Sciences Center-University Hospital
Ochsner Foundation Veterans Affairs Medical Center
University of California (San Francisco) Medical Center
Willis-Knighton Medical Center
Pgm Director: Anil Nanda, MD
1601 Kings Highway
PO Box 39892
Shreveport, LA 71130
Tel: 318 675-6404 Fax: 318 675-4615
E-mail: harvinder@lsuhsc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-21-13-119

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Henry S. Steen, MD
Meyer 7-113
600 North Wolfe Street
Baltimore, MD 21205
Tel: 410 955-2252 Fax: 410 955-8263
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 160-23-21-034

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Pgm Director: Howard M. Eisenberg, MD
Department of Neurosurgery
22 South Greene Street, Suite S12D
Baltimore, MD 21201
Tel: 410 328-3514 Fax: 410 328-1430
E-mail: kenneth.0hara@umm.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-23-21-035

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Children's National Medical Center
Walter Reed Army Medical Center
Pgm Director: James M. Ecklund, MD
Walter Reed Army Medical Center
6990 Georgia Ave, NW
Washington, DC 20017
Tel: 301 728-9904 Fax: 301 728-0713
Length: 5 Yrs ACGME Approved/Offered Positions: 6
Program ID: 160-10-21-118
US Armed Services Program

Massachusetts

Boston
Children's Hospital/Brigham and Women's Hospital Program
Sponsor: Children's Hospital
Brigham and Women's Hospital
Pgm Director: Arthur L. Day, MD
300 Longwood Avenue
Rader 3
Boston, MA 02115
Tel: 617 734-6084 Fax: 617 734-8492
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-24-21-036

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Pgm Director: Paul H. Chapman, MD
55 Fruit Street, GHR 502
Boston, MA 02114
Tel: 617 734-8987
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-24-31-037

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Beth Israel Deaconess Medical Center
Pgm Director: William A. Shucart, MD
750 Washington Street, Box 126
Boston, MA 02111
Tel: 617 638-5886 Fax: 617 638-7857
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-24-31-038

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Julian T. Hoff, MD
1500 East Medical Center Drive
2123 Taubman Center
Ann Arbor, MI 48109
Tel: 734 986-0015 Fax: 734 986-9294
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-23-21-039

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm Director: Jack P. Bock, MD
2700 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1094 Fax: 313 916-7199
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-23-11-040

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harbor-Uphol Hospital
Pgm Director: Murali Guthikonda, MD
University Health Center, 2E
4201 St. Antoine
Detroit, MI 48201
Tel: 313 745-1226 Fax: 313 745-4699
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-23-21-041

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Pgm Director: David G. Kline, MD
1447 Tulane Avenue
New Orleans, LA 70112
Tel: 504 586-6100 Fax: 504 586-6127
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-51-21-032

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Donald E. Richardson, MD
Department of Neurological Surgery S147
1450 Tulane Avenue
New Orleans, LA 70112
Tel: 504 586-4560 Fax: 504 586-5792
E-mail: lsonneuro@tulane.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-21-21-033

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Pgm Director: Robert E. Maxwell, MD, PhD
4245 Mayo Medical Building
420 Delaware Street, SE, MMC 96
Minneapolis, MN 55455
Tel: 612 634-6666 Fax: 612 634-9644
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-29-21-043
Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital Nebraska Methodist Hospital
The Nebraska Medical Center
Program Director: Lyle G Leibrock, MD, BA, MD
600 South 42nd Street
89205, Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-4391 Fax: 402 559-7779
E-mail: kleibro@unmc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 160-28-21-043

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Program Director: David W Roberts, MD
One Medical Center Drive
Lebanon, NH 03766
Tel: 603 650-8784 Fax: 603 650-7611
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-32-21-045

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Harken Medical Center University Medical Center
UMDNJ University Hospital
Program Director: Peter W Carmel, MD
90 Bergen Street, Suite 8100
Newark, NJ 07103
Tel: 973 972-2329 Fax: 973 972-2329
E-mail: casde@umnj.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-33-21-106

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Lowrance HealthCare System
University of New Mexico Health Sciences
Veterns Affairs Medical Center (Albuquerque)
Program Director: Bruce S Drinnin, MD
Neurosurgery 2ACC
816 Camino de Salud, NE
Albuquerque, NM 87131
Tel: 505 272-2440 Fax: 505 272-6961
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-34-21-115

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Program Director: A John Poyp, MD
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5688 Fax: 518 262-5682
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-35-21-049

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center-North Division
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Eugene S Flumm, MD
Montefiore Medical Center
111 E 210th Street
Bronx, NY 10467
Tel: 718 920-7400 Fax: 718 516-8215
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-35-21-061

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Program Director: Kevin J Gibbons, MD
Millard Fillmore Hospital
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-6210 Fax: 716 887-8378
E-mail: residency@buffflya.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 8
Program ID: 160-35-21-050

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Program Director: Joshua B Bederson, MD
One Gustave L Levy Place
Box 1194
New York, NY 10029
Tel: 212 241-2377 Fax: 212 853-3324
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 160-35-21-053

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Donald D Quest, MD
710 West 168th Street, Room 204
New York, NY 10032
Tel: 212 343-5482 Fax: 212 995-2929
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 160-35-11-055

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi Medical Center
Veterans Affairs Medical Center (Jackson)
Program Director: Haley L. Harkey, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5705 Fax: 601 984-6389
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-28-21-042

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Boone Hospital Center
University Hospitals and Clinics
Program Director: John Oro, MD
One Hospital Drive, N221
Columbia, MO 65211
Tel: 573 882-4065 Fax: 573 882-5194
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-28-21-044

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Program Director: Richard D Bachors, MD
3955 Vista Avenues/Grand Boulevard
PO Box 15250
St Louis, MO 63110
Tel: 314 677-8765
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 160-28-21-047

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Program Director: Ralph G Dacey Jr, MD
Camping Box 8057
659 South Euclid Avenue
St Louis, MO 63110
Tel: 314 362-2107 Fax: 314 362-2107
E-mail: castlcr@wustl.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 160-28-11-046

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Program Director: David G Piegras, MD
590 First Street, SW
Rochester, MN 55905
Tel: 507 284-5206 Fax: 507 284-5206
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 160-28-21-043

Graduate Medical Education Directory 2004-2005
New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Philip Stieg, PhD, MD
525 East 68th Street
Box 89
New York, NY 10021
Tel: 212 746-6677
Fax: 212 746-6677
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-21-052

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Anthony K Frempong-Buda, MD
565 First Avenue
New York, NY 10016
Tel: 212 263-5000
Fax: 212 263-3255
E-mail: Anthony.Frempong@med.nyu.edu
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-21-004

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Robert Bakes, MD
601 Elmwood Avenue, PO Box 670
Rochester, NY 14642
Tel: 585 756-3225
Fax: 585 756-5183
Length: 5 Yrs ACME Approved/Offered Positions: 5
Program ID: 160-35-11-057

SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Charles J Hodge Jr, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 645-5510
Fax: 315 645-6884
Length: 5 Yrs ACME Approved/Offered Positions: 8
Program ID: 160-35-21-058

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Prgm Director: Raj Murail, MD
Westchester Medical Center
Munger Pavilion
Valhalla, NY 10595
Tel: 914 493-8510
Length: 5 Yrs ACME Approved/Offered Positions: 5
Program ID: 160-35-21-109

North Carolina Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: Estrada J Bernard Jr, MD
2160 Bioinformatics Bldg, CB 7060
Chapel Hill, NC 27599
Tel: 919 966-1974
Fax: 919 966-6237
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-11-009

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Durham Regional Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Allan H Friedman, MD
PO Box 3897
Durham, NC 27710
Tel: 919 684-6271
Fax: 919 681-7973
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-21-006

Winston-Salem Wake Forest University School of Medicine
Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Charles L Branch, MD
Medical Center Boulevard
Winston-Salem, NC 27117
Tel: 336 716-4983
Fax: 336 716-3905
E-mail: mhrerring@wfubmc.edu
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-11-061

Ohio Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Cincinnati Children’s Hospital Medical Center
Trillium Health - Good Samaritan Hospital
Prgm Director: Raj K Narayan, MD
231 Bethesda Avenue
PO Box 670616
Cincinnati, OH 45207
Tel: 513 558-5387
Fax: 513 558-7702
E-mail: raj.narayan@uc.edu
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-21-004

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Prgm Director: Robert A Batchelor, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5747
Fax: 216 844-3914
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-21-005

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Ed Benzel, MD
9000 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-6730
Fax: 216 445-6831
Length: 5 Yrs ACME Approved/Offered Positions: 13
Program ID: 160-35-22-006

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children’s Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Caroline A Miller, MD
N-1021 Dean Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-5944
Fax: 614 293-4281
E-mail: miller-caroline@osumc.edu
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-35-21-007

Oklahoma Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children’s Hospital
Prgm Director: Christopher Wolf, MD
711 Stanton L Young Blvd, Suite 200
Oklahoma City, OK 73104
Tel: 405 271-4012
Fax: 405 271-3991
E-mail: rose-gronemier@ouhsc.edu
Length: 5 Yrs ACME Approved/Offered Positions: 5
Program ID: 160-35-21-068

Oregon Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Kim J Burchiel, MD
511 SW Sam Jackson Park Road
L-472
Portland, OR 97239
Tel: 503 494-4207
Fax: 503 494-7614
E-mail: mastrand@ohsu.edu
Length: 5 Yrs ACME Approved/Offered Positions: 10
Program ID: 160-48-21-070

Pennsylvania Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Robert E Harbaugh, MD
500 University Drive, PO Box 850
BMB 380g, Room C3859
Hershey, PA 17033
Tel: 717 531-4883
Fax: 717 531-3888
E-mail: rharbaugh@psu.edu
Length: 5 Yrs ACME Approved/Offered Positions: 5
Program ID: 160-41-21-110

Graduate Medical Education Directory 2004-2005
724
Philadelphia
Temple University Program
Sponsor: Temple University Hospital
Abington Memorial Hospital
Children's Memorial Hospital
Temple University Children's Medical Center
Prgm Director: Douglas W Laske, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-6000 Fax: 215 707-3831
E-mail: david.goodman@temple.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-21-073

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Children's Hospital of Philadelphia
Prgm Director: William A Roebuck, MD
900 Walnut Street, 3rd Floor
Philadelphia, PA 19107
Tel: 215 655-7000 Fax: 215 655-7038
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 100-41-21-074

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: M Sean Grady, MD
3400 Spruce Street, 5th Floor Silverstein Pav
Philadelphia, PA 19104
Tel: 215 349-6305 Fax: 215 349-5108
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 100-41-21-075

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: James W Wilberger Jr, MD
450 East North Avenue, Suite 302
Pittsburgh, PA 15212
Tel: 412 359-4704 Fax: 412 359-6615
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-31-116

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: L Duke Lumsford, MD
200 Lothrop Street, Suite B-400
Pittsburgh, PA 15213
Tel: 412 647-0761 Fax: 412 647-6463
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 100-41-31-076

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Ricardo H Brual, MD
Medical Sciences Campus / Section of Neurosurgery
PO Box 365067
San Juan, PR 00936
Tel: 787 765-8276
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-21-078

Rhode Island
Providence
Brown University Program
Sponsor: Brown University Hospital-Lifespan
Prgm Director: John A Duncan III, MD, PhD
55 Claverick Street
Providence, RI 02903
Tel: 401 490-4162 Fax: 401 455-1292
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-21-103

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston, SC
Prgm Director: Jeffrey W Campbell, MD
909 Walnut Street, Suite 428
Charleston, SC 29425
Tel: 843 792-1471 Fax: 843 792-0079
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-11-079

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Methodist Healthcare - Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Jon H Robertson, MD
Johnson Building
847 Monroe Avenue Suite 427
Memphis, TN 38163
Tel: 901 448-8375 Fax: 901 448-8468
E-mail: rcleese@utmem.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 100-41-21-060

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
W Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: George S Allen, MD, PhD
T-4224 Medical Center North
Nashville, TN 37232
Tel: 615 343-7425 Fax: 615 343-8184
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 100-41-21-081

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District - Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Prgm Director: Dale Samson, MD
5223 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-4579 Fax: 214 648-2305
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 100-41-21-082

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Prgm Director: Loring J W Nauta, MD, PhD
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1500 Fax: 409 772-3166
E-mail: ldrury@uhmb.com
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-21-083

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Baylor St. Luke's Medical Center
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Prgm Director: Robert G Grosman, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 795-4685 Fax: 713 795-3728
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 100-41-21-084

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Christus Santa Rosa Health Care Corporation
University Health System
Prgm Director: Jim L Stryer, MD
7705 Floyd Curl Drive (MC 1843)
San Antonio, TX 78229
Tel: 210 697-5825 Fax: 210 697-6966
E-mail: cravey@uthscsa.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 5
Program ID: 100-41-21-085
## Accredited Programs in Neurological Surgery

### Utah

#### Salt Lake City

**University of Utah Program**  
**Sponsor:** University of Utah Medical Center  
**Prgm Director:** John Kestle, MD, PhD  
**Dept of Neurosurgery**  
**30 N 1900 E, Ste 3B409**  
**Salt Lake City, UT 84132**  
**Tel:** 801-581-3400  
**Fax:** 801-581-3409  
**Email:** Julie.Service@hsc.utah.edu  
**Length:** 5 Yrs  
**ACGME Approved/Offered Positions:** 10  
**Program ID:** 160-49-31-686

### Vermont

#### Burlington

**University of Vermont Program**  
**Sponsor:** Fletcher Allen Health Care  
**Prgm Director:** Bruce F Tramme, MD  
**111 Colchester Ave**  
**Burlington, VT 05401**  
**Tel:** 802-847-3075  
**Fax:** 802-847-0980  
**Length:** 5 Yrs  
**ACGME Approved/Offered Positions:** 5  
**Program ID:** 160-59-21-101

### Virginia

#### Charlottesville

**University of Virginia Program**  
**Sponsor:** University of Virginia Medical Center  
**Prgm Director:** John A Jane Sr, MD, PhD  
**PO Box 802109**  
**Charlottesville, VA 22908**  
**Tel:** 434-982-3244  
**Fax:** 434-243-2664  
**Length:** 5 Yrs  
**ACGME Approved/Offered Positions:** 10  
**Program ID:** 160-51-21-988

### Wisconsin

#### Madison

**University of Wisconsin Program**  
**Sponsor:** University of Wisconsin Hospital and Clinics  
**Prgm Director:** John E Masters, MD  
**PO Box 8183**  
**2400 Health Science Center**  
**Madison, WI 53792**  
**Tel:** 608-263-9505  
**Length:** 5 Yrs  
**ACGME Approved/Offered Positions:** 8  
**Program ID:** 160-56-21-092

### Washington

#### Seattle

**University of Washington Program**  
**Sponsor:** University of Washington School of Medicine  
**Prgm Director:** Richard G Ellenbogen, MD  
**255 Ninth Avenue**  
**Seattle, WA 98104**  
**Tel:** 206-987-4625  
**Fax:** 206-987-4025  
**E-mail:** rich.ellenbogen@seattlechildrens.org  
**Length:** 5 Yrs  
**ACGME Approved/Offered Positions:** 10  
**Program ID:** 160-54-21-090

### West Virginia

#### Morgantown

**West Virginia University Program**  
**Sponsor:** West Virginia University School of Medicine  
**Prgm Director:** Julian E Bailes Jr, MD  
**PO Box 8021**  
**4200 Health Science Center**  
**Morgantown, WV 26506**  
**Tel:** 304-293-5041  
**Fax:** 304-293-4810  
**Length:** 5 Yrs  
**ACGME Approved/Offered Positions:** 5  
**Program ID:** 160-56-11-091

### Mobile

**University of South Alabama Program**  
**Sponsor:** University of South Alabama Hospitals  
**Prgm Director:** John F Brotz, MD  
**301 Medical Park Blvd, Suite 600**  
**Mobile, AL 36603**  
**Tel:** 251-660-5024  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 6  
**Program ID:** 180-01-31-004

### Arizona

#### Phoenix

**St Joseph's Hospital and Medical Center Program**  
**Sponsor:** St Joseph's Hospital and Medical Center  
**Prgm Director:** Timothy Voldner, MD  
**3501 North Central Avenue**  
**Phoenix, AZ 85013**  
**Tel:** 602-498-3280  
**Fax:** 602-723-7189  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 11  
**Subspecialties:** CIIN  
**Program ID:** 180-03-12-065

### Scottsdale

**Mayo School of Graduate Medical Education Program (Scottsdale)**  
**Sponsor:** Mayo School of Grad Med Ed-Mayo Clinic College of Medicine  
**Prgm Director:** David W Dodick, MD  
**14000 E Shea Boulevard**  
**Scottsdale, AZ 85260**  
**Tel:** 480-311-0121  
**Fax:** 480-311-8451  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 0  
**Program ID:** 180-03-11-150

### Tucson

**University of Arizona Program**  
**Sponsor:** University of Arizona College of Medicine  
**Southern Arizona VA Health Care System (Tucson)**  
**Prgm Director:** David M Laflower, MD  
**Department of Neurology**  
**1501 N Campbell Ave, Box 240028**  
**Tucson, AZ 85724**  
**Tel:** 520-626-2111  
**Fax:** 520-626-2111  
**Length:** 3 Yrs  
**ACGME Approved/Offered Positions:** 9  
**Program ID:** 180-03-21-006

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**Note:** This list includes programs from various institutions across the United States, offering a range of positions and specialties within the field of neurological surgery. Each program is associated with a specific sponsor and offers a certain number of ACGME approved positions. The data is formatted to provide clear and concise information about each program's location, sponsor, director, and contact details, along with the lengths of the programs and the number of approved positions available.
Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Sami H Harit, MD
Department of Neurology
4001 West Markham, Slot 500
Little Rock, AR 72205
Tel: 501 686-7236 Fax: 501 686-8750
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: CHN
Program ID: 180-04-21-007

California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Riverside)
Riverside County Regional Medical Center
Pgm Director: Gordon W Peterson, MD
Department of Neurology, RM 11108 CP
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4077 Fax: 909 558-0297
E-mail: mgjohnson@slom.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-08-21-124

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Pgm Director: Bruce E Enos, MD, PhD
Kaiser Foundation Hospital (Sunset)
1560 North Edgemont Street
Los Angeles, CA 90027
Tel: 323 780-4200 Fax: 323 780-7886
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 180-08-12-010

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Perriin Plotting, MD
David Geffen School of Medicine at UCLA
108 Westwood Plaza
Los Angeles, CA 90095
Tel: 310 825-6681 Fax: 310 206-4733
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: CHN, CN, VN
Program ID: 180-08-21-012

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Pgm Director: Mark F. Lew, MD
1570 Zonal Ave, KAM 410
Los Angeles, CA 90033
Tel: 213 442-3021 Fax: 213 442-3015
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-08-21-011

Va Greater Los Angeles Healthcare System Program
Sponsor: VA Greater Los Angeles Healthcare System
Pgm Director: Mario F Mendes, MD, PhD
11301 Wilshire Blvd
Los Angeles, CA 90073
Tel: 310 478-011 Fax: 310 268-4181
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 180-05-31-013

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Pgm Director: Gregory T Whitman, MD
101 The City Drive
HDG 38-Boom 203
Orange, CA 92868
Tel: 714 456-7770 Fax: 714 456-8605
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN
Program ID: 180-04-21-009

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
David Grant Medical Center
University of California (Davis) Medical Center
Pgm Director: David P Richman, MD
Department of Neurology
4960 Y Street, Suite 3700
Sacramento, CA 95817
Tel: 916 734-6514 Fax: 916 734-6525
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-08-12-008

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Pgm Director: Mark Eritchekovsky, MD
Department of Neurology
200 West Arter Drive (3435)
San Diego, CA 92103
Tel: 619 543-6200 Fax: 619 543-5793
E-mail: bpa@ucsd.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-05-21-014

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Pgm Director: John W Engstrom, MD
505 Parnassus Ave, Room 708-M
San Francisco, CA 94143
Tel: 415 478-1400 Fax: 415 478-3428
E-mail: tahoe@itsa.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Subspecialties: CHN
Program ID: 180-05-21-016

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Pgm Director: Yoon T So, MD, PhD
Department of Neurology, Rin A243
300 Pasteur, Dr
Stanford, CA 94305
Tel: 650 725-5184 Fax: 650 725-7429
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN, CN, VN
Program ID: 180-05-21-017

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Pgm Director: Hugo B McIntyre, MD, PhD
1000 West Carson Street, Box 492
Torrance, CA 90309
Tel: 310 222-3997 Fax: 310 533-8005
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-08-11-018

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Pgm Director: Al Anderson, MD
Department of Neurology 1831
4200 East 9th Avenue
Denver, CO 80206
Tel: 303 315-7566 Fax: 303 315-5027
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-07-21-019

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
University of Connecticut Health Center/John Dempsey Hospital
Pgm Director: Leslie J Wolson, MD
Department of Neurology
80 Seymour Street
Hartford, CT 06102
Tel: 860 545-9621 Fax: 860 545-5080
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 180-08-21-139

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Pgm Director: George B Richerson, MD, PhD
15 York Street, LCI 712
PO Box 208918
New Haven, CT 06520
Tel: 203 785-6584 Fax: 203 785-5694
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: CN
Program ID: 180-08-21-021
District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (UHS)
Washington Hospital Center
Prgm Director: Perry K Richardson, MD
3510 Pennsylvania Ave, NW
Washington, DC 20037
Tel: 202 741-2719 Fax: 202 741-2721
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Subspecialties: CHN
Program ID: 180-19-21-023

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Cario Tornatore, MD
3600 Reservoir Road, NW (1st Fl)
Washington, DC 20007
Tel: 202 444-3410 Fax: 202 444-3561
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Subspecialties: CHN
Program ID: 180-19-21-022

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Danilvi@neurology.bsd.uchicago.edu
2041 Georgia Avenue, NW
Washington, DC 20006
Tel: 202 865-1545 Fax: 202 865-4385
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 180-19-21-024

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Edward Valenstein, MD
Dept of Neurology, Suite L-3-100
100 Newell Dr, POB 100296
Gainesville, FL 32610
Tel: 352 392-5681 Fax: 352 392-6883
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Subspecialties: CHN
Program ID: 180-11-21-025

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke’s Hospital
Prgm Director: David J Capobianco, MD
5400 San Pablo Road
Jacksonville, FL 32224
Tel: 904 963-0110 Fax: 904 963-0430
E-mail: mcg_neurology.residency@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 180-11-13-148

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Ashok Verma, MD
Department of Neurology (M-712)
1100 NW 14th Street #715
Miami, FL 33136
Tel: 305 243-5905 Fax: 305 243-5804
Length: 4 Yrs ACGME Approved/Offered Positions: 32 Subspecialties: CHN
Program ID: 180-11-21-026

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Charles W Brock, MD
12001 Bruce B Downs Blvd, MDC 55
Tampa, FL 33612
Tel: 813 972-7033 Fax: 813 978-5995
E-mail: charles.brock@med.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 14 Program ID: 180-11-21-027

Weston

Cleveland Clinic Foundation (Florida) Program
Sponsor: Cleveland Clinic, Florida
Cleveland Clinic Foundation
Cleveland Clinic Hospital
Prgm Director: Nester Galvez-Jimenez, MD
3900 W Cypress Creek Road
Ft Lauderdale, FL 33309
Tel: 954 650-5470 Fax: 954 650-5354
E-mail: galvezjc@ccf.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 180-11-22-162

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Prgm Director: Jonathan D Glass, MD
WMBB 6009 vo; Pam Julian
110 Woodruff Memorial Circle
Atlanta, GA 30332
Tel: 404 727-3507 Fax: 404 727-3157
E-mail: neuro_res@emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 21 Subspecialties: CHN, CN
Program ID: 180-12-21-028

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
University Hospital
Veterans Affairs Medical Center (Augusta)
Prgm Director: Jerry N Pruitt II, MD
Department of Neurology
15th Street
Augusta, GA 30912
Tel: 706 721-1886 Fax: 706 721-1902
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Subspecialties: CHN, CN, PMN, VN
Program ID: 180-12-21-029

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern University Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Tanja Simuni, MD
Department of Neurology
710 North Lake Shore Drive, Abbott Hall, 11th Fl
Chicago, IL 60611
Tel: 312 503-2970 Fax: 312 508-5073
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: CHN, CN, NDN
Program ID: 180-16-21-032

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Steven L Lewis, MD
Department of Neurological Sciences
1755 W Harrison St, Ste 1106
Chicago, IL 60612
Tel: 312 942-4500 Fax: 312 942-3380
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: CHN
Program ID: 180-16-11-033

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Arif Dalvi, MD, MBA
Department of Neurology
5841 South Maryland Avenue
Chicago, IL 60637
Tel: 773 702-0151 Fax: 773 702-9676
E-mail: adalvi@neurology.bod.uchicago.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Subspecialties: CHN, CN
Program ID: 180-16-21-034

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Prgm Director: Steven U Brunt, MD
Department of Neurology/Neurology (CCC 706)
612 South Wood Street
Chicago, IL 60612
Tel: 312 996-9000 Fax: 312 996-4160
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: CHN
Program ID: 180-16-21-035

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr Veterans Affairs Hospital
Prgm Director: Joseph Miller, MD
Department of Neurology
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5385 Fax: 708 216-5617
E-mail: NeurologyStaff@lumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: CHN, CN
Program ID: 180-16-21-036

Graduate Medical Education Directory 2004-2005
Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
Medicist Medical Center of Illinois
OSF St Francis Medical Center
Program Director: Jorge C Kattah, MD
One Illini Drive, Box 1649
Peoria, IL 61606
Tel: 309 655-0702  Fax: 309 655-3059
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 180-16-21-147

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Program Director: Rodger E Ebbe, MD, PhD
Department of Neurology
PD Box 15643
Springfield, IL 62794
Tel: 217 545-0168  Fax: 217 545-8939
E-mail: relble@siumed.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Subspecialties: CHN, CN
Program ID: 180-16-21-134

Indiana
Indianapolis
Indianapolis University School of Medicine Program
Sponsor: Indianapolis University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Program Director: Robert M Pacienza, MD
Department of Neurology
640 Barnhill Drive - EH 125
Indianapolis, IN 46203
Tel: 317 274-4405  Fax: 317 278-4918
Length: 4 Yrs
Subspecialties: CHN, CN, VN
Program ID: 180-17-21-038

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: April L McKey, MD
Department of Neurology
3001 Rainbow Boulevard
Kansas City, KS 66103
Tel: 913 588-6970  Fax: 913 588-6955
Length: 3 Yrs  ACGME Approved/Offered Positions: 11
Subspecialties: CHN, CN
Program ID: 180-19-22-040

Tulane University Program
Sponsor: Tulane University School of Medicine
Program Director: Curtis E Hamm, MD
Department of Neurology
1440 Canal Street, Box TB-52
New Orleans, LA 70112
Tel: 504 869-2241  Fax: 504 888-8995
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-21-21-044

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Program Director: Justin M McArthur, MD, MPH
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-0700  Fax: 410 955-6072
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CHN, CN, MD
Program ID: 180-23-21-045

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Jocamine L Good, MD
Department of Neurology
22 S Greene Street, NA464
Baltimore, MD 21201
Tel: 410 325-6484  Fax: 410 325-6896
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CHN
Program ID: 180-23-21-046

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: George J McKenna, MD
Department of Neurology
8801 Wisconsin Avenue
Bethesda, MD 20814
Tel: 301 285-4760  Fax: 301 265-4755
Length: 4 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CHN, CN
Program ID: 180-19-21-144
US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center/ Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center
Children’s Hospital
Program Director: Frank W Erisman, MD
Department of Neurology
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-2258  Fax: 617 667-2887
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CHN, CN, NN
Program ID: 180-24-21-049

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Amparo Gutierrez, MD
Department of Neurology
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-0801  Fax: 504 568-7130
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-21-21-043

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Anne L Foundas, MD
Department of Neurology
1440 Canal Street, Box TB-52
New Orleans, LA 70112
Tel: 504 869-2241  Fax: 504 858-3895
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-21-21-044

University of Kentucky Program
Sponsor: University of Kentucky School of Medicine
Lexington
Program Director: Robert Sabet, MD
Department of Neurology
740 South Limestone, Rm L445
Lexington, KY 40538
Tel: 952 323-6702  Fax: 952 323-6943
E-mail: jkemph@pop.uky.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 180-21-21-041

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Michael Grunerich, MD, PhD
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Anne L Foundas, MD
Department of Neurology
1440 Canal Street, Box TB-52
New Orleans, LA 70112
Tel: 504 869-2241  Fax: 504 858-3895
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Subspecialties: CHN, CN
Program ID: 180-21-21-044

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 180-20-21-042

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Department of Neurology
600 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981  Fax: 502 852-6544
Length: 3 Yrs  ACGME Approved/Off
Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: James A. O’Brien, MD
716 Albany Street, Suite C-329
Boston, MA 02118
Tel: 617-638-5550  Fax: 617-638-5584
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CN, CN
Program ID: 180-24-21-145

Massachusetts General Hospital/Brighton and Women’s Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Brighton and Wrenn’s Hospital
Prgm Director: Steven Posko, MD
Kennedy, Suite 915
32 Fruit Street
Boston, MA 02114
Tel: 617-736-7263  Fax: 617-736-2353
Length: 3 Yrs  ACGME Approved/Offered Positions: 29
Subspecialties: CN, CN, VN
Program ID: 180-24-31-050

New England Medical Center Hospitals/Tufts University Program
Sponsor: Tufts-New England Medical Center
Caritas St. Elizabeth’s Medical Center of Boston
Labey Clinic
Prgm Director: Thomas D Sabin, MD
Division of Neurology
736 Cambridge Street
Boston, MA 02138
Tel: 617-632-7487  Fax: 617-636-8110
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CN, CN
Program ID: 180-24-21-051

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (University Campus)
Prgm Director: Ann Mitchell, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508-856-5257
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-24-21-121

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Sid Gilman, MD
1014 Taubman Center/0116
500 E Medical Ctr Dr
Ann Arbor, MI 48109
Tel: 734-936-9070  Fax: 734-763-5060
E-mail: sgilman@umich.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 17
Subspecialties: CHN, CN
Program ID: 180-25-31-052

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Lori Schuh, MD
3779 W Grand Blvd
Department of Neurology K 11
Detroit, MI 48202
Tel: 313-916-7205  Fax: 313-916-6117
Length: 3 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: CHN
Program ID: 180-25-21-129

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Science Center
Harper-Blitzt Hospital
Prgm Director: Robert P Lisak, MD
8D University Health Center
4301 S Antoine
Detroit, MI 48201
Tel: 313-577-1345  Fax: 313-745-4216
Length: 3 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: CHN, CN, VN
Program ID: 180-25-31-054

Lansing
Sparrow Health System Program
Sponsor: Sparrow Hospital
Michigan State University Clinical Center
Prgm Director: David I Kaufman, DO
MSU- Clinical Center A 217
138 Service Road
East Lansing, MI 48824
Tel: 517-432-9277  Fax: 517-432-0414
E-mail: david.kaufman@mt.msu.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Subspecialties: CHN, CN
Program ID: 180-25-21-149

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: William S David, MD, PhD
Department of Neurology
MMC 285, 400 Delaware Street SE
Minneapolis, MN 55455
Tel: 612-636-6619  Fax: 612-636-7950
E-mail: david010@umn.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties: CHN, CN
Program ID: 180-26-21-055

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
St Louis ConnectCare
Prgm Director: David B. Clifford, MD
Department of Neurology
One Hospital Drive
St Louis, MO 63110
Tel: 314-362-2902  Fax: 314-362-2902
Length: 4 Yrs
Subspecialties: CHN, CN
Program ID: 180-26-21-061

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: John B. Schorot, MD
3935 Vista at Grand Department of Neurology
St Louis, MO 63110
Tel: 314-577-4026  Fax: 314-569-5101
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: CHN, CN
Program ID: 180-26-21-060

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: James J. Corbett, MD
Department of Neurology
2500 North State Street
Jackson, MS 39216
Tel: 601-824-5000  Fax: 601-824-5003
E-mail: jcorbettMD@uol.com
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-27-31-068

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S. Truman Memorial Veterans Hospital
Department of Neurology
One Hospital Drive
Columbia, MO 65212
Tel: 573-882-8183  Fax: 573-884-9439
E-mail: Munroe@health.missouri.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 180-26-21-059

Graduate Medical Education Directory 2004-2005
Nebraska
Omaha
University of Nebraska Medical Center
College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Touhy • SJH)
Prog. Director: Pierre Fayad, MD
982045 Nebraska Medical Center
Omaha, NE 68118
Tel: 402 559-4496 Fax: 402 559-3341
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 180-30-21-062

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital Veterans Affairs Medical Center (White River Junction)
Prog. Director: Morris Levin, MD
Section of Neurology
One Medical Center
Lebanon, NH 03756
Tel: 603 650-716 Fax: 603 650-6233
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 180-30-21-063

New Jersey
Edison
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education JFK Medical Center
Prog. Director: Subrahmanian HarHazan, MD
65 James Street
PO Box 3509
Edison, NJ 08818
Tel: 732 892-1500 Fax: 732 632-1584
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-33-21-142

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School Robert Wood Johnson University Hospital UMDNJ-University Hospital Veterans Affairs New Jersey Health Care System
Prog. Director: Stephen S Kanzia, MD Department of Neurology
185 South Orange Ave, MSB H 506
Newark, NJ 07103
Tel: 973 972-5039 Fax: 973 972-5059
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: CHN, VN
Program ID: 180-33-21-064

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine University of New Mexico Health Sciences Veterans Affairs Medical Center (Albuquerque)
Prog. Director: John O Adair, MD
MSC10 5620
1 University of New Mexico Albuquerque, NM 87131
Tel: 505 272-3942 Fax: 505 272-6692
E-mail: adairjohn@albuquerque.va.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: CN
Program ID: 189-04-21-065

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center Veterans Affairs Medical Center (Albany)
Prog. Director: Mark P Denominator, MD Department of Neurology
47 New Scotland Ave
Albany, NY 12208
Tel: 518 262-0488 Fax: 518 262-0261
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 188-35-21-066

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University Beth Israel Medical Center Jacoby Medical Center Montefiore Medical Center-Henry and Lucy Moses Division
Prog. Director: Shep Hunt, MD Department of Neurology
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 830-4858 Fax: 718 882-0216
E-mail: Bahlouml@acm.yu.edu
Length: 3 Yrs
Subspecialties: CHN, CN
Program ID: 186-35-21-070

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical Dental Education Consortium Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Prog. Director: Sandra A Block, MD
Dept of Neurology, Jacobs Neurological Inst, BGF 100 High Street
Buffalo, NY 14203
Tel: 716 859-3496 Fax: 716 859-1676
E-mail: ejarrag8@acm.buffalo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Subspecialties: CHN, CN
Program ID: 180-35-21-067

Manhasset
North Shore University Hospital/NYU/Nassau University Medical Center Program
Sponsor: North Shore University Hospital
Prog. Director: John Halperin, MD Department of Neurology
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-6281 Fax: 516 562-2635
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 180-35-21-073

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center Montefiore Medical Center-Henry and Lucy Moses Division
Prog. Director: Ronald M Kanner, MD Department of Neurology
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 476-7311 Fax: 718 347-3016
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: CHN
Program ID: 180-35-21-074

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine Mount Sinai Medical Center
Prog. Director: Seymour Goldmam, MD Department of Neurology
One Gustave L Levy Place
New York, NY 10029
Tel: 212 648-1312 Fax: 212 860-4062
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: CHN, CN, VN
Program ID: 180-35-21-075

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College St Vincent Catholic Medical Centers (Manhattan)
Prog. Director: Sudhanu Chokroverty, MD
153 West 11th Street
New York, NY 10011
Tel: 212 694-2401 Fax: 212 694-1696
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: CN
Program ID: 180-35-11-078
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Mitchell S Elkind, MD, MS
710 W 168th St
Neurological Institute
New York, NY 10032
Tel: 212 395-1398 Fax: 212 395-6978
Length: 3 yrs ACGME Approved/Offered Positions: 24
Subspecialties: CBN, CN
Program ID: 180-35-01-01

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Alan Z Segal, MD
532 E 68th Street, Room A-659
New York, NY 10021
Tel: 212 746-6575 Fax: 212 746-8532
Length: 4 yrs ACGME Approved/Offered Positions: 24
Subspecialties: CBN, CN
Program ID: 180-35-21-072

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Robert Staudinger, MD
Department of Neurology
505 First Avenue
New York, NY 10016
Tel: 212 263-2291 Fax: 212 263-8328
E-mail: robert.staudinger@med.nyu.edu
Length: 3 yrs ACGME Approved/Offered Positions: 23
Subspecialties: CBN, CN
Program ID: 180-35-21-077

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Ralph F Jozefowitz, MD
Department of Neurology
601 Elmwood Avenue, PO Box 673
Rochester, NY 14642
Tel: 585 275-2545 Fax: 585 244-2529
Length: 3 yrs ACGME Approved/Offered Positions: 15
Subspecialties: CBN, CN
Program ID: 180-35-31-082

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Mark A Kaulman, MD
Dept of Neurology, 712/109
Stony Brook, NY 11794
Tel: 631 444-8788 Fax: 631 444-1474
Length: 3 yrs ACGME Approved/Offered Positions: 12
Subspecialties: CBN, CN
Program ID: 180-35-21-081

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Burk Jabeil, MD
Department of Neurology
750 East Adams Street
Syracuse, NY 13210
Tel: 315 444-6128 Fax: 315 444-6355
Length: 3 yrs ACGME Approved/Offered Positions: 15
Subspecialties: CBN
Program ID: 180-35-21-083

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Westchester Medical Center
Program Director: Venkat Ramani, MD
Department of Neurology
Mount Kisco Pavilion
Valhalla, NY 10595
Tel: 914 594-4293 Fax: 914 594-4395
Length: 3 yrs ACGME Approved/Offered Positions: 9
Program ID: 180-35-21-076

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Albert R Himm, MD
3114 Bioinformatics Bldg CB #7025
UNC
Chapel Hill, NC 27599
Tel: 919 966-6547 Fax: 919 966-3922
E-mail: eaxcom@dlal.med.unc.edu
Length: 3 yrs ACGME Approved/Offered Positions: 12
Subspecialties: CBN
Program ID: 180-36-11-084

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Joel C Morgenlander, MD
Department of Neurology
Box 2965
Durham, NC 27710
Tel: 919 684-5870 Fax: 919 684-0101
Length: 3 yrs ACGME Approved/Offered Positions: 16
Subspecialties: CBN, CN
Program ID: 180-36-21-085

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Patrick S Reynolds, MD
Department of Neurology
Winston-Salem, NC 27157
Tel: 336 716-2317 Fax: 336 716-9489
E-mail: laurasob@sfbw.com
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: CBN, CN
Program ID: 180-36-21-086

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Brett Kissel, MD
Department of Neurology (WL 165)
231 Albert Sabin Way, Room 4016
Cincinnati, OH 45267
Tel: 513 558-2668 Fax: 513 558-4305
Length: 3 yrs ACGME Approved/Offered Positions: 11
Subspecialties: CBN, CN, NDN, VN
Program ID: 180-36-21-088

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Stephen M Sagat, MD
Department of Neurology HU040
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5500 Fax: 216 844-5066
Length: 3 yrs ACGME Approved/Offered Positions: 24
Subspecialties: CBN, CN
Program ID: 180-36-21-089

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Kerry H Law, MD
Department of Neurology
1900 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-8370 Fax: 216 444-0330
E-mail: levin@ccf.org
Length: 4 yrs ACGME Approved/Offered Positions: 24
Subspecialties: CBN, CN
Program ID: 180-36-11-090

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Steven M Nau, MD
1564 Upshur Drive
Room 426 Mearns Hall
Columbus, OH 43210
Tel: 614 293-6683 Fax: 614 293-6888
Length: 3 yrs ACGME Approved/Offered Positions: 10
Subspecialties: CBN, CN
Program ID: 180-36-21-092

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Toledo Hospital
Program Director: Noor A Pirzada, MD
Ruppert Health Center Suite 1450
3120 Glendale Avenue
Toledo, OH 43614
Tel: 419 383-3544 Fax: 419 383-3093
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 180-36-21-143

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Program Director: James B Coach Jr, MD, PhD
711 Skafonr L Young Blvd, Suite 215
Oklahoma City, OK 73104
Tel: 405 271-4113 Fax: 405 271-5723
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: CN
Program ID: 180-39-21-141

Graduate Medical Education Directory 2004-2005
Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Ruth B. Witham, MD
Dept of Neurology, L 226
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503-494-5793 Fax: 503-484-7242
Length: 4 yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN, CN, NV
Program ID: 180-40-31-095

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Milind J Kohar, DO
600 University Drive
H-037
Hershey, PA 17033
Tel: 717-571-1802 Fax: 717-571-4194
Length: 3 yrs ACGME Approved/Offered Positions: 6
Subspecialties: CN
Program ID: 180-41-11-096

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Temot Health System)
Medical College of Pennsylvania Hosp (Temot Health System)
Program Director: Carole A Thomas, MD
1220 Broad and Vine Streets, MS 423
Philadelphia, PA 19102
Tel: 215-762-1274 Fax: 215-762-8161
Length: 3 yrs ACGME Approved/Offered Positions: 24
Subspecialties: CN
Program ID: 180-41-21-097

Temple University Program
Sponsor: Temple University Hospital
Albert Einstein Medical Center
Program Director: Amin A. Azizi, MD, PhD
Suite 508 Parkinson Pavilion
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215-707-3032 Fax: 215-707-8225
Length: 3 yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-41-21-100

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Christian Care Health Services Inc
Program Director: Joyce Liporace, MD
803 Walnut Street, Suite 310
Philadelphia, PA 19107
Tel: 215-575-8495 Fax: 215-595-4947
E-mail: Joyce.Liporace@jefferson.edu
Length: 3 yrs ACGME Approved/Offered Positions: 15
Subspecialties: CN
Program ID: 180-41-21-101

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Program Director: Steven L Galetta, MD
3 West Gates Building
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215-662-3811 Fax: 215-662-3362
Length: 4 yrs ACGME Approved/Offered Positions: 21
Subspecialties: CN, CN, NV
Program ID: 180-41-21-102

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Thomas F Scott, MD
320 East North Avenue
7th Fl South Tower
Pittsburgh, PA 15212
Tel: 412-359-8850 Fax: 412-359-8878
Length: 3 yrs ACGME Approved/Offered Positions: 6
Subspecialties: CN
Program ID: 180-41-21-104

University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Marc L Scheuer, MD
3471 Fifth Avenue, Suite 811
Pittsburgh, PA 15213
Tel: 412-692-4625 Fax: 412-692-4936
Length: 4 yrs
Subspecialties: CN, CN, NV
Program ID: 180-41-21-106

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Program Director: Paul B Pritchard, MD
90 Jonathan Lucas St, Suite 309
PO Box 250096
Charleston, SC 29425
Tel: 843-792-3221 Fax: 843-792-8626
Length: 4 yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-45-21-105

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center
Program Director: Michael Jacewicz, MD
Department of Neurology
350 Monroe Avenue, Room 415
Memphis, TN 38103
Tel: 901-448-6661 Fax: 901-448-7440
Length: 3 yrs ACGME Approved/Offered Positions: 9
Subspecialties: CN
Program ID: 180-41-21-106

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: P David Charlton, MD
2100 Pierce Ave
Nashville, TN 37212
Tel: 615-343-0690 Fax: 615-343-0223
E-mail: alerce.dobyns-ladd@vanderbilt.edu
Length: 3 yrs ACGME Approved/Offered Positions: 12
Subspecialties: CN
Program ID: 180-47-21-107

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District—Parkland Memorial Hospital
Zale-LBJ University Hospital
Program Director: Padraig O'Suilleabhain, MBChB
5223 Harry Hines Blvd
Dallas, TX 75390
Tel: 214-648-4775 Fax: 214-648-5090
Length: 3 yrs ACGME Approved/Offered Positions: 15
Subspecialties: CN, CN, NV
Program ID: 180-45-21-108
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Neuropathology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Prgm Director: Cheryl A. Palmer, MD
333 Zeitler Research Center
705 South 16th Street
Birmingham, AL 35294
Tel: 205 934-2164 Fax: 205 970-7548
E-mail: palmerch@uab.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-01-21-001

California

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Pgm Director: Harry V Winters, MD
10833 Le Conte Avenue, Rm 18-170 CHS
Los Angeles, CA 90095
Tel: 310 822-6191 Fax: 310 205-8290
E-mail: Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-01-21-006

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Pgm Director: Carol A Miller, MD
1200 North State Street
Los Angeles, CA 90033
Tel: 323 227-7243 Fax: 323 227-2487
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-01-21-003

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Pgm Director: Henry C Powell, MD, ScD
200 W Arbor Drive, Mail Code 8220
San Diego, CA 92103
Tel: 619 694-7292
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-01-21-005

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Pgm Director: Andrew W. Bolter, MD
513 Parnassus Avenue 1994W
San Francisco, CA 94143
Tel: 415 476-5296 Fax: 415 476-7963
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-01-21-006

Stanford

Stanford University Program
Sponsor: Stanford University Hospital Veterans Affairs Palo Alto Health Care System
Pgm Director: Thomas Vogel, MD
Department of Pathology, Room 12-234
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 733-6634 Fax: 650 498-5394
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-01-21-007

District of Columbia

Washington

Armed Forces Institute of Pathology Program
Sponsor: Armed Forces Institute of Pathology
Pgm Director: Rebecca Morel, MD
6855 16th Street NW
Washington, DC 20006
Tel: 202 782-1620 Fax: 202 782-4086
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 315-10-12-001

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Gainesville, FL 32610
Tel: 352-205-0238 Fax: 352-205-0417
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 315-11-21-010

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Pgm Director: Stephen B Hunter, MD
Department of Pathology
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-4278 Fax: 404 727-2510
E-mail: Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-12-21-012

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Pgm Director: Saranya Ranganathan, MD
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 553-7163
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-16-21-074

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Robert L. Wolcott, MD
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 312 742-6166
Length: 2 Yrs
Program ID: 315-16-21-076

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clariant Methodist Hospital of Indiana
Pgm Director: Rigio Azzarelli, MD
560 N University Blvd
Indianapolis, IN 46202
Tel: 317 274-7655
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-17-31-092

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Office of the Chief Medical Examiner
Pgm Director: Juan C Torcsono, MD
720 Rutland Avenue
558 Ross Research Building
Baltimore, MD 21205
Tel: 410 665-5632
E-mail: kvickmkr@jhmi.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 315-23-11-020

Massachusetts

Boston

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Children's Hospital
Pgm Director: Bernardo De Groland, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7350 Fax: 617 732-0444
E-mail: ndgrolan@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 315-24-12-024

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Pgm Director: Edward T. Hickey, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 726-6154 Fax: 617 734-1813
Length: 2 Yrs
Program ID: 315-24-21-062

Graduate Medical Education Directory 2004-2005
Michigan
Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Harper-Heart Hospital
Program Director: William Kupsky, MD
3900 John R Road
Detroit, MI 48201
Tel: 313-745-2504
E-mail: rompct@med.wayne.edu
Length: 2 Yrs
Program Id: 315-25-22-093

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Program Director: Joseph E Parisi, MD
300 First Street, SW
Rochester, MN 55905
Tel: 507-284-3887 Fax: 507-284-1510
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-25-21-061

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Robert E Schmidt, MD
600 South Euclid, Box 8118
St Louis, MO 63110
Tel: 314-362-7416 Fax: 314-362-4196
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-25-11-006

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Karen Weidenheim, MD
111 East 339th Street
Bronx, NY 10467
Tel: 718-990-4446
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-35-21-028

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital SUNY Health Science Center at Brooklyn
Program Director: Chandrakant Rao, MD
450 Clarkson Ave, Box 25
Brooklyn, NY 11208
Tel: 718-270-1410 Fax: 718-270-1410
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program Id: 315-35-21-032

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Daniel P Perl, MD
One Gustave L Levy Place
Box 1134
New York, NY 10029
Tel: 212-341-9117 Fax: 212-996-1833
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-35-81-080

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: James E Goldman, MD, PhD
600 West 110th Street
New York, NY 10025
Tel: 212-305-4571 Fax: 212-305-4548
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-35-21-029

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Douglas C Miller, MD, PhD
550 First Avenue
New York, NY 10016
Tel: 212-264-6490
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-35-21-001

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: James M Powers, MD
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585-275-5203
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program Id: 315-35-11-087

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Robert L Schelper, MD
700 Irving Avenue, Room 2115
Syracuse, NY 13210
Tel: 315-464-4670 Fax: 315-464-4675
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program Id: 315-35-11-034

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Thomas W Boudinot, MD
Department of Pathology
CWR 7615, Brittrick-Bullitt Bldg
Chapel Hill, NC 27514
Tel: 919-966-4585
Length: 2 Yrs
Program Id: 315-35-21-060

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Roger E McLendon, MD
Box 3712, ME51 Davison Bldg
Durham, NC 27710
Tel: 919-684-6940
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-35-31-006

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Oklahoma Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Kar-Ming A Pong, MD, PhD
Dept of Pathology (BMSB 434)
PO Box 13501
Oklahoma City, OK 73109
Tel: 405-271-8601 Fax: 405-271-8774
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-39-21-060

Pennsylvania
Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: John Carls Oberholtzer, MD, PhD
610B Stellar-Chance Laboratories
423 Curie Blvd
Philadelphia, PA 19104
Tel: 215-573-3272 Fax: 215-573-7788
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-41-21-041

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Clayton A Wiley, MD, PhD
200 Lothrop Street, Room A506
Pittsburgh, PA 15213
Tel: 412-647-0855 Fax: 412-647-5602
E-mail: wileyca@upmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program Id: 315-41-21-012
Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Program Director: Edward G Stope, MD
560 Kedy Street
Providence, RI 02903
Tel: 401 444-5155 Fax: 401 444-8514
E-mail: estopadl@lifespan.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-49-21-043

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Mahlon J Johnson, MD, PhD
Dept of Pathology, C-3314 MCN
21st Avenue, South
Nashville, TN 37232
Tel: 615 322-9098 Fax: 615 343-7923
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-47-21-073

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: Charles L White III, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-2148 Fax: 214 648-8025
E-mail: charles.white@utsouthwestern.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 315-48-21-083

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Texas Children's Hospital
Veterans Affairs Medical Center (Houston)
Program Director: J Clay Goodman, MD
1200 Moursund
Houston, TX 77030
Tel: 713 794-6880 Fax: 713 798-3665
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-49-21-047

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Scott R Vanderberg, MD, PhD
Old Medical School, Room 4008
PO Box 809014
Charlottesville, VA 22908
Tel: 434 924-9175 Fax: 434 924-9177
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-51-21-083

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Nitya B Ghatak, MD
PO Box 980017
Richmond, VA 23298
Tel: 804 839-9735
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 315-51-11-051

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
Program Director: Thomas J Mostine, MD, PhD
Neuropathology, Box 350791
325 Ninth Avenue
Seattle, WA 98104
Tel: 206 731-3145 Fax: 206 731-8240
E-mail: residency@pathology.washington.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 315-54-11-052

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Sydney S Schochet, Jr, MD
Robert C Byrd HSC North
PO Box 5023
Morgantown, WV 26506
Tel: 304 293-3592
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 315-50-21-003

Neuroradiology (Radiology-Diagnostic)

Albama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Glenn H Robinson, MD
UAB Department of Radiology
610 South 15th Street
Birmingham, AL 35249
Tel: 205 934-8920 Fax: 934 975-6382
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 423-01-21-001

Arizona
Phoenix
St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Biltmore Advanced Imaging Center
Program Director: Roger Bird, MD
St Joseph's Hospital & Medical Center
350 W Thomas Road
Phoenix, AZ 85013
Tel: 602 486-3635 Fax: 602 406-4496
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 423-03-21-002

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: Joachim P Seeger, MD
PO Box 24-5097
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 363-3768 Fax: 520 626-1645
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-05-21-013

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Edgardo J Angtuaco, MD
4301 W Markham, Slot 506
Little Rock, AR 72205
Tel: 501 686-6032 Fax: 501 686-8032
E-mail: edgardoj@uams.edu
Length: 1 Yr
Program ID: 423-04-21-043
California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Daniel Kido, MD
Neuroradiology 603
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4384 Fax: 909 558-4146
Email: phlomas@ush.hsc.mcl.edu
Length: 1 Yr
Program ID: 423-05-21-085

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars Sinai Medical Center
Program Director: Franklin O Moser, MD
Imaging Healthcare Office
9700 Beverly Blvd, Tower Bldg M335
Los Angeles, CA 90048
Tel: 310 423-4648 Fax: 310 423-3087
Email: imaging.housestaff@chs.org
Length: 1 Yr
Program ID: 423-05-21-098

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: J Pablo Villablancas, MD
B3-116 CHS
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-1184 Fax: 310 206-6565
Length: 1 Yr
Program ID: 423-05-21-061

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Children's Hospital Los Angeles
LAC + USC Medical Center
USC University Hospital
Program Director: Chi-Shing Lee, MD
1300 N State Street
Room 5740A
Los Angeles, CA 90033
Tel: 323 266-7455 Fax: 323 266-4059
Length: 1 Yr
Program ID: 423-05-21-064

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: William P. Villoslada, MD
505 Parnassus Avenue, Ste L-958
San Francisco, CA 94143
Tel: 415 553-1668 Fax: 415 553-6850
Length: 1 Yr
Program ID: 423-05-21-044

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Scott W Atlas, MD
360 Pasteur Dr
Room S-047
Stanford, CA 94305
Tel: 650 723-7475 Fax: 650 498-5374
Email: emg@stanford.edu
Length: 1 Yr
Program ID: 423-05-21-075

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: C. Mark Mehringer, MD
1001 W Carson Street
Torrance, CA 90025
Tel: 310 222-5598 Fax: 310 222-9560
Email: phanam@rei.edu
Length: 1 Yr
Program ID: 423-05-21-003

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Program Director: Edward J Escott, MD
4200 E Ninth Avenue
Box A604
Denver, CO 80292
Tel: 303 372-6222 Fax: 303 372-6148
Length: 1 Yr
Program ID: 423-07-21-084

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Gordon Sue, MD
333 Golf Street
PO Box 208042
New Haven, CT 06520
Tel: 203 785-7214 Fax: 203 737-1241
Length: 1 Yr
Program ID: 423-06-21-025

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Program Director: Lucien M Levy, MD, PhD
Department of Radiology
600 23rd Street, NW
Washington, DC 20037
Tel: 202 715-5183 Fax: 202 715-5161
Length: 1 Yr
Program ID: 423-10-21-045

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Children's National Medical Center
Clinical Center at the National Institutes of Health
Program Director: Dan T Nguyen, MD
3800 Reservoir Road, NW
Washington, DC 20017
Tel: 202 444-3428 Fax: 202 444-1904
Program ID: 423-10-21-026

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Ronald G Quisling, MD
Box 100574
Gainesville, FL 32610
Tel: 352 395-0291 Fax: 352 395-0297
Email: eqascl@radiology.ufl.edu
Length: 1 Yr
Program ID: 423-11-21-046

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Baptist Hospital of Miami
Program Director: M Judith Donovan Post, MD
MRI Center (R306)
1115 NW 14th Street
Miami, FL 33136
Tel: 305 249-4762 Fax: 305 243-2499
Length: 1 Yr
Program ID: 423-11-21-076

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Program Director: Patricia A Hughes, MD
Department of Radiology/B-115
1364 Clifton Road, NE
Atlanta, GA 30303
Tel: 404 772-8583 Fax: 404 772-1100
Length: 1 Yr
Program ID: 423-12-21-005

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Program Details</th>
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<tbody>
<tr>
<td>Augusta</td>
<td>Medical College of Georgia Program</td>
<td>Sponsor: Medical College of Georgia Medical College of Georgia School of Medicine Prgm Director: Ramon E Fisgervan, MD 1120 15th Street, RA 1411 Augusta, GA 30902 Tel: 706 721-3214 Fax: 706 721-5213 Length: 1 Yr Program ID: 423-12-21-006</td>
</tr>
<tr>
<td>Illinois</td>
<td>Chicago</td>
<td>McGaw Medical Center of Northwestern University Program</td>
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<tr>
<td>Iowa</td>
<td>Iowa City</td>
<td>University of Iowa Hospitals and Clinics Program</td>
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<tr>
<td>Louisiana</td>
<td>New Orleans</td>
<td>Louisiana State University Program</td>
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<td>Maryland</td>
<td>Baltimore</td>
<td>Johns Hopkins University Program</td>
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<td>Massachusetts</td>
<td>Boston</td>
<td>Boston University Medical Center Program</td>
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<tr>
<td>Rhode Island</td>
<td>Taft-New England Medical Center Program</td>
<td>Sponsor: Tufts-New England Medical Center Prgm Director: Rafeque Bhadelia, MD 760 Washington Street Boston, MA 02111 Tel: 617 636-0047 Fax: 617 636-0041 Length: 1 Yr Program ID: 423-24-21-073</td>
</tr>
<tr>
<td>Worcester</td>
<td>University of Massachusetts Program</td>
<td>Sponsor: University of Massachusetts Medical School UMass Memorial Health Care (University Campus) Prgm Director: Eugenio L Suran, MD 55 Lake Avenue North Worcester, MA 01605 Tel: 508 856-3248 Fax: 508 856-4688 E-mail: <a href="mailto:rad@radcenter.umassmed.edu">rad@radcenter.umassmed.edu</a> Length: 1 Yr Program ID: 423-24-21-048</td>
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<tr>
<td>Michigan</td>
<td>Ann Arbor</td>
<td>University of Michigan Program</td>
</tr>
</tbody>
</table>
Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Sushil C Patel, MD
Department of Radiology
2769 W Grand Blvd
Detroit, MI 48202
Tel: 313-916-1374 Fax: 313-916-1444
Length: 1 Yr
Program ID: 423-25-21-067

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Heart Hospital
Prgm Director: Alfredo Lazo, MD
3900 John R Street
Detroit, MI 48201
Tel: 313-745-8619 Fax: 313-745-8619
Length: 1 Yr
Program ID: 423-25-21-066

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Ay Ming Wang, MD
Department of Radiology
3901 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248-551-1005 Fax: 248-551-6490
Length: 1 Yr
Program ID: 423-25-21-065

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Prgm Director: Jesse M Dillhunt, MD
2500 North State Street
Department of Radiology
Jackson, MS 39216
Tel: 601-894-2551 Fax: 601-815-3665
Length: 1 Yr
Program ID: 423-27-21-100

Missouri
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Director: Walter S Lesley, MD
1600 South Kingshighway Blvd
St Louis, MO 63104
Tel: 314-268-5782 Fax: 314-268-5116
E-mail: diagrad@slu.edu
Length: 1 Yr
Program ID: 423-29-21-040

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Malinckrodt Institute of Radiology
Prgm Director: Robert C McKinstrey III, MD, PhD
510 S Kingshighway Blvd
St Louis, MO 63110
Tel: 314-362-5050 Fax: 314-362-8586
Length: 1 Yr
Program ID: 423-28-21-079

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Alan C Mamourian, MD
Department of Radiology
Lebanon, NH 03756
Tel: 603-650-5454 Fax: 603-650-5455
Length: 1 Yr
Program ID: 423-32-19-102

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Gary M Miller, MD
Department of Radiology
MSC10 5580
Albuquerque, NM 87131
Tel: 505-272-0902 Fax: 505-272-5811
Length: 1 Yr
Program ID: 423-34-21-049

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center Henry and Lucy Moses Division
Prgm Director: Jacqueline A Bello, MD
Department of Radiology
111 E 210th Street
Bronx, NY 10477
Tel: 718-920-4000 Fax: 718-920-4854
Length: 1 Yr
Program ID: 423-32-21-091

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital/SUNY Health Science Center at Brooklyn
Prgm Director: Jaya Nath, MD
Department of Radiology
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718-270-1600 Fax: 718-270-2657
E-mail: jnath@downstate.edu
Length: 1 Yr
Program ID: 423-35-31-103

Manhattan
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Prgm Director: Karen S Black, MD
300 Community Drive
Manhattan, NY 10036
Tel: 516-562-6890 Fax: 516-562-4794
Length: 1 Yr
Program ID: 423-35-21-015

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgm Director: Alain S Diamond, MD
370-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718-410-7778 Fax: 718-410-7787
E-mail: adiamond@lij.com
Length: 1 Yr
Program ID: 423-35-21-033

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgm Director: Richard S Finto, MD
170 East End Avenue at 87th St
New York, NY 10128
Tel: 212-977-9431 Fax: 212-420-1610
Length: 1 Yr
Program ID: 423-35-21-030
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Thomas P. Nazifich, MD
1 Gustave L. Levy Place Box 1234
New York, NY 10029
Tel: 212 241-3423 Fax: 212 241-4224
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-35-21-094

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Robert L. DeLaPaz, MD
177 Ft Washington Avenue
New York, NY 10023
Tel: 212 365-0830 Fax: 212 365-9755
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-060

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Michael D. Deck, MD
Box 141
525 E 68th Street
New York, NY 10021
Tel: 212 746-3675 Fax: 212 746-8587
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 423-35-21-002

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Program Director: Edmund A. Knopp, MD
MRE Department
550 First Avenue
New York, NY 10016
Tel: 212 263-5218 Fax: 212 263-8186
Length: 1 Yr
Program ID: 423-35-21-016

Rochester University Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: P. Westrom, MD, PhD
University of Rochester Medical Cir
401 Ewell Avenue, Box 648
Rochester, NY 14642
Tel: 716 275-1839 Fax: 585 473-4884
E-mail: rad_residents@urmc.rochester.edu
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 423-35-21-031

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Clemente T. Hoque, MD
Health Science Center
Level 4, Room 120
Stony Brook, NY 11794
Tel: 631 444-2444 Fax: 631 444-7353
E-mail: crogue@notes.cc.sunysb.edu
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 423-35-21-063

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Amar S. Swarns, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-7477 Fax: 315 464-7398
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 423-35-21-032

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Michael S. Tenner, MD
Department of Radiology
Valhalla, YN 10595
Tel: 914 693-2400 Fax: 914 693-4201
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 423-35-21-095

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Mauricio Castilla, MD
Department of Radiology
3325 Old Infirmary Bldg, CR7510
Chapel Hill, NC 27599
Tel: 919 966-9067 Fax: 919 966-1994
Length: 1 Yr
Program ID: 423-36-31-088

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: James M. Provencal, MD
Box 3888
Durham, NC 27710
Tel: 919 684-7400 Fax: 919 684-7138
E-mail: pemm001@mc.duke.edu
Length: 1 Yr ACGME Approved/Approved Positions: 5
Program ID: 423-36-31-070

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Daniel W. Williams III, MD
Department of Radiology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-7235 Fax: 336 716-3029
Length: 1 Yr ACGME Approved/Approved Positions: 4
Program ID: 423-36-21-060

Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Thomas A. Tomsick, MD
92014 PO Box 75762
Cincinnati, OH 45267
Tel: 513 854-7544 Fax: 513 854-9100
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 423-38-21-092

Cleveland Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Charles P. Lazzari, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-5721
Length: 1 Yr
Program ID: 423-38-31-017

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Paul M. Ruggieri, MD
Department of Radiology
9600 Euclid Avenue L-10
Cleveland, OH 44195
Tel: 216 445-7035 Fax: 216 444-3466
E-mail: meded@ccf.org
Length: 1 Yr
Program ID: 423-38-31-054

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Eric C. Boureskas, MD
Department of Radiology
255 Mansfield Hall / 1604 Upham Dr
Columbus, OH 43210
Tel: 614 293-8315 Fax: 614 293-6835
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 423-38-21-018

Oregon Portland Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: James C Anderson, MD
Division of Neuroradiology, OR135
3101 SW Jackson Park Road
Portland, OR 97239
Tel: 503 494-7075 Fax: 503 494-7129
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 423-40-21-096
Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Kevin P. McNamara, MD
PO Box 850
500 University Drive
Hershey, PA 17033
Tel: 717 531-4887 Fax: 717 531-0922
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 423-41-21-097

Philadelphia

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital
Prgm Director: Robert Koenigsberg, MD
Broad and Vine Streets, MS 206
Philadelphia, PA 19102
Tel: 215 762-8994 Fax: 215 762-4092
E-mail: koenigsberg@drexel.edu
Length: 1 Yr
Program ID: 423-41-31-110

Temple University Program
Sponsor: Temple University Hospital Northeastern Hospitals of Philadelphia
Prgm Director: Urszula B Boyko, MD, PhD
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-7082 Fax: 215 707-3428
Length: 1 Yr
Program ID: 423-41-21-056

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Children's Hospital of Philadelphia
Prgm Director: David P Friedman, MD
111 S 11th Street
Philadelphia, PA 19107
Tel: 215 955-2714 Fax: 215 955-6339
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 423-41-21-083

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Elias R Melhem, MD
3400 Spruce Street
2 Duplex Building Room 219
Philadelphia, PA 19104
Tel: 215 662-6665 Fax: 215 662-3283
Length: 1 Yr
ACGME Approved/Offered Positions: 5
Program ID: 423-41-21-037

Pittsburgh

Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Melanie Bu Paluk, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-4113 Fax: 412 359-6912
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 423-41-21-019

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ. of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Gregory C Meltaer, MD
Department of Radiology, D-132
300 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-3559 Fax: 412 647-5559
E-mail: meltaer@ccmr.upmc.edu
Length: 1 Yr
Program ID: 423-41-21-057

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Prgm Director: Clark M Stitton, MD, RS
6451 Fannin, 2, 100 MBS
Houston, TX 77030
Tel: 713 794-1794 Fax: 713 794-1715
E-mail: csittonl@houston.rr.com
Length: 1 Yr
Program ID: 423-48-21-041

San Antonio

University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Carlos Bazan III, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-3448 Fax: 210 567-8418
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 423-48-21-061

Tennessee

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Jeff L Creasy, MD
RI018 MCR 21st and Garland
Nashville, TN 37232
Tel: 615 322-3704 Fax: 615 322-3704
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 423-47-21-058

Texas

Dallas

University of Texas Southwest Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Prgm Director: Philip P Perry, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3904 Fax: 214 648-3904
E-mail: philip.perry@utsouthwestern.edu
Length: 1 Yr
Program ID: 423-48-21-009

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Gregory Chaljub, MD
Dept of Radiology Q-09
301 University Blvd, Route 0700
Galveston, TX 77555
Tel: 409 747-2849 Fax: 409 772-1229
Length: 1 Yr
Program ID: 423-48-21-020

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Prgm Director: David A Carrier, MD
Department of Radiology
6606 Fannin-M2317
Houston, TX 77030
Tel: 713 794-6789 Fax: 713 794-6588
Length: 1 Yr
Program ID: 423-48-21-060

Utah

Salt Lake City

University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Karen L Solomon, MD
15213 University Hospital
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-4624 Fax: 801 585-7300
E-mail: judi.short@hsc.utah.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 4
Program ID: 423-48-21-062

Vermont

Burlington

University of Vermont Program
Sponsor: Fletcher Allen Health Care
Prgm Director: Todd R Poobles, MD
Department of Radiology
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-3898 Fax: 802 847-4922
Length: 1 Yr
Program ID: 423-59-31-101

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: C Douglas Dilligard, MD
PO Box 800170
Charlottesville, VA 22908
Tel: 434 243-8512 Fax: 434 243-6566
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 423-51-21-063
Neurology (Otolaryngology)

California

Los Angeles
University of Southern California Program
Sponsor: House Ear Clinic, Inc
LAC + USC Medical Center
St Vincent Medical Center
Prgm Director: William H Shattry III, MD
2100 West Third Street, Suite 111
Los Angeles, CA 90057
Tel: 310-480-6900 Fax: 310-484-5900
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-05-21-908

Neurology

Massachusetts

Boston
Massachusetts Eye and Ear Infirmary/Harvard Medical School Program
Sponsor: Massachusetts Eye and Ear Infirmary
Prgm Director: Michael J McKeona, MD
243 Charles Street
Boston, MA 02114
Tel: 617-736-9565 Fax: 617-736-9569
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 286-24-11-007

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Steven A Telian, MD
1550 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734-696-8906 Fax: 734-936-9658
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-25-21-001

Southfield
Providence Hospital/Michigan Ear Institute/Wayne State University/Detroit Medical Center Program
Sponsor: Providence Hospital and Medical Centers
Wayne State University/Detroit Medical Center
William Beaumont Hospital
Prgm Director: Michael J Lalloquiu, MD
30055 Northwestern Highway, #101
Parrington Hills, MI 48384
Tel: 248-866-4444 Fax: 281-25-31-006
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 286-25-31-006

Wisconsin

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Howard A Bowley, MD
10801 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608-263-9179 Fax: 608-263-9876
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 423-56-21-002

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: David L Daniels, MD
Froedtert Memorial Lutheran Hospital
9300 West Wisconsin Ave
Milwaukee, WI 53226
Tel: 414-865-3122 Fax: 414-759-9200
Length: 1 Yr
Program ID: 423-56-21-039

New York

New York
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: J Thomas Roland Jr, MD
Department of Otolaryngology
555 First Avenue
New York, NY 10016
Tel: 212-363-6344 Fax: 212-363-9257
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-33-21-004

Ohio

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Trumbull Memorial Hospital
Prgm Director: D Bradley Welting, MD, PhD
4100 University Hospitals Clinic
4100 West 10th Avenue
Columbus, OH 43210
Tel: 614-228-5766 Fax: 614-228-5103
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 286-38-21-002

Washington

Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
1755 Pacific Street
Prgm Director: Thomas Kim, MD
Department of Radiology
Box 357115
Seattle, WA 98195
Tel: 206-616-4330 Fax: 206-616-4317
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 423-54-21-038

West Virginia

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: Jeffrey P Hogg, MD
PO Box 9235
Morgantown, WV 26506
Tel: 304-293-3985 Fax: 304-293-3889
Length: 1 Yr
Program ID: 423-56-21-094

Graduate Medical Education Directory 2004-2005
743
Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm. Director: George Hashisaki, MD
PO Box 890718
Charlottesville, VA 22908
Tel: 434 924-2049 Fax: 434 982-3965
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 200-01-21-005

Nuclear Medicine

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Pgm. Director: Janis P O'Malley, MD
619 19th Street, South
Jefferson Tower, Room J240
Birmingham, AL 35240
Tel: 205 996-1598 Fax: 205 996-1576
Length: 2 Yrs
Program ID: 200-01-21-007

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm. Director: Gary L Purnell, MD
4301 West Markham
Slot 581
Little Rock, AR 72205
Tel: 501 686-6006 Fax: 501 526-0058
Length: 2 Yrs
Program ID: 200-01-21-009

California

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Pgm. Director: Alan D Wacman, MD
Imaging Housestaff Office
8700 Beverly Blvd, Taper Bldg, M336
Los Angeles, CA 90048
Tel: 310 423-4454 Fax: 310 423-8335
E-mail: imaging.housestaff@cshs.org
Length: 2 Yrs
Program ID: 200-01-21-089

UCLA Medical Center Program
Sponsor: UCLA Medical Centers/UCLA David Geffen School of Medicine
UCLA Medical Center
Pgm. Director: Johannes G Czernin, MD
CHS A5-105
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-3295 Fax: 310 206-4999
Length: 2 Yrs
Program ID: 200-01-10-013

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
USC University Hospital
Pgm. Director: Hossein Jadvar, MD, PhD
1350 North State Street, Suite 6250
Los Angeles, CA 90033
Tel: 323 267-7858 Fax: 323 267-0984
E-mail: picu@usc.edu
Length: 2 Yrs
Program ID: 200-05-21-105

VA Greater Los Angeles Healthcare System Program
Sponsor: VA Greater Los Angeles Healthcare System
Pgm. Director: William H Blahd, MD
11201 Wilshire Blvd
Los Angeles, CA 90073
Tel: 310 268-3997 Fax: 310 268-4019
Length: 2 Yrs
Program ID: 200-05-31-014

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System University of California (Davis) Medical Center
Pgm. Director: David K Shelton Jr, MD
Div of Nuclear Medicine
4800 Y Street, Suite 5190
Sacramento, CA 95817
Tel: 916 703-3273 Fax: 916 703-3274
Length: 2 Yrs
Program ID: 200-05-21-010

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Pgm. Director: Carl K Koh, MD
390 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-6682 Fax: 619 543-1975
Length: 2 Yrs
Program ID: 200-05-31-015

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center University of California (San Francisco) Medical Center Veterans Affairs Medical Center (San Francisco)
Pgm. Director: Robert J Lull, MD
Bldg NH, Room G-100
1001 Potrero Ave
San Francisco, CA 94110
Tel: 415 358-6500 Fax: 415 358-6929
Length: 2 Yrs
Program ID: 200-05-21-016

Stanford

Stanford University Program
Sponsor: Stanford University Hospital Veterans Affairs Palo Alto Health Care System
Pgm. Director: Ross McDougall, MD, PhD
Room HU101
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-4711 Fax: 650 725-4047
E-mail: rossmcdougall@stanford.edu
Length: 2 Yrs
Program ID: 200-05-21-018
Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine Veterans Affairs Medical Center (Denver)
Program Director: Robert A Quade, MD
Tel: 303 372-0907 Fax: 303 372-7883
Length: 2 Yrs
Program ID: 200-07-21-106

Connecticut
Danbury
University of Connecticut (Danbury) Program
Sponsor: University of Connecticut School of Medicine
Program Director: Shiv M Gupta, MD
Tel: 203 797-7322 Fax: 203 739-5473
Length: 2 Yrs
Program ID: 200-06-21-106

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Program Director: Richard P Spencer, MD, PhD
Tel: 860 678-4022 Fax: 860 678-2164
Length: 3 Yrs
Program ID: 200-08-21-020

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Veterans Affairs Medical Center (West Haven)
Program Director: David W Cheng, MD, MPH
Tel: 203 786-7317 Fax: 203 786-5002
E-mail: david.w.cheng@yale.edu
Length: 2 Yrs
Program ID: 200-08-11-021

District of Columbia
Washington
Georgetown University Hospital Program
Sponsor: Georgetown University School of Medicine
Program Director: David A Earl Grant, MD
Tel: 202 444-3560 Fax: 202 444-4667
Length: 2 Yrs
Program ID: 200-10-21-023

Florida
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: George N Sfakianakis, MD
Tel: 305 580-7865 Fax: 305 547-3223
E-mail: gnsfakian@med.miami.edu
Length: 2 Yrs
Program ID: 200-11-21-067

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Program Director: M Gupta, PhD
Tel: 404 728-5082 Fax: 404 327-4690
Length: 2 Yrs
Program ID: 200-13-21-068

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Program Director: William G Spies, MD
Tel: 312 926-6441 Fax: 312 926-8118
E-mail: jxjia@northwestern.edu
Length: 2 Yrs
Program ID: 200-16-31-026

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Ajay P Ahluwalia, MD
Tel: 312 443-5707 Fax: 312 924-5320
E-mail: aal2@rush.edu
Length: 2 Yrs
Program ID: 200-16-11-027

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Program Director: Robert A Quade, MD
Tel: 317 274-5037 Fax: 317 274-5037
Length: 2 Yrs
Program ID: 200-17-21-093

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Richard L Wahl, MD
Tel: 410 614-3704 Fax: 410 614-3704
Length: 2 Yrs
Program ID: 200-18-21-080

University of Maryland Program
Sponsor: University of Maryland School of Medicine
Program Director: Bruce B Line, MD
Tel: 410 338-1690 Fax: 410 338-1690
Length: 2 Yrs
Program ID: 200-23-11-085

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Program Director: Frank V Schrairer, MD
Tel: 301 265-4974 Fax: 301 265-5779
Length: 2 Yrs
Program ID: 200-10-12-002
US Armed Services Program

Graduate Medical Education Directory 2004-2005
## Massachusetts

### Boston

**Brigham and Women's Hospital/Harvard Medical School Program**  
**Sponsor:** Brigham and Women's Hospital  
**Beth Israel Deaconess Medical Center**  
**Boston VA Healthcare System (Brookline-West Roxbury)**  
**Children's Hospital**  
**Dana-Farber Cancer Institute**  
**Massachusetts General Hospital**  

**Program Director:** 5 Ted Treves, MD  
**Division of Nuclear Medicine**  
**30 Longwood Avenue**  
**Boston, MA 02115**  
**Tel:** 617-355-7385  
**Fax:** 617-730-0620  
**Length:** 2 Yrs  
**Program ID:** 200-24-21-036

### Nebraska

**Omaha**  

**University of Nebraska Medical Center College of Medicine Program**  
**Sponsor:** University of Nebraska Medical Center College of Medicine  
**Veterans Affairs Medical Center (Omaha)**  
**Program Director:** Jordan Hashinski, MD  
**Department of Radiology**  
**881045 Nebraska Medical Center**  
**Omaha, NE 68198**  
**Tel:** 402-558-1018  
**Fax:** 402-558-1011  
**Length:** 2 Yrs  
**Program ID:** 200-30-11-044

### New York

#### New Hyde Park

**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**  
**Sponsor:** Long Island Jewish Medical Center  
**Program Director:** Christopher J Paleosco, MD  
**270-05 70th Avenue**  
**New Hyde Park, NY 11040**  
**Tel:** 718-470-7081  
**Fax:** 718-831-1147  
**Length:** 2 Yrs  
**Program ID:** 200-35-11-049

#### New York

**Memorial Sloan-Kettering Cancer Center Program**  
**Sponsor:** Memorial Sloan-Kettering Cancer Center  
**Program Director:** H William Strauss, MD  
**1275 York Avenue**  
**Box 5141**  
**One Gustave L Levy Pl**  
**New York, NY 10021**  
**Tel:** 212-639-7226  
**Fax:** 212-717-3263  
**E-mail:** strauswi@mskcc.org  
**Length:** 2 Yrs  
**Program ID:** 200-35-11-050

**Mount Sinai School of Medicine Program**  
**Sponsor:** Mount Sinai School of Medicine  
**Mount Sinai Medical Center**  
**Program Director:** Joel Machac, MD  
**Box 1141**  
**One Gustave L Levy Pl**  
**New York, NY 10029**  
**Tel:** 212-241-7888  
**Fax:** 212-831-2851  
**Length:** 2 Yrs  
**Program ID:** 200-35-21-041

**New York Medical College at St Vincent's Hospital and Medical Center of New York Program**  
**Sponsor:** New York Medical College  
**St Vincent's Catholic Medical Centers (Manhattan)**  
**Program Director:** Hussein M Abdel Dayem, MD  
**Department of Nuclear Medicine**  
**153 W 11th Street**  
**New York, NY 10011**  
**Tel:** 212-604-8789  
**Fax:** 212-604-3119  
**Length:** 2 Yrs  
**Program ID:** 200-35-12-064

### Missouri

#### Columbia

**University of Missouri-Columbia Program**  
**Sponsor:** University of Missouri-Columbia School of Medicine  
**University Hospitals and Clinics**  
**Program Director:** Ajayak Singh, MD  
**Radiology Department, DC868.10**  
**One Hospital Drive**  
**Columbia, MO 65212**  
**Tel:** 413-882-7955  
**Fax:** 573-884-4729  
**Length:** 2 Yrs  
**Program ID:** 200-28-21-094

**St Louis**

**St Louis University School of Medicine Program**  
**Sponsor:** St Louis University School of Medicine  
**St Louis University Hospital**  
**Veterans Affairs Medical Center (St Louis)**  
**Program Director:** A Cabid Olmedo, MD  
**3030 Vista Ave at Grand Blvd**  
**PO Box 15250**  
**St Louis, MO 63110**  
**Tel:** 314-677-6047  
**Fax:** 314-288-5144  
**E-mail:** olmedo@slu.edu  
**Length:** 2 Yrs  
**Program ID:** 200-28-21-092

**Buffalo**

**SUNY at Buffalo Graduate Medical-Dental Education Consortium Program**  
**Sponsor:** SUNY at Buffalo Graduate Medical-Dental Education Consortium  
**Kaleida Health System (Buffalo General Hospital)**  
**Mercy Hospital of Buffalo**  
**Roswell Park Cancer Institute**  
**Veterans Affairs Medical Center (Buffalo)**  
**Program Director:** Hadi H Abdel Nabi, MD, PhD  
**105 Parker Hall**  
**3435 Main Street**  
**Buffalo, NY 14214**  
**Tel:** 716-838-8000  
**Fax:** 716-838-4918  
**Length:** 2 Yrs  
**Program ID:** 200-35-21-047

**Manhattan**

**North Shore University Hospital/NYU School of Medicine Program**  
**Sponsor:** North Shore University Hospital  
**Program Director:** Donald Margolied, MD  
**500 Community Drive**  
**Mamaroneck, NY 10543**  
**Tel:** 516-563-4000  
**Fax:** 516-563-1008  
**Length:** 2 Yrs  
**Program ID:** 200-35-21-102
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<td>North Carolina</td>
<td>Chapel Hill</td>
<td>University of North Carolina Hospitals Program</td>
<td>Sponsor: University of North Carolina Hospitals</td>
<td>Pgm Director: William H. McCartney, MD</td>
<td>Tel: 919-666-6084</td>
<td>2 Yrs</td>
<td>200-36-21-114</td>
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<td>North Carolina</td>
<td>Winston-Salem</td>
<td>Wake Forest University of Medicine Program</td>
<td>Sponsor: Wake Forest University Baptist Medical Center</td>
<td>Pgm Director: Kathryn A. Morton, MD</td>
<td>Tel: 336-716-3099</td>
<td>2 Yrs</td>
<td>200-36-11-001</td>
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<td>Ohio</td>
<td>Cincinnati</td>
<td>Christ Hospital Program</td>
<td>Sponsor: University of Cincinnati Medical Center</td>
<td>Pgm Director: Edward G. DePuy, MD</td>
<td>Tel: 212-533-2089</td>
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<td>Oklahoma</td>
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<td>University of Oklahoma Health Sciences Program</td>
<td>Sponsor: University of Oklahoma Health Sciences</td>
<td>Pgm Director: Jeffrey S. Stevens, MD</td>
<td>Tel: 405-271-0114</td>
<td>2 Yrs</td>
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<td>Oregon</td>
<td>Portland</td>
<td>Oregon Health &amp; Science University Program</td>
<td>Sponsor: Oregon Health &amp; Science University Hospital</td>
<td>Pgm Director: Frieda Silva de Roldan, MD</td>
<td>Tel: 503-792-9507</td>
<td>2 Yrs</td>
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<td>Pennsylvania</td>
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<td>Temple University Program</td>
<td>Sponsor: Temple University Hospital</td>
<td>Pgm Director: Alan R. Winner, MD</td>
<td>Tel: 215-737-1104</td>
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<td>Knoxville</td>
<td>University of Tennessee Medical Center Program</td>
<td>Sponsor: University of Tennessee Medical Center</td>
<td>Pgm Director: Gary F. Smith, MD</td>
<td>Tel: 615-544-9074</td>
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<td>University of Puerto Rico Program</td>
<td>Sponsor: University of Puerto Rico School of Medicine</td>
<td>Pgm Director: Elizabeth L. Groves, MD</td>
<td>Tel: 787-767-1826</td>
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<td>Medical University of South Carolina Program</td>
<td>Sponsor: Medical University of South Carolina College of Medicine</td>
<td>Pgm Director: Kenneth M. Spicer, MD</td>
<td>Tel: 843-792-3566</td>
<td>2 Yrs</td>
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<td>Sponsor: Vanderbilt University Medical Center</td>
<td>Pgm Director: William J. Martin, MD</td>
<td>Tel: 615-232-9251</td>
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<td>University of Texas Southwestern Medical School Program</td>
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<td>Dallas County Hospital District-Parkland Memorial Hospital</td>
<td>Program Director: William A Erdman, MD</td>
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<td>Veterans Affairs Medical Center (Dallas)</td>
<td>Tel: 214 560-5100 Fax: 214 560-2729</td>
<td>Length: 2 Yrs</td>
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<td>Houston</td>
<td>Baylor College of Medicine Program</td>
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<td>St Luke's Episcopal Hospital</td>
<td>Tel: 713 788-8359 Fax: 713 788-8359</td>
<td>Length: 2 Yrs</td>
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<td>San Antonio</td>
<td>University of Texas Health Science Center at San Antonio Program</td>
<td>University of Texas Medical School at San Antonio</td>
<td>Program Director: Darlene Metter, MD</td>
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<td>Brooke Army Medical Center</td>
<td>Tel: 210 567-5690 Fax: 210 567-6418</td>
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<td>Hunter Holmes McGuire VA Medical Center (Richmond)</td>
<td>Tel: 804 828-7976 Fax: 804 828-4181</td>
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<td>Program Director: Michael A Wilson, MD</td>
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<td>500 Highland Avenue, EU/111 OSC</td>
<td>Tel: 608 263-5885 Fax: 608 295-7300</td>
<td>Length: 2 Yrs</td>
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<td>Program Director: Arthur Z Kranawot, MD</td>
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<td>Froedtert Memorial Lutheran Hospital</td>
<td>Tel: 414 805-3774 Fax: 414 771-3460</td>
<td>Length: 2 Yrs</td>
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<td>Madison</td>
<td>University of Wisconsin Program</td>
<td>University of Wisconsin Hospital and Clinics</td>
<td>Program Director: Fred Mishkin, MD</td>
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<td>William S Middleton Veterans Hospital</td>
<td>Tel: 414 266-9000 Fax: 414 266-9000</td>
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<td>Department of Radiology</td>
<td>Tel: 414 805-3774 Fax: 414 771-3460</td>
<td>Length: 2 Yrs</td>
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<td>Tel: 414 805-3774 Fax: 414 771-3460</td>
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<td>Program ID: 200-58-21-080</td>
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<td>Department of Radiology</td>
<td>Tel: 414 805-3774 Fax: 414 771-3460</td>
<td>Length: 2 Yrs</td>
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<td>Department of Radiology</td>
<td>Tel: 414 805-3774 Fax: 414 771-3460</td>
<td>Length: 2 Yrs</td>
<td>Program ID: 200-58-21-080</td>
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**Accredited Programs in Nuclear Medicine**

**Washington**

**Seattle**

**University of Washington Program**

Sponsor: University of Washington Program

Program Director: James Paprocki, MD

Box 356115, Room N203

Seattle, WA 98195

Tel: 206 548-4340 Fax: 206 548-4496

Length: 2 Yrs

Program ID: 200-54-21-078

**Wisconsin**

**Madison**

**University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics

Program Director: Michael A Wilson, MD

600 Highland Avenue, EU/111 OSC

Madison, WI 53792

Tel: 608 263-5885 Fax: 608 295-7300

Length: 2 Yrs

Program ID: 200-58-21-079

---

**Nuclear Radiology (Radiology-Diagnostic)**

**California**

**Torrance**

**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center

Program Director: Fred Mishkin, MD

1000 W Camino Street, Box 23

Torrance, CA 90609

Tel: 310 222-2842 Fax: 310 328-7288

E-mail: mishkin@hmc.edu

Length: 1 Yr

Program ID: 425-05-31-065

**Connecticut**

**New Haven**

**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital

Program Director: David W Cheng, MD, PhD

333 Cedar St

PO Box 208042

New Haven, CT 06520

Tel: 203 785-7877 Fax: 203 785-6002

E-mail: david.w.cheng@yale.edu

Length: 1 Yr

Program ID: 425-06-11-002

**Georgia**

**Atlanta**

**Emory University School of Medicine Program**

Sponsor: Emory University School of Medicine

Program Director: Naomi F Aluakia, MD

Room E145

1364 Clifton Road, NE

Atlanta, GA 30322

Tel: 404 728-5582 Fax: 404 327-4980

Length: 1 Yr

Program ID: 425-12-21-056

**Illinois**

**Chicago**

**McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University

Northwestern Memorial Hospital

Program Director: William G Spies, MD

Galter Pavilion 8th Floor

251 E Huron

Chicago, IL 60611

Tel: 312 926-8441 Fax: 312 926-8118

E-mail: ptaylor@nmh.org

Length: 1 Yr

Program ID: 425-16-21-052
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<th>State</th>
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<td>Virginia</td>
<td>Charlottesville</td>
<td>Obstetrics and Gynecology</td>
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<td>St. Joseph's Hospital and Medical Center</td>
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<td>University of Arizona College of Medicine</td>
<td>Sponsor: University of Arizona College of Medicine</td>
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<td>University of Arkansas College of Medicine</td>
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<td>University of California (San Francisco)/Fresno Program</td>
<td>UCSF-Fresno Medical Education Program</td>
<td>University of California - University Medical Center</td>
<td>Sponsor: David Feldman, MD</td>
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<td>Glendale</td>
<td>Glendale Adventist Medical Center Program</td>
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<td>Loma Linda University Medical Center</td>
<td>Sponsor: Barry Schulitz, MD</td>
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<td>Sponsor: Loma Linda University Medical Center</td>
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Accredited Programs in Obstetrics and Gynecology

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center

Program Director: Ricardo Aziz, MD, MPH

7070 Beverly Boulevard

Los Angeles, CA 90048

Tel: 310 423-7413 Fax: 310 423-3470

E-mail: AzizR@sash.org

Length: 4 Yrs ACGME Approved/Offered Positions: 20

Program ID: 220-05-31-094

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science

LAC/King/Drew Medical Center

Program Director: Rosetta Bassan, MD

Department of Obstetrics-Gynecology

1301 South Wilmington Avenue

Los Angeles, CA 90059

Tel: 310 668-4914 Fax: 310 868-1854

Length: 4 Yrs ACGME Approved/Offered Positions: 16

Program ID: 220-05-21-007

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California

Kaiser Foundation Hospital (Los Angeles)

Program Director: Michael W Weinberger, MD

Department of Obstetrics-Gynecology

4500 Sunset Boulevard Suite 51

Los Angeles, CA 90027

Tel: 213 783-4321 Fax: 213 783-9731

Length: 4 Yrs ACGME Approved/Offered Positions: 20

Program ID: 220-05-12-035

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine

Olive View/UCLA Medical Center

UCLA Medical Center

Program Director: Julie A Henriksen, MD

1858 S Le Conte Avenue

Los Angeles, CA 90025

Tel: 310 205-1074 Fax: 310 206-6531

Length: 4 Yrs ACGME Approved/Offered Positions: 31

Program ID: 220-05-31-098

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center

LAC + USC Medical Center

Program Director: Paul F Brenner, MD

1240 North Mission Road

Los Angeles, CA 90033

Tel: 213 238-2423 Fax: 213 226-3509

Length: 4 Yrs ACGME Approved/Offered Positions: 48

Program ID: 220-05-12-036

White Memorial Medical Center Program

Sponsor: White Memorial Medical Center

Program Director: Clima T Wohlmuth, MD

1720 Cesar E Chavez Ave

Los Angeles, CA 90033

Tel: 323 264-5561 Fax: 323 264-5562

E-mail: Wohlmuth@ah.org

Length: 4 Yrs ACGME Approved/Offered Positions: 12

Program ID: 220-05-21-099

Oakland

Kaiser Permanente Medical Group (Northern California/Oakland) Program

Sponsor: Kaiser Permanente Medical Group (Northern California)

Alta Bates Medical Center

Kaiser Permanente Medical Center (Oakland)

Program Director: David L Walton, MD

Department of Obstetrics-Gynecology

580 West MacArthur Boulevard

Oakland, CA 94611

Tel: 510 752-7412 Fax: 510 752-6375

Length: 4 Yrs ACGME Approved/Offered Positions: 20

Program ID: 220-05-12-040

San Francisco

Kaiser Permanente Medical Group (Northern California/San Francisco) Program

Sponsor: Kaiser Permanente Medical Group (Northern California)

Kaiser Permanente Medical Center (San Francisco)

Program Director: David E Field, MD

2455 Geary Blvd Mezzanine 160

San Francisco, CA 94115

Tel: 415 833-3034 Fax: 415 833-4983

E-mail: louella.neymann@kp.org

Length: 4 Yrs ACGME Approved/Offered Positions: 16

Program ID: 220-05-12-045

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

Mount Zion Medical Center of the University of California

San Francisco General Hospital Medical Center

University of California (San Francisco) Medical Center

Program Director: Lee A Learman, MD, PhD

Dept of Obstetrics-Gynecology

565 Parnassus Ave, Box 0132, M-1483

San Francisco, CA 94143

Tel: 415 476-6162 Fax: 415 476-1411

Length: 4 Yrs ACGME Approved/Offered Positions: 32

Program ID: 220-05-21-047

San Jose

Santa Clara Valley Medical Center Program

Sponsor: Santa Clara Valley Medical Center

Program Director: Roger A Spencer, MD

Department of Obstetrics-Gynecology

751 South Bascom Avenue

San Jose, CA 95129

Tel: 408 885-5550 Fax: 408 885-5577

Length: 4 Yrs ACGME Approved/Offered Positions: 19

Program ID: 230-05-21-033

Santa Clara

Kaiser Permanente Medical Group (Northern California/Santa Clara) Program

Sponsor: Kaiser Permanente Medical Group (Northern California)

Kaiser Permanente Medical Center (Santa Clara)

Program Director: David K Levin, MD

Graduate Medical Education Office

900 Kieber Blvd, Bldg J, Suite 2

Santa Clara, CA 95051

Tel: 408 236-4021 Fax: 408 236-5185

Length: 4 Yrs ACGME Approved/Offered Positions: 16

Program ID: 220-05-12-011

Stanford

Stanford University Program

Sponsor: Stanford University Hospital

Program Director: Maurice L Dunn, MD

Department of Obstetrics/Gynecology

330 Pasteur Drive, Room 3203

Stanford, CA 94305

Tel: 650 498-7670 Fax: 650 723-7737

Length: 4 Yrs ACGME Approved/Offered Positions: 16

Program ID: 220-05-21-049
Accredited Programs in Obstetrics and Gynecology

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Lance Betson, DO
Department of Obstetrics and Gynecology
1000 West Carson Street, Box 3
Torrance, CA 90509
Tel: 310 222-8569  Fax: 310 782-8148
E-mail: ldbetson@sal.com
Length: 4 yrs  ACGME Approved/Offered Positions: 20
Program ID: 220-05-21-050

Travis AFB

David Grant Medical Center Program

Sponsor: David Grant Medical Center
Kaiser Permanente Hospital (Vallejo)
Program Director: Thomas C Kirvick, MD
Travis AFB
101 Bodin Circle
Travis AFB, CA 94555
Tel: 707 429-5330  Fax: 707 423-7356
Length: 4 yrs  ACGME Approved/Offered Positions: 12
Program ID: 220-05-21-001

US Armed Services Program

Colorado

Denver

Exempla St Joseph Hospital Program

Sponsor: Exempla Saint Joseph Hospital
Program Director: Nicholas A Peros, MD
Ob/Gyn Residency Program
1360 Franklin Street
Denver, CO 80218
Tel: 303 837-7395  Fax: 303 837-6677
E-mail: notch@exempla.org
Length: 4 yrs  ACGME Approved/Offered Positions: 16
Program ID: 220-05-21-051

Univerisity of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
HealthONE Rose Medical Center
Program Director: Kirsten J Lund, MD
Dept of Ob/Gyn, E-106
4200 E Ninth Avenue
Denver, CO 80262
Tel: 303 315-9169  Fax: 303 315-1572
E-mail: aclina@gov4@uchsc.edu
Length: 4 yrs  ACGME Approved/Offered Positions: 36
Program ID: 220-07-31-053

Connecticut

Bridgeport

Bridgeport Hospital/Yale University Program

Sponsor: Bridgeport Hospital
Program Director: Stephen D Rosenman, MD
Department of Obstetrics-Gynecology
PO Box 5000
Bridgeport, CT 06610
Tel: 203 384-3911  Fax: 203 384-3284
E-mail: paros@ubthospital.org
Length: 4 yrs  ACGME Approved/Offered Positions: 12
Program ID: 220-08-11-054

Danbury

Danbury Hospital Program

Sponsor: Danbury Hospital
Program Director: Howard Blanchette, MD
24 Hospital Ave
Danbury, CT 06810
Tel: 203 787-7466  Fax: 203 787-8750
Length: 4 yrs  ACGME Approved/Offered Positions: 12
Program ID: 220-08-21-055

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: John P Greene Jr, MD
250 Farmington Avenue
Farmington, CT 06030
Tel: 860 579-2853  Fax: 860 679-1228
Length: 4 yrs  ACGME Approved/Offered Positions: 36
Program ID: 220-08-21-355

Hartford

St Francis Hospital Medical Center Program

Sponsor: St Francis Hospital and Medical Center
Program Director: Adam F Borgida, MD
Department of Obstetrics-Gynecology
114 Woodward Street
Hartford, CT 06105
Tel: 860 714-5170  Fax: 860 714-6008
Length: 4 yrs  ACGME Approved/Offered Positions: 16
Program ID: 220-06-11-009

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Program Director: Susan Richman, MD
333 Cedar Street, 399 PBM
PO Box 200663
New Haven, CT 06520
Tel: 203 785-4004  Fax: 203 737-1883
E-mail: susan.richman@yale.edu
Length: 4 yrs  ACGME Approved/Offered Positions: 25
Program ID: 220-08-21-060

Stamford

Stamford Hospital/Columbia University College of Physicians and Surgeons Program

Sponsor: Stamford Hospital -
Program Director: Frances W Giusberg, MD
Department of Obstetrics-Gynecology
Sheletrone Road and W Broad Street
Stamford, CT 06902
Tel: 203 325-7863  Fax: 203 325-7259
Length: 4 yrs  ACGME Approved/Offered Positions: 12
Program ID: 220-08-11-061

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Program Director: Lamar Elkind, MD
4755 Ogletown Stanton Road
PO Box 6001
Newark, DE 19718
Tel: 302 733-5565  Fax: 302 733-2990
Length: 4 yrs  ACGME Approved/Offered Positions: 16
Program ID: 220-09-11-062

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Holy Cross Hospital of Silver Spring
Inova Fairfax Hospital
Program Director: Nancy D Gaba, MD
Department of Obstetrics-Gynecology
2100 Pennsylvania Avenue, NW 6A-429
Washington, DC 20037
Tel: 202 741-3552  Fax: 202 741-2550
Length: 4 yrs  ACGME Approved/Offered Positions: 40
Program ID: 220-10-21-064

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Praseonidine Hospital
Virginia Hospital Center-Arlington
Program Director: Anthony R Sciulli, MD
Department of Obstetrics-Gynecology
3900 Ezerweis Road, NW (S PHC)
Washington, DC 20007
Tel: 202 444-8533  Fax: 202 444-4018
Length: 4 yrs  ACGME Approved/Offered Positions: 24
Program ID: 220-10-21-063

Howard University Program

Sponsor: Howard University Hospital
Prince George’s Hospital Center
Program Director: Olanrewaju Adeyiga, MD
Department of Obstetrics-Gynecology
2041 Georgia Avenue, NW
Washington, DC 20009
Tel: 202 865-1161  Fax: 202 865-0923
Length: 4 yrs  ACGME Approved/Offered Positions: 16
Program ID: 220-10-31-065

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Division of Obstetrics-Gynecology
Program Director: David Downing, MD
Department of Obstetrics-Gynecology
110 Irving Street, NW, Suite 5 B 69
Washington, DC 20010
Tel: 202 877-4505  Fax: 202 877-5455
Length: 4 yrs  ACGME Approved/Offered Positions: 16
Program ID: 220-10-31-067

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: W Patrick Duff, MD
Department of Obstetrics-Gynecology
PO Box 100294
Gainesville, FL 32610
Tel: 352 392-2222  Fax: 352 392-3208
Length: 4 yrs  ACGME Approved/Offered Positions: 15
Program ID: 220-11-11-068

752

Graduate Medical Education Directory 2004-2005
Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Phys· Director: Guy I Becnel, MD
Department of Obstetrics-Gynecology
653-1 West 8th Street
Jacksonville, FL 32209
Tel: 904 727-0911 Fax: 904 244-9868
E-mail: marcha.coyle@jax.ufl.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-11-21-069

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Phys· Director: Victor H Gonzalez-Quintero, MD, MPH
Holts Center Room 707
1111 NW 12th Avenue
Miami, FL 33136
Tel: 305 585-3540 Fax: 305 235-1469
E-mail: cathyh@coria.org
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 220-11-21-078

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Phys· Director: Stephen J Carlan, MD
Department of Obstetrics-Gynecology
105 West Miller Street
Orlando, FL 32806
Tel: 407 841-5297 Fax: 407 481-0182
E-mail: kkkline@mcg.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-11-12-072

Pensacola
University of Florida (Pensacola) Program
Sponsor: University of Florida College of Medicine
Sacred Heart Hospital of Pensacola
Phys· Director: Clyde H Dorr II, MD
Department of Obstetrics-Gynecology
5645 Carpenter Creek Drive
Pensacola, FL 32503
Tel: 850 416-2454 Fax: 850 416-2467
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-11-21-973

St Petersburg
Bayfront Medical Center Program
Sponsor: Bayfront Medical Center
Phys· Director: Karen A Saimer, MD
Obstetrics/Gynecology Residency Program
700 6th Street South
St Petersburg, FL 33701
Tel: 727 893-6917 Fax: 727 893-6978
E-mail: obresidency@bayfront.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-11-11-974

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Tampa General Hospital
Phys· Director: William N Spellacy, MD
Harbourside Medical Tower, Suite 500
4 Columbia Drive
Tampa, FL 33606
Tel: 813 259-8452 Fax: 813 259-8580
E-mail: kpsallmn@hsc.usf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-11-21-078

Georgia
Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Phys· Director: Rhonda C Lauf, MD
Department of Obstetrics and Gynecology
303 Parkview Drive, NE - Box 423
Atlanta, GA 30312
Tel: 404 265-6114 Fax: 404 265-6980
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-12-22-077

Emory University Program
Sponsor: Emory University School of Medicine
Grady Memorial Hospital
Phys· Director: Hugh W Randall, MD
Department of Obstetrics-Gynecology
66 Jesse Hill Jr Drive, SE
Atlanta, GA 30303
Tel: 404 616-3540 Fax: 404 531-3589
Length: 4 Yrs ACGME Approved/Offered Positions: 31
Program ID: 220-13-21-070

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Grady Memorial Hospital
Tenet - South Fulton Medical Center
Phys· Director: Franklin H Geary Jr, MD
Department of Obstetrics-Gynecology
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 616-9674 Fax: 404 616-4131
E-mail: obgyres@mssm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-11-21-049

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
University Hospital
Phys· Director: Robert D Stager, MD
1120 Fifteenth Street, BA 7310
Augusta, GA 30912
Tel: 706 721-2541 Fax: 706 721-6211
E-mail: kpsallmn@hsc.usf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-12-21-078

Macon
Mercer University School of Medicine Program
Sponsor: Medical Center of Central Georgia
Phys· Director: Howard Sohnen, MD
Department of Obstetrics-Gynecology
720 Pine Street
Macon, GA 31201
Tel: 478 633-1056 Fax: 478 749-9171
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-15-11-979

Savannah
Mercer University School of Medicine (Savannah) Program
Sponsor: Memorial Health-University Medical Center
Phys· Director: Donald G Gallup, MD
PO Box 3105
Savannah, GA 31402
Tel: 912 350-7032 Fax: 912 350-7869
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-11-31-089

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Queen's Medical Center
Phys· Director: Todd C Anby, MD
Department of Obstetrics-Gynecology
1111 Punchbowl Street-Room 504
Honolulu, HI 96826
Tel: 808 586-7401 E-mail: eceenl@hawaii.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-14-31-081

Tripler AMC
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Phys· Director: Holly L Gibson, MD
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-1815 Fax: 808 433-1852
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-14-12-007

US Armed Services Program

Illinois
Chicago
Advocate Illinois Masonic Medical Center Program
Sponsor: Advocate Illinois Masonic Medical Center
Phys· Director: Brenda Darrell, MD
Department of OB/GYN
565 West Wellington Avenue
Chicago, IL 60614
Tel: 773 296-1121 Fax: 773 296-7907
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-16-21-085

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Phys· Director: Julie B Schmidt, MD
Department of Obstetrics-Gynecology
1835 West Harrison Street
Chicago, IL 60612
Tel: 312 633-6604 Fax: 312 633-7468
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-16-31-084

Graduate Medical Education Directory 2004-2005
753

Accredited Programs in Obstetrics and Gynecology
Programs

753
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Evanson Hospital
Northwestern Memorial Hospital
Program Director: Magdy Milad, MD, MS
Pritzker School of Medicine
333 East Superior, Suite 185
Chicago, IL 60611
Tel: 312-926-7325 Fax: 312-926-7976
E-mail: nu-eogy@nmh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 35
Program ID: 226-16-11-096

Mercy Hospital and Medical Center Program
Sponsor: Mercy Hospital and Medical Center
Program Director: Susan H. Porto, MD
Department of Obstetrics-Gynecology
3250 South Michigan Avenue
Chicago, IL 60616
Tel: 312-567-2480 Fax: 312-567-2628
E-mail: sp1yf11!or:ameritech.net
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096

Mount Sinai Hospital Medical Center of Chicago Program
Sponsor: Mount Sinai Hospital Medical Center of Chicago
Program Director: Joseph Blankstein, MD
Department of Obstetrics-Gynecology
California Ave at 15th St, Bm F288
Chicago, IL 60608
Tel: 773-848-6589 Fax: 773-257-6589
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Xavier T Pombar, DO
Department of Obstetrics-Gynecology
1503 West Congress Parkway
Chicago, IL 60612
Tel: 312-942-6610 Fax: 312-942-6606
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 226-16-11-096

St Joseph Hospital Program
Sponsor: St Joseph Hospital
Program Director: Abdel H Honeinein, MD
Department of Obstetrics-Gynecology
2000 North Lake Shore Drive
Chicago, IL 60615
Tel: 773-665-3152 Fax: 773-665-3718
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096

University of Chicago Program
Sponsor: University of Chicago Hospitals
MacNeal Memorial Hospital
Program Director: Sandra Colbertson, MD
Prickert School of Medicine
5841 S Maryland Ave
Chicago, IL 60637
Tel: 773-384-0368 Fax: 773-702-6840
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 226-16-11-096

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
 Advocate Christ Medical Center
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Program Director: Glenn Elam, MD, MFP
Department of Ob-Gyn (MC 286)
830 South Wood Street
Chicago, IL 60612
Tel: 312-996-2376 Fax: 312-996-4238
E-mail: huy@uiuc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 226-16-11-096

Evansan
St Francis Hospital of Evansan Program
Sponsor: St Francis Hospital
Evansan Hospital
Program Director: John Y Knuas, DO
Department of Obstetrics-Gynecology
1055 North Ridge Avenue
Evansan, IL 60652
Tel: 312-316-6229 Fax: 312-316-3397
E-mail: clark@healthcare.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 226-16-11-096

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Resurrection Medical Center
Program Director: John G Gianopoulos, MD
Department of Obstetrics-Gynecology
2160 South First Avenue
Maywood, IL 60153
Tel: 708-216-6453 Fax: 708-216-9435
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 226-16-11-096

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Program Director: Michael A Moen, MD
Department of Obstetrics-Gynecology
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847-722-6658 Fax: 847-722-1508
E-mail: obgyn-aped-lutherancare.com
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096

Peoria
University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
Methodist Medical Center of Illinois
OSF St Francis Medical Center
Tolomia & Renfroe, MD
Saint Francis Medical Center
500 NE Glen Oak Avenue
Peoria, IL 61657
Tel: 309-655-4103 Fax: 309-655-3709
E-mail: shearzoh@osf.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 226-16-11-096

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Center
St John's Hospital
Program Director: Keri S Amanowak, MD
Department of Obstetrics-Gynecology
P.O. Box 19640
Springfield, IL 62774
Tel: 217-545-1533 Fax: 217-545-7059
E-mail: mhsjhos@siumed.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarion Methodist Hospital of Indiana
Clarion Riley Hospital for Children
William N Richards Memorial Hospital
Program Director: Frederick B Stehman, MD
Department of Obstetrics-Gynecology
550 N University Blvd, RM 2440
Indianapolis, IN 46202
Tel: 317-274-1546 Fax: 317-274-7117
E-mail: obgyn@iupui.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: Harold E Campbell, MD
Department of Obstetrics-Gynecology
2501 W 86th Street
Indianapolis, IN 46260
Tel: 317-338-6852 Fax: 317-338-6892
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 226-16-11-096

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: Joel S Sorokin, MD
Dept of Obstetrics and Gynecology
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-2015 Fax: 319-356-3901
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 226-16-11-096

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: Timothy L Bennett, MD
Department of Obstetrics-Gynecology
3901 Rainbow Boulevard Wescoe 3rd
Kansas City, KS 66160
Tel: 913-588-6274 Fax: 913-588-3288
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 226-16-11-096
Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Wesley Medical Center
Prgm Director: Travis W Stambridge, MD
550 W Hillside
Wichita, KS 67214
Tel: 316 662-3185 Fax: 316 963-3102
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-10-11-104

Kentucky
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Central Baptist Hospital
Prgm Director: Gail M Matthews, MD
Department of Obstetrics-Gynecology
800 Rose Street, Room C373
Lexington, KY 40508
Tel: 502 384-2521 Fax: 502 323-1931
E-mail: bdowill@uky.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-20-10-105

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Prgm Director: Christine L Cook, MD
Dept of Obstetrics, Gynecology & Women’s Health
Louisville, KY 40292
Tel: 502 852-7076 Fax: 502 852-1911
E-mail: christine.cook@louisville.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-20-21-106

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Gabriella Priddian, MD
Department of Obstetrics-Gynecology SL-11
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 587-2145 Fax: 504 584-2943
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 229-21-21-108

Kentucky State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
E A Conway Medical Center
Prgm Director: James B Unger, MD
501 Kings Highway
PO Box 33922
Shreveport, LA 71139
Tel: 318 675-8256 Fax: 318 675-4671
E-mail: junger@lsuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 229-21-11-110

Shreveport

Sinai Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
Prgm Director: Marc Lowen, MD
Department of Obstetrics-Gynecology
2411 West Belvedere Avenue, Medical Office Bldg
Suite 105
Baltimore, MD 21215
Tel: 410 601-9197 Fax: 410 601-8862
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-23-12-118

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Prgm Director: Harry W Johnson Jr, MD
Department of Obstetrics-Gynecology
225 S Greene Street
Baltimore, MD 21201
Tel: 410 236-5059 Fax: 410 338-0279
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-23-21-121

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Andrew J Satin, MD
Uniformed Services University
4501 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-2045 Fax: 301 295-1988
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-23-13-116

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Jodi F Abbot, MD
300 Brookline Ave
BS-019
Boston, MA 02215
Tel: 617 697-2285 Fax: 617 697-4173
E-mail: sheilaly@caregroup.harvard.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-24-11-123

Baltimore
Franklin Square Hospital Center Program
Sponsor: Franklin Square Hospital Center
Prgm Director: William S Taylor, MD
9000 Franklin Square Drive
Baltimore, MD 21237
Tel: 443 777-7851 Fax: 443 777-8180
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-23-21-112

Johns Hopkins University/Greater Baltimore Medical Center Program
Sponsor: Johns Hopkins University School of Medicine
Greater Baltimore Medical Center
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Jessica Biestock, MD, MPH
1800 N Mount Street, Suite 600
Baltimore, MD 21287
Tel: 410 655-8487 Fax: 410 602-6683
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 220-23-21-114

Maryland General Hospital Program
Sponsor: Maryland General Hospital
Prgm Director: Bruce S Greshin, MD
827 Linden Avenue
Baltimore, MD 21201
Tel: 410 226-8475 Fax: 410 226-8764
E-mail: bgreshin@marylandgeneral.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-23-11-115

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Prgm Director: Michael A Finan, MD
Graduate Medical Education
1516 Jefferson Highway
New Orleans, LA 70131
Tel: 504 842-3266 Fax: 504 842-3193
E-mail: mdurry@ochsner.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-21-22-199

Norton Healthcare Program
Sponsor: University of Louisville Medical Center (Lafayette)
Prgm Director: Ralph R Cheesman, MD
1542 Tulane Avenue, Room 501
New Orleans, LA 70112
Tel: 504 568-8550 Fax: 504 568-5149
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 220-21-21-107

Sinai Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
Prgm Director: Marc Lowen, MD
Department of Obstetrics-Gynecology
2411 West Belvedere Avenue, Medical Office Bldg
Suite 105
Baltimore, MD 21215
Tel: 410 601-9197 Fax: 410 601-8862
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-23-12-118

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Prgm Director: Harry W Johnson Jr, MD
Department of Obstetrics-Gynecology
225 S Greene Street
Baltimore, MD 21201
Tel: 410 236-5059 Fax: 410 338-0279
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-23-21-121

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Andrew J Satin, MD
Uniformed Services University
4501 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-2045 Fax: 301 295-1988
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-23-13-116

Massachusetts

Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Jodi F Abbot, MD
300 Brookline Ave
BS-019
Boston, MA 02215
Tel: 617 697-2285 Fax: 617 697-4173
E-mail: sheilaly@caregroup.harvard.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-24-11-123

Boulder Community Health Program
Sponsor: Boulder Community Health
Prgm Director: Kali Vazadak, MD
Department of Obstetrics-Gynecology
91 East Concord Street
Boston, MA 02118
Tel: 617 414-6166 Fax: 617 414-5161
E-mail: Valerie.worrell@nmcc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 17
Program ID: 220-24-21-124

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Prgm Director: Robert L Barbiere, MD
75 Francis Street, AS81-3-073
Dept of OB/GYN
Boston, MA 02115
Tel: 617 722-4360 Fax: 617 727-1440
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 220-24-11-125

Programs
Tulane-New England Medical Center Program
Sponsor: Tulane-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Pgm. Director: David Chelton, MD
750 Washington Street
NEMI Box 122
Boston, MA 02111
Tel: 617 636-0265 Fax: 617 636-8815
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 229-24-21-128
Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Pgm. Director: Donna L'OShea, MD
Department of Obstetrics-Gynecology
750 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5608 Fax: 413 794-8166
E-mail: donna.oshea@bhs.org
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 229-24-12-129
Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Pgm. Director: Robert E Berry Jr, MD
Department of OB-GYN - TOSH
OB-GYN - J4
119 Belmont Street
Worcester, MA 01605
Tel: 508 394-9450 Fax: 508 394-5371
E-mail: fragas@ummc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 229-24-21-130
Michigan
Ann Arbor
St. Joseph Mercy Hospital Program
Sponsor: St. Joseph Mercy Health Systems
University of Michigan Hospitals and Health Centers
Pgm. Director: Shannon M O'Leary, MD
5335 McKinley Drive
RBB-2108
Ypsilanti, MI 48197
Tel: 734 712-5171 Fax: 734 712-4151
E-mail: durbinma@uniql-health.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 229-25-31-131
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm. Director: Clark K Nugent, MD
1500 East Medical Center Drive
PAS-560
Ann Arbor, MI 48109
Tel: 734 763-9680 Fax: 734 647-1006
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 229-25-31-132
Dearborn
Oakwood Hospital Program
Sponsor: Oakwood Hospital
Pgm. Director: Veronica T Mallett, MD
Suite 126
Dearborn, MI 48123
Tel: 313 583-7815 Fax: 313 496-2783
E-mail: chwalekwm@oakwood.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 229-25-31-133
Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm. Director: David A Richardson, MD
K-8 Dept of Obstetrics-Gynecology
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1023 Fax: 313 916-5008
E-mail: pma123@hfnhs.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 229-25-11-136
St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Pgm. Director: Michael Fryszak, PhD, MD
23111 Mound Road
Detroit, MI 48201
Tel: 313 343-7788 Fax: 313 343-4032
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 229-25-11-137
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Orthopaedic Speciality Hospital, The - TOSH
Pgm. Director: Theodore B Jones, MD
Mail Stop 5 Center
407 St Antoine
Detroit, MI 48201
Tel: 313 745-7075 Fax: 313 863-2685
E-mail: dpaduch@med.wayne.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 44
Program ID: 229-25-31-158
Flint
Hurley Medical Center/Michigan State University Program
Sponsor: Hurley Medical Center
Pgm. Director: John Rebert, MD
Department of Obstetrics-Gynecology
1111 Hurley Plaza, Suite 101
Flint, MI 48503
Tel: 810 763-9426 Fax: 810 257-8976
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 229-25-31-149
Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
St Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health-Blodgett Campus
Spectrum Health-Butterworth Campus
Pgm. Director: Stephen F Reehner, MD
3600 Burkhart NE
Suite 102
Grand Rapids, MI 49503
Tel: 616 391-1929 Fax: 616 391-3174
E-mail: Cathie.Hansen@Spectrum-Health.org
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 229-25-21-141
Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Pgm. Director: Shundra S Maney, MD
OB/GYN Residency Program
1215 East Michigan Avenue
Lansing, MI 48909
Tel: 517 364-2871 Fax: 517 485-3558
E-mail: Lynch.donn@partners.com
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 229-25-31-143
Pontiac
North Oakland Medical Centers Program
Sponsor: North Oakland Medical Centers
Pgm. Director: Leonard Dorey, MD
461 West Huron
Pontiac, MI 48341
Tel: 248 857-7119 Fax: 248 857-8605
E-mail: obgyn@nmnc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 229-25-11-144
Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Pgm. Director: John R Musich, MD, MBA
3601 W 18 Mile Road
Royal Oak, MI 48073
Tel: 248 561-0477 Fax: 248 561-5426
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 229-25-11-146
Saginaw
Synergy Medical Education Alliance Program
Sponsor: Synergy Medical Education Alliance
Covenant HealthCare System-Harrison Campus
Pgm. Director: C Rodney Patton, MD
1000 Houghton Avenue
Saginaw, MI 48632
Tel: 989 583-6028 Fax: 989 583-6941
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 229-25-21-147
Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Pgm. Director: Robert A Welch, MD, MSA
Department of Obstetrics-Gynecology
16001 W Nine Mile Road, Box 246
Southfield, MI 48075
Tel: 248 849-3948 Fax: 248 849-2844
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 229-25-21-148
Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Regions Hospital
Pgm. Director: Linda F Carlson, MD
Department of Obstetrics-Gynecology
MMC 386, 420 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 626-3111 Fax: 612 626-6665
E-mail: Carlson.Linda@fairview.org
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 229-26-21-149
Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Program Director: Bryan D Cowan, MD
Department of OB-Gyn
Keesler Medical Center
501 Fisher Street, Suite 1A192
Jackson, MS 39216
Tel: 601 894-6300 Fax: 601 894-9904
E-mail: bowan@ob-gyn.umst.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-27-11-161

Keesler AFB
Keesler Medical Center Program
Sponsor: Keesler Medical Center
Program Director: John J Lamalski, MD
Keesler Medical Center/SGCG
301 Fisher Street, Suite 1A192
Keesler AFB, MS 39534
Tel: 228 377-6077 Fax: 228 377-1279
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-27-11-002
US Armed Services Program

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Columbia Regional Hospital
University Hospitals and Clinics
Program Director: John W Cassels Jr, MD
One Hospital Drive, Room N506
DCO61.00
Columbia, MO 65212
Tel: 573 882-9001 Fax: 573 882-9010
E-mail: casselsj@health.missouri.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-28-11-152

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Program Director: Roger F Smith, MD
2301 Holmes
Department of Obstetrics and Gynecology
Kansas City, MO 64108
Tel: 816 494-5178 Fax: 816 494-5175
E-mail: seborah.grigsby@tmcm.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-28-11-154

Nebraska

Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Alegent Health Jaeger Mercy Health System
Creighton University Medical Center (Temet - SJH)
Program Director: Alfred D Fleming, MD
601 N 30th St, Ste 4700
Omaha, NE 68131
Tel: 402 286-4486 Fax: 402 286-4486
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-30-21-160

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Nebraska Methodist Hospital
Program Director: Teresa D Berg, MD
Department of Obstetrics-Gynecology
90305 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6150 Fax: 402 559-6150
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-33-12-163
Accredited Programs in Obstetrics and Gynecology

Long Branch
Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Prgm Director: David M Wallace, MD
Department of Obstetrics-Gynecology
360 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-6769 Fax: 732 923-2223
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-33-1164

Neptune
Jersey Shore University Medical Center Program
Sponsor: Jersey Shore University Medical Center
Prgm Director: William J Mann Jr, MD
Department of Obstetrics-Gynecology
1845 State Route 35
Neptune, NJ 07758
Tel: 732 776-4128 Fax: 732 776-4525
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-33-1165

Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Prgm Director: Martin L Gimovsky, MD
361 Lyons Avenue
Newark, NJ 07112
Tel: 973 936-7788 Fax: 973 936-7497
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 220-33-2321

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
Morristown Memorial Hospital
UMDNJ-University Hospital
Prgm Director: Jacquelyn S Loughlin, MD
Department of Obstetrics-Gynecology
385 South Orange Avenue, Room E506
Newark, NJ 07103
Tel: 973 972-8066 Fax: 973 972-8674
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 220-33-31166

Paterson
Mount Sinai School of Medicine (St Joseph’s Regional Medical Center) Program
Sponsor: Mount Sinai School of Medicine
St Joseph’s Regional Medical Center
Prgm Director: Roger F Kivel, MD
Department of Obstetrics-Gynecology
703 Main Street
Paterson, NJ 07503
Tel: 973 724-3706 Fax: 973 724-2725
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-33-21323

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter’s University Hospital
Prgm Director: Anthony M Vinitziano, MD
Department of Obstetrics-Gynecology
125 Paterson Street
New Brunswick, NJ 08901
Tel: 732 733-7638 Fax: 732 235-6621
Length: 4 Yrs ACGME Approved/Offered Positions: 38
Program ID: 220-33-21167

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Joseph (Tony) A Ogburn, MD
Dept of Obstetrics-Gynecology
Albuquerque, NM 87131
Tel: 505 272-6368 Fax: 505 272-6886
E-mail: oemh@salud.unm.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-33-21169

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
St Peter’s Hospital
Prgm Director: Jean-Claude Velle, MD
Department of Obstetrics-Gynecology
17 New Scotland Avenue, Mail Code 74
Albany, NY 12208
Tel: 518 262-6026 Fax: 518 262-0750
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-33-21170

Brooklyn
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Weiler Hospital
Prgm Director: Brian L Cohen, MD
Bellevue Educational Center, Room 510
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 430-4091 Fax: 718 430-8774
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Program ID: 220-33-21178

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Magdy Mikhail, MD
Department of Obstetrics-Gynecology
1550 Grand Concourse
Bronx, NY 10457
Tel: 718 239-6388 Fax: 718 860-1392
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-33-21180

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Prgm Director: Janet L Mitchell, MD, MPH
Department of Obstetrics-Gynecology
201 East 111th Street, Room 518
Bronx, NY 10461
Tel: 118 507-5552 Fax: 118 507-4659
E-mail: jlmitchel@pol.net
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Program ID: 220-33-21304

New York Medical College (Our Lady of Mercy) Program
Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Prgm Director: Kevin D Reilly, MD
Our Lady of Mercy Medical Center
600 East 110th Street
Bronx, NY 10466
Tel: 118 920-9649 Fax: 118 920-6812
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 220-33-21300

SUNY Health Science Center at Brooklyn
Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital SUNY Health Science Center at Brooklyn
Prgm Director: Ovadia Abulaia, MD
Department of Obstetrics-Gynecology
450 Clarkson Avenue, Box 24
Brooklyn, NY 11203
Tel: 718 276-2691 Fax: 718 276-4122
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-33-21208

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Tim C Macon, MD, MPH
Department of Obstetrics-Gynecology
Linden Blvd at Brookside Plaza
Brooklyn, NY 11212
Tel: 718 246-3575 Fax: 718 246-6610
E-mail: j risen@brookdale.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 220-33-21181

Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Prgm Director: Michael F Cabbad, MD
Department of Obstetrics-Gynecology
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 260-8639 Fax: 718 260-8811
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-33-12182

Long Island College Hospital Program
Sponsor: Long Island College Hospital
Prgm Director: David Gal, MD
388 Hicks Street
Brooklyn, NY 11201
Tel: 718 780-1567 Fax: 718 780-1067
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-33-12189

Lutheran Medical Center Program
Sponsor: Lutheran Medical Center
Prgm Director: Allan T Bombard, MD
Department of Obstetrics-Gynecology
150 55th Street
Brooklyn, NY 11220
Tel: 718 630-7566 Fax: 718 630-6222
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-33-11191

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Prgm Director: Howard L Mindell, MD
Department of Obstetrics-Gynecology
4820 10th Avenue
Brooklyn, NY 11219
Tel: 718 283-7673 Fax: 718 283-8448
E-mail: hlmindell@maimonides.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-33-31192

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Prgm Director: Mark Spitzer, MD
Department of Obstetrics-Gynecology
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-3277 Fax: 718 780-3079
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Program ID: 220-33-21309

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital SUNY Health Science Center at Brooklyn
Prgm Director: Ovadia Abulaia, MD
Department of Obstetrics-Gynecology
450 Clarkson Avenue, Box 24
Brooklyn, NY 11203
Tel: 718 276-2691 Fax: 718 276-4122
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-33-21208
Accredited Programs in Obstetrics and Gynecology

St Luke's-Roosevelt Hospital Center Program
Sponsor: St. Luke's - Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center Roosevelt Division
St Luke's-Roosevelt Hospital Center St Luke's Division
Prgm Director: Lois E Brustein, MD
Department of Obstetrics-Gynecology
1000 Tenth Avenue - Suite 100C
New York, NY 10019
Tel: 212 592-3360 Fax: 212 592-8012
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-35-11-204

Rochester
Rochester General Hospital Program
Sponsor: Rochester General Hospital
Prgm Director: Robert G Tatelbaum, MD
Dept of Obst/Gyn, Box 349
1425 Portland Avenue
Rochester, NY 14621
Tel: 585 922-4684 Fax: 585 922-5859
E-mail: darbbie.thomas@viah.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-35-31-343

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Prgm Director: Ruth Anne Queenan, MD
Dept of Obstetrics/Gynecology
601 Elmwood Avenue, Box 608
Rochester, NY 14642
Tel: 585 275-3735 Fax: 585 756-4967
E-mail: melanie.page@urmc.rochester.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 220-35-21-213

Staten Island
New York Medical College (Richmond) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Vincent T Fillari, MD
355 Bard Avenue
Staten Island, NY 10301
Tel: 718 818-2831 Fax: 718 818-2865
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-35-12-206

Staten Island University Hospital Program
Sponsor: Staten Island University Hospital
Prgm Director: Mitchell Malman, MD
Department of Obstetrics-Gynecology
475 Seaview Avenue
Staten Island, NY 10305
Tel: 718 326-0060 Fax: 718 226-6879
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-35-11-207

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Prgm Director: Pablo A Valva, MD
Department of Obstetrics-Gynecology
SUNY at Stony Brook
Stony Brook, NY 11794
Tel: 631 444-2789 Fax: 631 444-9854
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-35-21-216

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Prgm Director: Shari McDade, MD
Dept of Obstetrics-Gynecology, Third Floor West Tower
756 Irving Avenue
Syracuse, NY 13210
Tel: 315 470-7907 Fax: 315 470-7899
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-35-21-215

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Westchester Medical Center
Prgm Director: Suri Kaminski, MD
Department of Obstetrics-Gynecology
1911 First Avenue
New York, NY 10029
Tel: 212 423-6796 Fax: 212 423-8121
E-mail: kaminska@nypmc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 17
Program ID: 220-35-21-199

North Carolina
Asheville
Mountain Area Health Education Center Program
Sponsor: Mountain Area Health Education Center
Mission St Joseph's Health System
Prgm Director: Rhym M Inoin, MD
Department of Obstetrics-Gynecology
93 Victoria Road
Asheville, NC 28801
Tel: 828 771-5111 Fax: 828 351-0024
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-36-21-340

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Prgm Director: Valerie M Parisi, MD, MPH
10134 NC Women's Hospital, CB 1020
UNC School of Medicine
Chapel Hill, NC 27514
Tel: 919 666-5096 Fax: 919 843-1480
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-36-21-216

Charlotte
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Prgm Director: Wallace C Nancey Jr, MD
1000 Blythe Boulevard
PO Box 22681
Charlotte, NC 28223
Tel: 704 355-0158 Fax: 704 355-1941
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-36-31-217

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Haywood L Brown, MD
Department of Obstetrics/Gynecology
PO Box 2924, Baker House 292
Durham, NC 27710
Tel: 919 668-5945 Fax: 919 668-5547
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 220-38-21-219

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Clifford C Hay墙壁 Jr, MD
Department of Obstetrics-Gynecology
600 Mayo Boulevard
Greenville, NC 27834
Tel: 252 744-4669 Fax: 252 744-5329
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-36-21-220

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Forsyth Memorial Hospital
Prgm Director: Jeffrey L Depot, MD
Department of Obstetrics-Gynecology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2368 Fax: 336 716-6657
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-36-21-221

Ohio
Akron
Akron General Medical Center/NEOUCOM Program
Sponsor: Akron General Medical Center
Prgm Director: Eric L Lenison, MD
Department of Obstetrics Gynecology
224 West Exchange Street, Suite 120
Akron, OH 44307
Tel: 330 344-6332 Fax: 330 996-2912
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-36-11-224

Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: Robert F Flora, MD
Department of Obstetrics Gynecology
525 East Market Street, Med II, PO Box 2090
Akron, OH 44304
Tel: 330 775-6119 Fax: 330 775-7813
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-38-21-223
Canton
Aultman Hospital/NEOUCOM Program
Sponsor: Aultman Hospital
Prgm Director: Michael P Hopkins, MD, MEd
Department of OB/GYN
2600 Sixth Street, SW
Canton, OH 44710
Tel: 330 362-8314 Fax: 330 362-5238
E-mail: mhopkins@aultman.com
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program #: 229-38-21-230

Cincinnati
TriHealth (Bethesda Hospital) Program
Sponsor: TriHealth
Prgm Director - Bethesda Hospital
Program ID: 11100
1145 Montgomery Road
Suite 4G
Cincinnati, OH 45229
Tel: 513 745-1636 Fax: 513 745-1630
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program #: 229-38-21-237

TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
Prgm Director - Good Samaritan Hospital
Program ID: 11100
513 872-3434 Fax: 513 872-7071
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program #: 229-38-21-239

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Prgm Director - Arthur T Oilendorff, MD
191 Albert Sabin Way, ML 1026
PO Box 670536
Cincinnati, OH 45267
Tel: 513 559-2860 Fax: 513 559-4138
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program #: 229-38-21-229

Cleveland
Case Western Reserve University (MetroHealth)/Cleveland Clinic Foundation Program
Sponsor: MetroHealth Medical Center
Prgm Director - Thomas M Frank, MD
2590 MetroHealth Drive
Cleveland, OH 44106
Tel: 216 778-7756 Fax: 216 778-8642
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program #: 229-38-21-327

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director - Laslo Segor, MD, PhD
Department of Obstetrics-Gynecology
1110 Euclid Ave
Cleveland, OH 44106
Tel: 216 844-8551 Fax: 216 844-3348
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program #: 229-38-21-230

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program ID: 11100
1145 Montgomery Road
Suite 4G
Cincinnati, OH 45229
Tel: 540 362-8314 Fax: 540 362-5238
E-mail: mhopkins@aultman.com
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program #: 229-38-21-230

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Program ID: 11100
1145 Montgomery Road
Suite 4G
Cincinnati, OH 45229
Tel: 513 872-3434 Fax: 513 872-7071
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program #: 229-38-21-239

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Program ID: 11100
1145 Montgomery Road
Suite 4G
Cincinnati, OH 45229
Tel: 513 872-3434 Fax: 513 872-7071
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program #: 229-38-21-239

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
Prgm Director - Karen Adams, MD
Department of Obstetrics-Gynecology
3181 SW Sam Jackson Park Road, L564
Portland, OR 97201
Tel: 503 494-4186 Fax: 503 494-5680
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program #: 229-38-21-236

Pennsylvania
Abington
Abington Memorial Hospital Program
Sponsor: Abington Memorial Hospital
Prgm Director - Joel Polin, MD
Department of Obstetrics and Gynecology
1200 Old York Road
Abington, PA 19001
Tel: 215 873-6223 Fax: 215 870-3392
Length: 4 Yrs ACGME Approved/Offered Programs: 16
Program #: 229-38-21-224
Allentown
Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital
Prgm Director: Patricia M. Weiss, MD
PO Box 12017
17th & Chew Streets
Allentown, PA 18105
Tel: 610-402-9545 Fax: 610-402-9608
E-mail: prw@lvh.com
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-1-243

Bethlehem
St Luke’s Hospital Program
Sponsor: St. Luke’s Hospital
Prgm Director: James Amstull, MD
Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
Tel: 610-864-4170 Fax: 610-864-2381
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-31-244

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Prgm Director: Edie Derian, MD
Department of Obstetrics & Gynecology
100 North Academy Avenue
Danville, PA 17821
Tel: 570-278-1996 Fax: 570-278-5832
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-12-345

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Matthew P Davies, MD
Department of Obstetrics & Gynecology
500 University Drive - PO Box 650
Hershey, PA 17033
Tel: 717-531-9141 Fax: 717-531-0920
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-11-346

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Prgm Director: Charles B Beckmann, MD
CHUVN Lipton Bldg - RM 1616
501 Old York Road
Philadelphia, PA 19141
Tel: 215-456-1616 Fax: 215-456-4966
E-mail: beckmanaeinstein.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-31-247

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Temel Health System)
Medical College of Pennsylvania Hosp (Temel Health System)
Prgm Director: Mark B Woodard, MD, MS
Mail Stop 485
245 N 15th Street
Philadelphia, PA 19102
Tel: 215-762-4200 Fax: 215-762-1470
E-mail: mwb25@drexel.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-41-31-250

Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Stephanie H Swing, MD
2 Frie East
8th and Spruce Streets
Philadelphia, PA 19107
Tel: 215-832-3047 Fax: 215-832-3140
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-41-11-252

Temple University Program
Sponsor: Temple University Hospital
Prgm Director: Enrique Hernandez, MD
Thir Floor, OFP
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215-707-3062 Fax: 215-707-1516
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 220-41-21-254

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Methodist Hospital
West Jersey Health System (Camden)
Prgm Director: Carmen J. Sultana, MD
804 Chestnut Street, Suite 400
The Benjamin Franklin House
Philadelphia, PA 19107
Tel: 215-655-1985 Fax: 215-655-9541
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program ID: 220-41-21-255

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: Thomas Bader, MD
721 Dallas Building
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215-663-2450 Fax: 215-349-5882
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-41-11-268

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Eugene A. Schneier, Jr, MD
Department of Obstetrics and Gynecology
820 East North Avenue, 7th Floor, South Tower
Pittsburgh, PA 15212
Tel: 412-369-6880 Fax: 412-369-5130
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-41-12-257

University of Pittsburgh Medical Center Educational Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
Mage-Women’s Hospital
Prgm Director: William R. Crebblehouse, MD
Department of Ob/Gyn/Bi, Ram 2014
300 Hallert Street
Pittsburgh, PA 15213
Tel: 412-641-1674 Fax: 412-641-1133
E-mail: drueber@mail.mageo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Program ID: 220-41-11-258

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Prgm Director: Michael J. Bond, MD
Department of Obstetrics-Gynecology
4500 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412-778-0984
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-31-260

Upland
Crozer-Chester Medical Center Program
Sponsor: Crozer-Chester Medical Center
Prgm Director: Guy Hewlett, MD
One Medical Center Boulevard
ACP 292
Upland, PA 19013
Tel: 610-447-7816 Fax: 610-447-7651
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-267

West Reading
Reading Hospital and Medical Center Program
Sponsor: Reading Hospital and Medical Center
Prgm Director: Peter A. Schwartz, MD
Dept of Obstetrics/Gynecology
PO Box 10062
Reading, PA 19601
Tel: 610-988-8827 Fax: 610-988-2992
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-41-15-262

Wynnewood
Lankenau Hospital Program
Sponsor: Lankenau Hospital
Prgm Director: Nancy S. Roberts, MD
Suite 301, Lankenau Medical Bldg South
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610-645-6463 Fax: 610-645-2422
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-249

York
York Hospital Program
Sponsor: York Hospital
Prgm Director: Martin D. Danwood, MD
1001 South George Street
York, PA 17405
Tel: 717-851-2425 Fax: 717-851-2426
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-41-11-263

Puerto Rico
Ponce
Hospital Episcopal San Lucas/Ponce School of Medicine Program
Sponsor: Hospital Episcopal San Lucas
Prgm Director: Jospein Laboy, MD
Tito Castro Avenue, #917
PO Box 39310
Ponce, PR 00733
Tel: 787-844-2080 Fax: 787-844-1533
E-mail: laboy@centennial.net
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-42-31-346

San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Prgm Director: Jorge Garcia, MD
Department of Obstetrics-Gynecology
PMB 370, PO Box 70044 Centro Medico de PR
San Juan, PR 00936
Tel: 787-767-3753 Fax: 787-753-0564
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-42-12-267
### Rhode Island

**Brown University Program**

**Sponsor:** Women and Infants Hospital of Rhode Island

**Program:** Department of Obstetrics-Gynecology

**Pgm Director:** Donald R Costanz, MD

**Department of Obstetrics-Gynecology**

101 Dudley Street

Providence, RI 02906

Tel: 401 374-1122  Fax: 401 453-7599

Length: 4 Yrs  ACGME Approved/Offered Positions: 28

Program ID: 220-43-21-268

### South Carolina

**Charleston**

**Medical University of South Carolina Program**

**Sponsor:** Medical University of South Carolina College of Medicine

**MUSC Medical Center**

9 Jonathan Lucas St

Suite 634, PO Box 250119

Charleston, SC 29425

Tel: 843 792-8134  Fax: 843 792-0533

E-mail: johnsod@musc.edu

Length: 4 Yrs  ACGME Approved/Offered Positions: 20

Program ID: 220-45-21-270

**Columbia**

**Palmetto Health/University of South Carolina School of Medicine Program**

**Sponsor:** Palmetto Health

**Pgm Director:** Janice L Bacon, MD

**Indian Path Medical Center**

801 Two Medical Park, Suite 308

Columbia, SC 29023

Tel: 803 779-4352  Fax: 803 434-4690

Length: 4 Yrs  ACGME Approved/Offered Positions: 16

Program ID: 220-45-11-271

**Greenville**

**Greenville Hospital System Program**

**Sponsor:** Greenville Hospital System

**Pgm Director:** Robert V Cummings, MD

**Department of Obstetrics-Gynecology**

500 West Faris Road, MNOB Suite 470

Greenville, SC 29650

Tel: 864 455-7997  Fax: 864 455-3066

Length: 4 Yrs  ACGME Approved/Offered Positions: 24

Program ID: 220-45-11-272

### Tennessee

**Chattanooga**

**University of Tennessee College of Medicine at Chattanooga Program**

**Sponsor:** University of Tennessee College of Medicine-Chattanooga

**Enlarger Medical Center**

**Pgm Director:** John M Green, MD

**Enlarger Medical Center**

979 East Third Street, Suite C-729

Chattanooga, TN 37403

Tel: 423 778-7515  Fax: 423 267-6344

E-mail: utology@eitigger.org

Length: 4 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 220-47-21-274

**Johnston City**

**East Tennessee State University Program**

**Sponsor:** James H Quillen College of Medicine

**Johnson City Medical Center Hospital**

**Pgm Director:** Martin E Olsen, MD

**Department of Obstetrics-Gynecology**

503 East Floyd Avenue

Johnson City, TN 37614

Tel: 423 439-8987  Fax: 423 439-6766

Length: 4 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 220-47-21-341

**Knoxville**

**University of Tennessee Medical Center at Knoxville Program**

**Sponsor:** University of Tennessee Graduate School of Medicine

**University of Tennessee Memorial Hospital**

**Pgm Director:** Robert F Elder, MD

**Department of Obstetrics & Gynecology**

1024 Alcoa Highway

Knoxville, TN 37920

Tel: 865 544-9306  Fax: 865 544-6322

Length: 4 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 220-47-11-275

**Memphis**

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine

**Baptist Memorial Hospital**

**Methodist Healthcare - Memphis Hospitals**

**Regional Medical Center at Memphis**

**Pgm Director:** Robert L Summitt Jr, MD

**Department of Obstetrics-Gynecology**

200 Jefferson Avenue Room E105

Memphis, TN 38113

Tel: 901 448-5303  Fax: 901 448-4701

Length: 4 Yrs  ACGME Approved/Offered Positions: 44

Program ID: 220-47-21-276

**Nashville**

**Vanderbilt University Program**

**Sponsor:** Vanderbilt University Medical Center

**Baptist Hospital**

**Pgm Director:** Stephen St Entman, MD

**Department of Obstetrics-Gynecology**

1014 MCN Vanderbilt University

Nashville, TN 37223

Tel: 615 322-3385  Fax: 615 343-8806

Length: 4 Yrs  ACGME Approved/Offered Positions: 24

Program ID: 220-47-21-278

### Texas

**Amarillo**

**Texas Tech University (Amarillo) Program**

**Sponsor:** Texas Tech University Health Sciences Center at Amarillo

**Northwest Texas Health Care System**

**Pgm Director:** R Moss Hampton, MD

**Department of Obstetrics/Gynecology**

1400 Coudier Road

Amarillo, TX 79106

Tel: 806 356-4009  Fax: 806 356-6516

E-mail: sue@ttu.edu

Length: 4 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 220-48-21-320

**Dallas**

**Baylor University Medical Center Program**

**Sponsor:** Baylor University Medical Center

**Pgm Director:** James E Norwood, MD

**Department of Obstetrics-Gynecology**

3500 Gaston Avenue

Dallas, TX 75246

Tel: 214 829-0226  Fax: 214 820-6080

Length: 4 Yrs  ACGME Approved/Offered Positions: 16

Program ID: 220-48-81-380

**Methodist Hospitals of Dallas Program**

**Sponsor:** Methodist Hospitals of Dallas

Dallas County Hospital District-Parkland Memorial Hospital

**Pgm Director:** Manuel E Rivera-Ahisa, MD

1411 N Beckley Avenue

PO Box 659999

Dallas, TX 75366

Tel: 214 648-3986  Fax: 214 947-3366

Length: 4 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 220-48-81-381

**University of Texas Southwestern Medical School Program**

**Sponsor:** University of Texas Southwestern Medical School

Dallas County Hospital District-Parkland Memorial Hospital

**Pgm Director:** Eileen V Oei, MD

**Department of Obstetrics-Gynecology**

1522 Harry Hines Boulevard

Dallas, TX 75390

Tel: 214 648-4866  Fax: 214 648-4566

Length: 4 Yrs  ACGME Approved/Offered Positions: 44

Program ID: 220-48-31-252

**University of Texas Southwestern Medical School/St Paul Medical Center Program**

**Sponsor:** University of Texas Southwestern Medical School

Dallas County Hospital District-Parkland Memorial Hospital

**Pgm Director:** Larry E Woydt, MD

**Department of Obstetrics-Gynecology**

5900 Harry Hines Boulevard

Dallas, TX 75390

Tel: 214 870-1786  Fax: 214 870-3010

Length: 4 Yrs  ACGME Approved/Offered Positions: 12

Program ID: 220-48-31-283

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*Accredited Programs in Obstetrics and Gynecology*
El Paso
Texas Tech University (El Paso) Program
Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thomason General Hospital
Prgm Director: Jose L Gonzalez, MD
Department of Obstetrics-Gynecology
4800 Albert Avenue
El Paso, TX 79905
Tel: 915 545-6714 Fax: 915 545-9901
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-11-915

Fort Worth
John Peter Smith Hospital (Tarrant County Hospital District) Program
Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Harris Methodist Fort Worth
Prgm Director: Ralph J Anderson, MD
1500 South Main Street
Dep't OB/GYN
Fort Worth, TX 76104
Tel: 817 027-1065 Fax: 817 027-1162
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-23-294

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Edward V Hanigan, MD
316 Clinical Sciences Building
301 University Boulevard
Galveston, TX 77555
Tel: 409 773-2368 Fax: 409 774-9470
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 220-48-21-348

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Prgm Director: Amy E Young, MD
Department of Obstetrics/Gynecology
6550 Fannin, Suite 601
Houston, TX 77030
Tel: 713 798-5065 Fax: 713 798-5044
E-mail: lewesgue@bcm.tmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 220-48-31-286

Christus St Joseph Hospital Program
Sponsor: Christus St Joseph Hospital
Brennerich Hospital
Prgm Director: Eugene C'Toy, MD
1819 Crawford - Suite 1708
Mary Gibbs Jones Building
Houston, TX 77002
Tel: 713 567-6891 Fax: 713 567-7181
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-31-288

University of Texas at Houston (Lyndon B Johnson General Hospital) Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Prgm Director: Edward E Woolman, MD
Dep't of Ob/Gyn, Rm 2LD/001
5650 Kelley Street
Houston, TX 77030
Tel: 713 567-6560 Fax: 713 566-4531
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-48-21-334

University of Texas at Houston (Memorial Hermann Hospital) Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Manjik Monga, MD
7701 Fannin Street, Suite 17.64
Houston, TX 77030
Tel: 713 560-6433 Fax: 713 560-0799
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-48-21-295

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brenneke Army Medical Center
Darnall Army Community Hospital
Walter J Hall Medical Center (AFJTC)
Prgm Director: Randall D Robinson, MD
Walter J Hall Medical Center
2200 Pennsylvania Drive, Suite 1/MMNO
Lackland AFB, TX 78236
Tel: 210 322-6107 Fax: 210 322-6108
E-mail: randal.robinson@lackland.af.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-48-21-356

US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Prgm Director: Kelley Flood-Shader, MD
Department of Obstetrics-Gynecology
3501 4th Street
Lubbock, TX 79430
Tel: 915 743-3309 Fax: 915 743-3200
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-48-21-290

Odessa
Texas Tech University (Odessa) Program
Sponsor: Texas Tech University Health Sciences Center at Odessa
Medical Center Hospital
Prgm Director: Robert S Marcus, MD
701 W Fifth Street
Odessa, TX 79763
Tel: 432 335-5200 Fax: 432 335-5240
E-mail: robert.marcus@ttuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 220-48-31-351

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
University Health System
Prgm Director: Elly M J Xenaki, MD
Mail Code 7830 (Obstetrics-Gynecology)
7003 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-6560 Fax: 210 567-9019
E-mail: breework@uthscsa.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-48-21-292

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Prgm Director: Steven R Allen, MD
Scott & White Hospital
2401 South 16th Street
Temple, TX 76508
Tel: 254 724-7578 Fax: 254 724-7576
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-48-21-294

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Prgm Director: Michael L Graper, MD
Department of Obstetrics/Gynecology
20 North 1000 East, Room 28200
Salt Lake City, UT 84132
Tel: 801 581-5501 Fax: 801 585-5146
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-48-21-294

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Prgm Director: Marjorie C Meyer, MD
Bergen 204 MCHV Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-4736 Fax: 802 847-6628
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-48-21-295

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical School
Prgm Director: Christian A Chisholm, MD
PO Box 800712
Charlottesville, VA 22908
Tel: 434 292-6700 Fax: 434 922-0058
E-mail: chisholm@virginia.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-58-11-296

Newport News
Riverside Regional Medical Center Program
Sponsor: Riverside Regional Medical Center
Prgm Director: Jowell Barnett, MD
Dep't of Obstetrics/Gynecology
500 J Clyde Morris Boulevard
Newport News, VA 23601
Tel: 757 594-6737 Fax: 757 584-3184
E-mail: Ben@HendrickDr.com
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-58-11-297
Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Norfolk General Hospital
Program Director: Peter S Heyl, MD
Jones Institute - Residents Office Suite 243
601 Colley Avenue
Norfolk, VA 23507
Tel: 757 445-7470 Fax: 757 445-8698
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-51-24-298

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Alan I Shapiro, MD
Department of Obstetrics-Gynecology
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 593-6550 Fax: 757 593-7059
E-mail: ashapiro@navmed.eayu.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 220-51-11-014
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Stephen Cohen, MD, MBA
1220 E Marshall Street, Room 444
PO Box 980034
Richmond, VA 23298
Tel: 804 828-8614 Fax: 804 827-1229
E-mail: obgynres@vcu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-51-11-299

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center - Roanoke Memorial Hospitals
Carilion Medical Center-Roanoke Community Hospital
Program Director: Mark C Arner, MD
102 Highland Avenue, Suite 625
Roanoke, VA 24013
Tel: 540 985-9877 Fax: 540 983-1192
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-51-31-300

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Swedish Medical Center-Seattle
University of Washington Medical Center
Program Director: Zade A Browne, MD
8901 Market Street West, Suite 1500
Seattle, WA 98104
Tel: 206 685-2464
E-mail: obgynres@u.washington.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-54-21-301

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Program Director: Peter E Nielsen, MD
Department of Obstetrics-Gynecology
900A Fitzsimmons Drive
Tacoma, WA 98431
Tel: 253 965-5161 Fax: 253 965-5568
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 220-54-13-010
US Armed Services Program

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Program Director: Christos G Hatjis, MD
Suite 304
580 Pennsylvania Avenue
Charleston, WV 25302
Tel: 304 398-1552 Fax: 304 398-1586
E-mail: jennifer.carr@camc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-55-11-303

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Program Director: David C Jude, MD
1600 Medical Center Dr, Suite 4500
Huntington, WV 25701
Tel: 304 691-4545 Fax: 304 691-1543
E-mail: john@marshall.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-55-21-344

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Mahreen Hashmi, MD
4601 Health Sciences North
PO Box 9186
Morgantown, WV 26506
Tel: 304 293-7042 Fax: 304 293-4291
E-mail: mhashmi@wvu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-55-11-304

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
St Marys Hospital Medical Center
Program Director: Sabine Droste, MD
Meriter Hospital, 6-Center
202 S Park Street
Madison, WI 53715
Tel: 608 263-1225 Fax: 608 263-0650
E-mail: rwhildes@wisc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-56-21-300

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
Aurora Sinai Medical Center
St Luke's Medical Center
Program Director: Betty J Amuzu, MD
945 North 12th Street Room A503
Milwaukee, WI 53233
Tel: 414 218-5735 Fax: 414 219-5901
E-mail: jude.john@marshall.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 220-56-12-308

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Froedtert Memorial Lutheran Hospital
St Joseph Regional Medical Center
St Mary's Hospital (Milwaukee)
Program Director: Paul M Lensen, MD
Department of Obstetrics-Gynecology
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-6600 Fax: 414 805-6622
E-mail: kuhlmann@mcw.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 220-56-31-007

Graduate Medical Education Directory 2004-2005 765
Oncology (Internal Medicine)

California

La Jolla
Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Program Director: Michael P Kautz, MD
10500 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-0943 Fax: 858 554-6941
Length: 2 Yrs
Program ID: 147-05-21-065

Los Angeles
University of Southern California/ LAC-USC Medical Center Program

Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Norris Jr Cancer Center and Research Institute
LAC + USC Medical Center
Program Director: Christy A Russell, MD
1411 Eastlake Avenue
Los Angeles, CA 90033
Tel: 213 685-9040 Fax: 213 685-0116
E-mail: dmoody@usc.edu
Length: 2 Yrs
Program ID: 147-05-21-046

Stanford
Stanford University Program

Sponsor: Stanford University Hospital
Program Director: Ronald Levy, MD
Division of Oncology
259 Campus Drive, Room 1145
Stanford, CA 94305
Tel: 650 724-6467 Fax: 650 724-2383
E-mail: donnaljahn@stanford.edu
Length: 2 Yrs
Program ID: 147-05-21-020

Connecticut

New Haven
Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Jill Lacy, MD
335 Cedar Street
PO Box 209082
New Haven, CT 06520
Tel: 203 737-5699 Fax: 203 786-7591
E-mail: jill.lacy@yale.edu
Length: 2 Yrs
Program ID: 147-08-21-021

District of Columbia

Washington
Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Veterans Affairs Medical Center (Washington, DC)
Program Director: Said M Badia, MD
Div Hematology/Oncology- Lombardi Cancer Center
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202-444-7660 Fax: 202-444-4229
Length: 2 Yrs
Program ID: 147-10-21-078

Howard University Program

Sponsor: Howard University Hospital
Walter Reed Army Medical Center
Program Director: Piterly M Dawkins, MD
2041 Georgia Avenue, NW
Washington, DC 20060
Tel: 202-866-7068 Fax: 202-866-7111
Length: 2 Yrs
Program ID: 147-10-21-116

Florida

Jacksonville
University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
Baptist Medical Center
Shafer Jacksonville Medical Center
Program Director: Troy H Guthrie Jr, MD
635 West Eighth Street
Jacksonville, FL 32209
Tel: 904 344-3072 Fax: 904 244-3082
E-mail: medicaloncology.fme@jax.ufl.edu
Length: 2 Yrs
Program ID: 147-11-21-022

Louisiana

New Orleans
Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Program Director: John Cole, MD
Graduate Medical Education
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-3010 Fax: 504 842-4333
E-mail: gme@ochsner.org
Length: 2 Yrs
Program ID: 147-21-22-131

Maryland

Baltimore
Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Ross C Donohue, MD
Sidney Kimmel Comprehensive Cancer Center
1650 Orleans Street
Baltimore, MD 21287
Tel: 410 955-8926 Fax: 410 955-0135
Length: 2 Yrs
Program ID: 147-23-11-867

Bethesda
National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Veterans Affairs Medical Center (Bethesda)
Program Director: Barry Gause, MD
Building 10, Room 11-N-236
800 Rockville Pike
Bethesda, MD 20892
Tel: 301 594-9859 Fax: 301 402-1072
Length: 2 Yrs
Program ID: 147-23-21-183

Michigan

Royal Oak
William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Program Director: David A Decker, MD
3350 West 13 Mile Road, Suite 408
Royal Oak, MI 48073
Tel: 248 551-7177 Fax: 248 551-9926
E-mail: david.decker@beaumonthospitals.com
Length: 2 Yrs
Program ID: 147-29-12-161

New York

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Roswell Park Cancer Institute
Program Director: Ellis G Levine, MD
3430 Elmwood Avenue, Suite 403
Buffalo, NY 14263
Tel: 716 845-2100 Fax: 716 845-8026
Length: 2 Yrs
Program ID: 147-35-31-908

East Meadow
Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Program Director: Linda Carmosino, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 542-4713 Fax: 516 573-9000
Length: 2 Yrs
Program ID: 147-35-29-465

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Program Director: Franco M Moglia, MD
500 First Avenue, Suite 98
New York, NY 10016
Tel: 212 263-6856 Fax: 212 263-8210
Length: 2 Yrs
Program ID: 147-35-21-106

Graduate Medical Education Directory 2004-2005
Puerto Rico
San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Hospital Universitario Dr. Ramon Ruiz Arnao
Veterans Affairs Medical Center (San Juan)
Prgm Director: Luis Baz, MD
Department of Medicine
Rio Piedras Station
San Juan, PR 00929
Tel: 787 756-7348
Length: 2 Yrs
Program ID: 147-42-11-088

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Anand B Karnad, MD
Division of Medical Oncology
Box 70, 622 James H Quillen College
Johnson City, TN 37614
Tel: 615 439-6362 Fax: 615 439-6387
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 147-47-21-185

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Prgm Director: Marvin J Stone, MD
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 608-3445 Fax: 214 620-5790
Length: 3 Yrs
Program ID: 147-48-31-076

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Dennis V Jones, MD
Department of Medicine
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1164 Fax: 409 747-2398
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 147-48-21-063

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Prgm Director: Garrett R Lynch, MD
6500 Fannin, SM 1050
Houston, TX 77030
Tel: 713 798-3342 Fax: 713 798-3342
Length: 2 Yrs
Program ID: 147-48-21-077

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
University of Texas MD Anderson Cancer Center
Prgm Director: Robert A Wolff, MD
MD Anderson Cancer Center
1510 Holcombe Blvd, Unit 431
Houston, TX 77030
Tel: 713 792-7246 Fax: 713 745-1827
Length: 2 Yrs ACGME Approved/Offered Positions: 26
Program ID: 147-48-31-039

Ophthalmology
Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cooper Green Hospital
Eye Foundation Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Andrew J Maps, MD
Callahan Eye Foundation Hospital
700 South 11th Street, Suite 601
Birmingham, AL 35233
Tel: 205 325-9507 Fax: 205 352-6200
E-mail: anays@uabmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-01-21-015

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Kino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Robert J Park, MD
PO Box 245085
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 322-9500 Fax: 520 321-9585
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-08-21-171

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Richard A Harper, MD
4301 W Markham Street, Slot 525
Little Rock, AR 72205
Tel: 501 686-5150 Fax: 501 686-7057
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-04-21-018

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Michael Bauser, MD
11224 Anderson Street
FMO Ste 1810
Loma Linda, CA 92354
Tel: 909 668-2183 Fax: 909 668-2180
E-mail: mbauser@llumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-05-21-023
Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC+Kings/Drew Medical Center
Prgm Director: Melvin A. Anders, MD
1201 E. Wilmingtom Ave
Los Angeles, CA 90063
Tel: 310 668-4531 Fax: 310 668-3490
Length: 3 Yrs ACGME Approved/Offered Positions: 6 Program ID: 240-05-21-026

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County- Harbor-UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Anthony C Arnold, MD
Suite 8-2-247
106 Stein Plaza CHS
Los Angeles, CA 90065
Tel: 310 825-4344 Fax: 310 267-1918
Length: 3 Yrs ACGME Approved/Offered Positions: 21 Program ID: 240-05-21-027

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
Prgm Director: Alfredo A Sadun, MD, PhD
Doheny Eye Institute
1461 San Pablo Street
Los Angeles, CA 90033
Tel: 323-442-6417 Fax: 323-442-6407
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 240-05-21-025

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Jennifer L Simpson, MD
115 Med Surge 1
Bldg 810 San D
Irvine, CA 92663
Tel: 949 834-6109 Fax: 949 834-6015
E-mail: alaweh@uci.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 240-05-21-022

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Jeffrey J Casper, MD
4900 Y Street
Suite 5400
Sacramento, CA 95817
Tel: 916 734-6660 Fax: 916 734-6692
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 240-05-21-020

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Diane C Lundy, MD
Department of Ophthalmology
34800 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-3470 Fax: 619 532-7272
E-mail: dclundy@innamc.med.navy.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 240-65-02-008

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Leah Led, MD
UCSD Shiley Eye Center (MC 0465)
9415 Campus Point Drive
La Jolla, CA 92037
Tel: 858 534-3338 Fax: 858 534-7850
E-mail: residency@eyecenter.ucsd.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 240-05-21-030

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Alameda County Medical Center
Prgm Director: Susan Day, MD
Department of Ophthalmology
2540 Clay Street, 5th Floor
San Francisco, CA 94115
Tel: 415 623-5533 Fax: 415 623-3949
E-mail: medrec@sutterhealth.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 240-05-22-031

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Douglas R Frederick, MD
Dept of Ophthalmology, K-301
10 Koret Way
San Francisco, CA 94110
Tel: 415 476-1921 Fax: 415 476-0036
E-mail: dfreder@tsa.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15 Program ID: 240-05-21-032

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Prgm Director: Christopher N Ta, MD
Department of Ophthalmology
Rm A157, 300 Pasteur Drive
Stanford, CA 94305
Tel: 650 724-9961 Fax: 650 498-4222
Length: 3 Yrs ACGME Approved/Offered Positions: 9 Program ID: 240-05-21-033

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Vikram D Duralaraj, MD
PO Box 6530
Malirgton-FIU
Aurora, CO 80045
Tel: 720 486-5629 Fax: 720 485-5614
E-mail: vikram.duralaraj@uchsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 240-07-21-035

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Brian M DelReff, MD
330 Cedar Street
New Haven, CT 06520
Tel: 203 785-7233 Fax: 203 785-5909
E-mail: brian.debroff@yale.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 240-08-21-036

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (PGH)
Veterans Affairs Medical Center (Martinsburg)
Prgm Director: Howard I Savage, MD
2159 Pennsylvania Ave, NW
Floor 2A
Washington, DC 20007
Tel: 202 741-2815 Fax: 202 741-2831
E-mail: strmorn@nfaa.gwu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 240-10-21-038

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
National Naval Medical Center (Bethesda)
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Jay M Lustbader, MD
3800 Reservoir Rd, NW (PHB)
Washington, DC 20007
Tel: 202 444-4448 Fax: 202 444-4978
Length: 3 Yrs ACGME Approved/Offered Positions: 12 Program ID: 240-10-21-039

Georgetown University Hospital/Washington Hospital Center Program
Sponsor: Washington Hospital Center
National Naval Medical Center (Bethesda)
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Jay M Lustbader, MD
110 Irving Street, NW
Suite 1A-1
Washington, DC 20010
Tel: 202 687-4978 Fax: 202 687-4978
Length: 3 Yrs ACGME Approved/Offered Positions: 18 Program ID: 240-10-03-041

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Robert A Copeland Jr, MD
2041 Georgia Avenue, NW, Suite 2100
Washington, DC 20000
Tel: 202 885-5992 Fax: 202 865-4250
Length: 3 Yrs ACGME Approved/Offered Positions: 8 Program ID: 240-10-21-040

Graduate Medical Education Directory 2004-2005
Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Mary Fran Smith, MD
Dept of Ophthalmology
Box 100284, JHMHC
Gainesville, FL 32610
Tel: 352 346-2141 Fax: 352 346-7839
E-mail: kjanicki@eye.ufl.edu
Length: 3 yrs ACGME Approved/Offered Positions: 15 Program ID: 240-11-21-042

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
Prgm Director: Steven Gedde, MD
Bascom Palmer Eye Institute
1700 NW 17th Street
Miami, FL 33136
Tel: 305 356-7000 Fax: 305 356-6580
Length: 3 yrs ACGME Approved/Offered Positions: 21 Program ID: 240-11-11-043

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Lewis R Groden, MD
MDC - Box 21
12001 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-3930 Fax: 813 974-5021
E-mail: lwgroden@hsc.usf.edu
Length: 3 yrs ACGME Approved/Offered Positions: 12 Program ID: 240-11-21-044

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Maria M Aaron, MD
Emory Eye Center, Suite B2400
1365B Clifton Road, NE
Atlanta, GA 30322
Tel: 404 718-4650 Fax: 404 778-4002
Length: 3 yrs ACGME Approved/Offered Positions: 18 Program ID: 240-12-21-045

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Prgm Director: Stephanie L Goel, MD
1120 Fifteenth Street
School of Medicine
Augusta, GA 30912
Tel: 706 721-1153 Fax: 706 721-3328
Length: 3 yrs ACGME Approved/Offered Positions: 9 Program ID: 240-12-21-046

Illinois

Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Philip B Dray, MD
Division of Ophthalmology
1900 West Polk Street, Room 617
Chicago, IL 60612
Tel: 312 854-5171 Fax: 312 854-9753
Length: 3 yrs ACGME Approved/Offered Positions: 9 Program ID: 240-16-22-047
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children’s Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Ann Bidwell, MD
646 N Michigan Avenue
Suite 440
Chicago, IL 60611
Tel: 312 908-8152 Fax: 312 503-8152
Length: 3 yrs ACGME Approved/Offered Positions: 12 Program ID: 240-19-21-049
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Jack A Cohen, MD
1855 West Taylor Street
Chicago, IL 60612
Tel: 312 942-3576 Fax: 312 942-2140
Length: 3 yrs ACGME Approved/Offered Positions: 6 Program ID: 240-16-11-050

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Susan Kolanek, MD
Dept of Ophthalmology and Visual Science
5841 S Maryland Avenue, MC 2114
Chicago, IL 60637
Tel: 773 834-8429 Fax: 773 702-4422
E-mail: skolanek@yahoo.com
Length: 3 yrs ACGME Approved/Offered Positions: 9 Program ID: 240-18-21-174

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
Prgm Director: Marie T Duffy, MD, PhD
Ophthalmology Kd Off Zoom 1.50
1855 West Taylor Street
Chicago, IL 60612
Tell: 312 966-8021 Fax: 312 966-8067
Length: 3 yrs ACGME Approved/Offered Positions: 18 Program ID: 240-16-21-052

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Prgm Director: Charles S Bouchard, MD
Pioneer General Hospital
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-3348 Fax: 708 216-3577
Length: 3 yrs ACGME Approved/Offered Positions: 12 Program ID: 240-16-21-054

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: Lewis B Cantor, MD
702 Rotary Circle
Indianapolis, IN 46202
Tel: 317 274-3377 Fax: 317 274-3377
E-mail: phamnab@iupui.edu
Length: 3 yrs ACGME Approved/Offered Positions: 18 Program ID: 240-17-21-055

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Keith D Carter, MD
Dept of Ophthalmology
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-7997 Fax: 319 356-5936
Length: 3 yrs ACGME Approved/Offered Positions: 15 Program ID: 240-18-11-056

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Thomas J Whittaker, MD, JD
5001 Rainbow Blvd
2003 Sudler
Kansas City, KS 66160
Tel: 913 588-6685 Fax: 913 588-6695
Length: 3 yrs ACGME Approved/Offered Positions: 9 Program ID: 240-19-21-057

Kentucky

Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Prgm Director: Julia L Stevens, MD
Department of Ophthalmology
Kentucky Clinic E 366
Lexington, KY 40536
Tel: 859 233-6948 Fax: 859 233-1122
Length: 3 yrs ACGME Approved/Offered Positions: 9 Program ID: 240-18-21-058
Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Koair Children's Hospital (Norton HealthCare, Inc)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Pgm Director: Joorn B SoItau, MD
301 E Muhammad Ali Blvd
Kentucky Lions Eye Center
Louisville, KY 40203
Tel: 502 852-0710 Fax: 502 852-7349
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-23-21-009

Maryland General Hospital Program
Sponsor: Maryland General Hospital
Pgm Director: Samuel D Friedel, MD
827 Linden Ave
Baltimore, MD 21201
Tel: 410 225-8757 Fax: 410 225-8765
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-23-12-006

University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: Ramiz K Hemady, MD
415 W Redwood Street
Suite 300
Baltimore, MD 21201
Tel: 410 328-5932 Fax: 410 328-6533
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-22-21-005

Louisiana
New Orleans
Louisiana State University/Alton Ochsner Medical Foundation Program
Sponsor: Louisiana State University School of Medicine
Louisiana State University Eye Center
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Pgm Director: Ira B Faller, MD
LSU Eye Center
2020 Gravier Street, Suite B
New Orleans, LA 70112
Tel: 504 412-1300 Fax: 504 412-1315
E-mail: iwillii@lsuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 240-21-21-177

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Tasniz A Karciglo, MD
1401 Tulane Ave
Dept of Ophthalmology, SL-69
New Orleans, LA 70112
Tel: 504 888-3361 Fax: 504 888-2684
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-21-21-062

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Ouvertor Brooks Veterans Affairs Medical Center
Pgm Director: Thomas B Bedens, MD
1501 Kings Highway
PO Box 33982
Shreveport, LA 71112
Tel: 318 675-5912 Fax: 318 675-6000
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-21-21-063

Maryland
Baltimore
Johns Hopkins University/Sinai Hospital of Baltimore Program
Sponsor: Johns Hopkins University School of Medicine
Greater Baltimore Medical Center
Johns Hopkins Hospital
Sinai Hospital of Baltimore
Pgm Director: James P Dunn Jr, MD
600 N Wolfe Street
Wilkcrs B20
Baltimore, MD 21287
Tel: 410 955-8355 Fax: 410 614-9832
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 240-23-21-065

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Pgm Director: Michael Both, MD
W K Kellogg Eye Center, Box 0714
1000 Wall Street
Ann Arbor, MI 48109
Tel: 734 764-5308 Fax: 734 936-9033
E-mail: kwilhelm@umich.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-25-11-072

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm Director: Brian N Bachynski, MD
2799 W Grand Blvd K-10
Detroit, MI 48202
Tel: 313 916-2370 Fax: 313 916-2396
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-25-12-073

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Runzel Hospital
Sinai-Grace Hospital (Sinai Campus)
Pgm Director: Mark S Jusych, MD, MHA
Kresge Eye Institute
4117 St Antoine
Detroit, MI 48201
Tel: 313 577-7614 Fax: 313 577-4991
E-mail: Jusych@solid
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 240-25-21-165

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Pgm Director: Martha M Wright, MD
240-25-11-072
Program ID: 240-25-12-073

Accredited Programs in Ophthalmology
Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Veterans Affairs Medical Center (Jackson)
Program Director: Cheng-Jhy Chien, MD
500 North State, MO 65201
Tel: 573 882-1029 Fax: 573 882-8474
E-mail: GreenB@health.missouri.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-22-1747

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
Maxim Institute of Ophthalmology
Columbia, MO 65210
Tel: 573 882-1029 Fax: 573 882-8474
E-mail: GreenB@health.missouri.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-22-1747

New Jersey

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Paul D. Langer, MD
190 Bergen Street, NJ 07101
Tel: 973 872-2035 Fax: 973 872-2068
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-33-21-086

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical College
Veterans Affairs Medical Center (Albany)
Program Director: John L. Zirbel, MD
501 General Electric Building
Albany, NY 12208
Tel: 518 262-2516 Fax: 518 262-2516
E-mail: stone@almmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-36-21-087

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Program Director: Steven E. Shields, MD
1152 E 2nd Street
Rochester, MN 55905
Tel: 507 284-1708 Fax: 507 284-7102
E-mail: baratao.itadi@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-22-1780

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Russell Van Gelder, MD, PhD
660 S Euclid Avenue
St Louis, MO 63110
Tel: 314 362-5722 Fax: 314 362-2429
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-22-1780

Nebraska

Omaha
University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Program Director: Thomas W. Hejkal, MD, PhD
1650 NE 50th Avenue
Omaha, NE 68198
Tel: 402 586-6276 Fax: 402 586-5514
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 240-03-21-086

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Anheuser-Busch Eye Institute
Program Director: Steven E. Shields, MD
1750 S Grand Blvd
St Louis, MO 63104
Tel: 314 559-3331 Fax: 314 771-0596
E-mail: renner@slacare1.slu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-33-21-086

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Anheuser-Busch Eye Institute
Program Director: Steven E. Shields, MD
1750 S Grand Blvd
St Louis, MO 63104
Tel: 314 771-0596 E-mail: renner@slacare1.slu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-33-21-086

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Program Director: Irving R. Rosenblatt, MD
Department of Ophthalmology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-7466 Fax: 718 881-5439
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-35-21-085

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Program Director: Assumpcia Mar, MD
1650 Selwyn Avenue, 104-G
Bronx, NY 10457
Tel: 718 991-2041 Fax: 718 991-2041
E-mail: blhceye@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-21-086

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Coney Island Hospital
Kings County Hospital Center
Long Island College Hospital
Veterans Affairs Medical Center (Brooklyn)
Program Director: Kevin C. Greenidge, MD
Department of Ophthalmology
528 Prospect Place
Brooklyn, NY 11238
Tel: 718 893-0641 Fax: 718 893-0670
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-35-21-119

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
 Erie County Medical Center
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Medical Center (Buffalo)
Program Director: James D. Reynolds, MD
Department of Ophthalmology
219 Bryant Street
Buffalo, NY 14222
Tel: 716 898-2204 Fax: 716 898-3997
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-11-170
East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center University Hospital - SUNY at Stony Brook Veterans Affairs Medical Center (Northport)
Prgm Director: Marcelle Morcos, MD
2321 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 675-2606 Fax: 516 572-9477
E-mail: mmorcos@yahoo.com
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-35-31-101

Jamaica
New York Medical College (Brooklyn-Queens) Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
St Vincent Catholic Medical Center (Mary Immaculate)
Prgm Director: Corn M Grasso, MD
59-35 85th St, 4th Fl
Jamaica, NY 11432
Tel: 718 381-6200 Fax: 718 556-6276
E-mail: docgrass@nymc.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-21-008

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Prgm Director: Steven E Rubin, MD
Suite 220
600 Northern Boulevard
Great Neck, NY 11021
Tel: 516 465-8444 Fax: 516 465-8407
E-mail: Arshen@nsunys.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-31-002

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center Queens Hospital Center
Prgm Director: Michael L Slavin, MD
Department of Ophthalmology
600 Northern Blvd, Suite 214
Great Neck, NY 11021
Tel: 516 470-2000 Fax: 516 470-2015
E-mail: jmblisas@lijmhs.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-21-102

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Donna J Gagliano, MD
Department of Ophthalmology, Box 1183
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6752 Fax: 212 289-5845
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-35-21-104

New York
New York Eye and Ear Infirmary Program
Sponsor: New York Eye and Ear Infirmary
Prgm Director: Richard B Bosco, MD
310 East 14th Street
New York, NY 10003
Tel: 212 970-4495 Fax: 212 970-4268
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 240-35-22-105

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Cabrini Medical Center
Prgm Director: Daniel F Rosberger, MD, PhD
170 West 12th Street
New York, NY 10011
Tel: 212 994-8911 Fax: 212 604-8711
E-mail: maucularacn@nyu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-33-112

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Richard B Braunstein, MD
615 West 168th Street
New York, NY 10025
Tel: 212 956-8320 Fax: 212 942-2714
E-mail: residency@columbia.org
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-31-109

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Kim Dolphin, MD
515 East 68th Street
Room R-011
New York, NY 10021
Tel: 212 746-3473 Fax: 212 746-8733
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-31-109

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Manhattan Eye, Ear & Throat Hospital
Manhattan VA Harbor Health Care System
Prgm Director: Kenneth N Noble, MD
550 First Avenue
NYVH 18
New York, NY 10016
Tel: 212 263-8494 Fax: 212 263-8749
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 240-35-31-110

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's - Roosevelt Hospital Center
Prgm Director: Kenneth E Merhige, MD
1111 Amsterdam Avenue
Ophthalmology Department
New York, NY 10025
Tel: 212 533-2562 Fax: 212 533-2478
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-31-111

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Prgm Director: David K Wallace, MD
Department of Ophthalmology
CBM 3090, 417 Burnett-Womack Bldg
Chapel Hill, NC 27599
Tel: 919 966-5296 Fax: 919 966-1908
Length: 3 Yrs ACGME Approved/Offered Positions: 16
Program ID: 240-36-31-119

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Pratap Challa, MD
Duke Eye Center, DUMC 3802
Erwin Road
Durham, NC 27710
Tel: 919 667-2375 Fax: 919 667-8968
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-36-31-118

Syracuse
SYU Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Leon-Paul Noel, MD
500 Harrison Street
Syracuse, NY 13202
Tel: 315 464-6283 Fax: 315 464-6634
E-mail: viro@upstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-35-31-110

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Our Lady of Mercy Medical Center
Westchester Medical Center
Valhalla, NY 10595
Tel: 914 409-7671 Fax: 914 490-7445
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-35-31-107

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Prgm Director: Donald A Grover, MD
601 Elmwood Avenue
Box 539
Rochester, NY 14642
Tel: 585 275-3954 Fax: 585 596-0275
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-35-21-115

Graduate Medical Education Directory 2004-2005

772
<table>
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<th>Program</th>
<th>Sponsor</th>
<th>Tel</th>
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<td><strong>Winston-Salem</strong>&lt;br&gt;Wake Forest University School of Medicine Program&lt;br&gt;Sponsor: Wake Forest University Baptist Medical Center&lt;br&gt;Program Director: Timothy J Martin, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;Medical Center Blvd&lt;br&gt;Winston-Salem, NC 27117&lt;br&gt;Tel: 336 716-4901&lt;br&gt;Fax: 336 716-7894</td>
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<td><strong>Ohio</strong>&lt;br&gt;Cleveland Clinic&lt;br&gt;Foundation Program&lt;br&gt;Sponsor: Cleveland Clinic&lt;br&gt;Program Director: James B Dudas, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;Ohio Medical Center&lt;br&gt;9000 Euclid Avenue&lt;br&gt;Cleveland, OH 44106&lt;br&gt;Tel: 216 444-4083&lt;br&gt;Fax: 216 445-2226</td>
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<td><strong>Kentucky</strong>&lt;br&gt;Cincinnati&lt;br&gt;Sponsor: University of Cincinnati Medical Center&lt;br&gt;Program Director: Zih-Ru Jeffreys, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;Cincinnati Eye Institute&lt;br&gt;505 W 13th Street&lt;br&gt;Cincinnati, OH 45202&lt;br&gt;Tel: 513 556-5183&lt;br&gt;Fax: 513 558-3108</td>
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<td><strong>Cincinnati</strong>&lt;br&gt;University Hospital/University of Cincinnati College of Medicine Program&lt;br&gt;Sponsor: University Hospital Inc&lt;br&gt;Department of Ophthalmology&lt;br&gt;4121 Vine St&lt;br&gt;Cincinnati, OH 45229&lt;br&gt;Tel: 513 558-5183&lt;br&gt;Fax: 513 558-3108</td>
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<td><strong>Cleveland</strong>&lt;br&gt;Case Western Reserve University/University Hospitals of Cleveland Program&lt;br&gt;Sponsor: University Hospitals of Cleveland&lt;br&gt;Metropolitan Medical Center&lt;br&gt;Veterans Affairs Medical Center (Cleveland)&lt;br&gt;Program Director: Michael S Lee, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;1100 Euclid Avenue&lt;br&gt;Cleveland, OH 44106&lt;br&gt;Tel: 216 844-5984&lt;br&gt;Fax: 216 844-7117</td>
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<td>**Cleveland Clinic Foundation Program&lt;br&gt;Sponsor: Cleveland Clinic Foundation&lt;br&gt;Program Director: Elias T Traboulsi, MD&lt;br&gt;Cole Eye Institute, Desk 1-32&lt;br&gt;9000 Euclid Avenue&lt;br&gt;Cleveland, OH 44106&lt;br&gt;Tel: 216 444-4203&lt;br&gt;Fax: 216 445-2226</td>
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<td><strong>Oklahoma</strong>&lt;br&gt;Oklahoma City&lt;br&gt;University of Oklahoma Health Sciences Center Program&lt;br&gt;Sponsor: University of Oklahoma College of Medicine&lt;br&gt;McGee Eye Institute&lt;br&gt;Medical Center&lt;br&gt;University of Oklahoma&lt;br&gt;2594 N peaceful Ave&lt;br&gt;Oklahoma City, OK 73104&lt;br&gt;Tel: 405 271-7565&lt;br&gt;Fax: 405 271-3010</td>
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<td><strong>Portland</strong>&lt;br&gt;Oregon Health &amp; Science University Program&lt;br&gt;Sponsor: Oregon Health &amp; Science University Hospital&lt;br&gt;Legacy Good Samaritan Hospital and Medical Center&lt;br&gt;Veterans Affairs Medical Center (Portland)&lt;br&gt;Program Director: Andreas K Lauer, MD&lt;br&gt;Casey Eye Institute&lt;br&gt;3333 SW Terwillegar Blvd&lt;br&gt;Portland, OR 97239&lt;br&gt;Tel: 503 494-0394&lt;br&gt;Fax: 503 494-9259</td>
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<td><strong>Pennsylvania</strong>&lt;br&gt;Danville&lt;br&gt;Geisinger Health System Program&lt;br&gt;Sponsor: Geisinger Health System&lt;br&gt;Program Director: Herbert J Inderhees, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;100 North Academy Avenue&lt;br&gt;Danville, PA 17322&lt;br&gt;Tel: 570 271-6641&lt;br&gt;Fax: 570 271-7146</td>
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<td><strong>Pittsburgh</strong>&lt;br&gt;University of Pittsburgh Medical Center&lt;br&gt;Medical Education Program&lt;br&gt;Sponsor: University of Pittsburgh Medical Center&lt;br&gt;Program Director: Randall L Beauty, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;UPMC Presbyterian Shadyside&lt;br&gt;Veterans Affairs Medical Center (Pittsburgh)&lt;br&gt;Program Director: Daniel J Knecht, MD&lt;br&gt;Department of Ophthalmology&lt;br&gt;130 Lothrop Street&lt;br&gt;UPMC Presbyterian&lt;br&gt;Pittsburgh, PA 15219&lt;br&gt;Tel: 412 647-2594&lt;br&gt;Fax: 412 647-5119</td>
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Puerto Rico

San Juan
University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)

Program Director: William M Townsend, MD
Medical Sciences Campus
PO Box 90036
San Juan, PR 00936
Tel: 787 756-7699 Fax: 787 756-3488
E-mail: TownsendW@uol.com
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-42-21-141

Rhode Island

Providence
Brown University Program

Sponsor: Rhode Island Hospital Lifespan
Veterans Affairs Medical Center (Providence)

Program Director: William G Tobis, MD
590 Eddy Street
AFC-712
Department of Ophthalmology
Providence, RI 02903
Tel: 401 444-4009 Fax: 401 444-6187
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-43-11-142

South Carolina

Charleston
Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Elisabeth Sharpe, MD
Storm Eye Institute
167 Ashley Avenue, PO Box 250676
Charleston, SC 29425
Tel: 843 792-8864 Fax: 843 792-5698
E-mail: marveyes@musc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-45-21-148

Columbia
Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital

Program Director: James H Oakman Jr, MD
Four Richland Medical Park
Suite 500
Columbia, SC 29208
Tel: 803 434-7060 Fax: 803 434-2387
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-45-21-163

Tennessee

Chattanooga
University of Tennessee College of Medicine at Chattanooga Program

Sponsor: University of Tennessee College of Medicine-Chattanooga
Erlanger Medical Center
T C Thompson Children's Hospital Medical Center
Willie D Miller Eye Center
Program Director: Patrick J Bowen, MD
Department of Ophthalmology
975 East Third Street, P O Box 112
Chattanooga, TN 37403
Tel: 423 778-8165 Fax: 423 778-2280
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 240-47-11-144

Memphis
University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare - Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)

Program Director: Natalie C Kerr, MD
Department of Ophthalmology
900 Court Avenue, Suite D228
Memphis, TN 38163
Tel: 901 448-5984 Fax: 901 448-1299
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-47-21-145

Nashville
Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)

Program Director: Sean P Donahue, MD, PhD
1215 21st Avenue South
925 P Union, Vanderbilt MC East
Nashville, TN 37232
Tel: 615 936-2020 Fax: 615 936-1540
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-47-21-147

Texas

Dallas
University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)

Program Director: Preston H Biromquist, MD
5333 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3848 Fax: 214 648-9061
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 240-48-21-148

Galveston
University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Program Director: John T Troup II, MD, JD
700 University Boulevard
Galveston, TX 77550
Tel: 409 747-5410 Fax: 409 747-5403
E-mail: jtroup@utmb.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-48-21-149

Houston
Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Dallas County Hospital District-Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)

Program Director: Eric R Hof, MD
6006 Fannin, WC205
Department of Ophthalmology
Houston, TX 77030
Tel: 713 798-5965 Fax: 713 798-8763
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 240-49-21-150

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Program Director: Richard S Zhu, MD
Dept of Ophthalmology and Visual Science
6411 Fannin, MBB 7.094
Houston, TX 77030
Tel: 713 500-8665 Fax: 713 500-0682
E-mail: zhu.md@uth.tmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-48-21-151

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)

Program Director: David E Hoke, MD
WEMC/MCST
2300 Bergquist Dr, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-6773 Fax: 210 292-4786
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 240-49-11-101
US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center

Program Director: Wade A Graham, MD

University Medical Center
Veterans Affairs Medical Center (Big Spring)
Fax: 806 743-2400 E-mail: gwen.rutherford@ttuhsc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 240-49-21-152

San Antonio
University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)

Program Director: Carlos A Rosende, MD

University Health System
Fax: 210 567-8466 Fax: 210 567-8413
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 240-49-21-153
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<th>State</th>
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<th>City</th>
<th>Phone</th>
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<td>Temple</td>
<td>Texas A&amp;M College of Medicine-Scott and White Program</td>
<td>Scott and White Memorial Hospital, Central Texas Veterans Affairs Healthcare System</td>
<td>Kyle H Smith, MD</td>
<td>Temple, TX 75208</td>
<td>254-774-7545</td>
<td>254-774-9630</td>
<td><a href="mailto:sgscswarrrz@vcu.edu">sgscswarrrz@vcu.edu</a></td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 9</td>
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<td>Virginia</td>
<td>University of Virginia Program</td>
<td>University of Virginia Medical Center</td>
<td>Brian P Conway, MD</td>
<td>Charlottesville, VA 22908</td>
<td>434-924-1896</td>
<td>434-924-5180</td>
<td>e-mail: <a href="mailto:elaine.peterskon@hsc.vt.edu">elaine.peterskon@hsc.vt.edu</a></td>
<td>3 Yrs</td>
<td>ACGME Approved/Offered Positions: 9</td>
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<td>Norfolk</td>
<td>Eastern Virginia Medical School Program</td>
<td>Eastern Virginia Medical School</td>
<td>John D Sheppard Jr, MD</td>
<td>Norfolk, VA 23502</td>
<td>757-441-0560</td>
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<td>Richmond</td>
<td>Virginia Commonwealth University Health System Program</td>
<td>Virginia Commonwealth University Health System</td>
<td>Stephen G Schwartz, MD</td>
<td>Richmond, VA 23286</td>
<td>804-828-9180</td>
<td>804-828-9180</td>
<td>Program ID: 240-51-21-158</td>
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<td>Washington</td>
<td>University of Washington Program</td>
<td>University of Washington School of Medicine</td>
<td>William R Raymond, MD</td>
<td>Seattle, WA 98195</td>
<td>206-688-4749</td>
<td>206-543-4414</td>
<td>Program ID: 240-54-21-159</td>
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<td>Tacoma</td>
<td>Madigan Army Medical Center Program</td>
<td>Madigan Army Medical Center</td>
<td>Geoffrey Bradford, MD</td>
<td>Tacoma, WA 98401</td>
<td>253-908-1770</td>
<td>253-908-1451</td>
<td>Program ID: 240-54-21-175</td>
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<td>West Virginia</td>
<td>Morgantown</td>
<td>West Virginia University Program</td>
<td>Louis A Johnson Veterans Affairs Medical Center</td>
<td>Morgantown, WV 26506</td>
<td>304-598-6964</td>
<td>304-598-6933</td>
<td>Program ID: 240-52-21-160</td>
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<td>Wisconsin</td>
<td>Madison</td>
<td>University of Wisconsin Program</td>
<td>University of Wisconsin Hospital and Clinics</td>
<td>Madison, WI 53792</td>
<td>608-263-7681</td>
<td>608-263-7684</td>
<td>Program ID: 240-56-21-161</td>
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<td>Milwaukee</td>
<td>Medical College of Wisconsin Program</td>
<td>Medical College of Wisconsin Affiliated Hospitals, Inc</td>
<td>Dale Heuer, MD</td>
<td>Milwaukee, WI 53226</td>
<td>414-456-7915</td>
<td>414-456-6633</td>
<td>Program ID: 240-56-21-102</td>
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**Orthopaedic Sports Medicine (Orthopaedic Surgery)**

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<th>State</th>
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<td>Tucson</td>
<td>University of Arizona Program</td>
<td>University of Arizona College of Medicine</td>
<td>Tucson, AZ 85724</td>
<td>520-629-2945</td>
<td>520-629-2996</td>
<td>Program ID: 265-03-31-081</td>
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<td>California</td>
<td>Long Beach</td>
<td>Long Beach Memorial Medical Center Program</td>
<td>Peter R Kurrell, MD</td>
<td>Long Beach, CA 90801</td>
<td>562-424-9666</td>
<td>562-998-0027</td>
<td>Program ID: 268-05-21-013</td>
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Van Nuys
Southern California Orthopaedic Institute Program
Sponsor: Southern California Orthopaedic Institute
Program Director: Richard D. Ferkel, MD
2415 S. Noble Street
Tel: 818-901-6690 Fax: 818-901-6690
Length: 1 Yr ACMS Approved/Offered Positions: 5
Program ID: 268-05-21-043

Colorado
Aspen
Aspen Foundation for Sports Medicine Education and Research Program
Program Director: Norman L. Harris Jr, MD
100 E Main Street, Suite 202
Aspen, CO 81611
Tel: 970-920-4151 Fax: 970-944-9614
Length: 1 Yr ACMS Approved/Offered Positions: 2
Program ID: 268-05-21-083

Vail
Steadman Hawkins Clinic Program
Sponsor: Steadman Hawkins Clinic
Vail Valley Medical Center
Program Director: Richard J. Hawkins, MD
51 W Meadow Drive, Suite 400
Vail, CO 81657
Tel: 970-479-5782 Fax: 970-479-9753
Length: 1 Yr ACMS Approved/Offered Positions: 6
Program ID: 268-05-21-083

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
10 Talcott Notch Road
Farmington, CT 06032
Tel: 860-679-6645 Fax: 860-679-6849
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-20-21-006

Florida
Coral Gables
HealthSouth Doctors’ Hospital Program
Sponsor: HealthSouth Doctors’ Hospital
Program Director: Harlan Selesnick, MD
1150 Campo Sano Avenue, Suite 303
Coral Gables, FL 33146
Tel: 305-662-2424 Fax: 305-667-3529
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-11-21-974

Illinois
Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Bernard B. Bach Jr, MD
1725 West Harrison Street, Suite 1053
Chicago, IL 60612
Tel: 312-955-9117 Fax: 312-943-1517
E-mail: pwierce@rush.edu
Length: 1 Yr ACMS Approved/Offered Positions: 3
Program ID: 268-18-21-004

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Bruce Holder, MD
5841 S Maryland
MC 3079
Chicago, IL 60637
Tel: 773-702-6544 Fax: 773-702-9765
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-16-21-034

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
1404 S Indiana Ave.
St. Joseph Hospital
University of Illinois Hospital and Clinics
Program Director: Preston M. Wellin, MD
1404 S Indiana Ave.
Chicago, IL 60612
Tel: 773-248-4150 E-mail: pwellin@athleticmed.com
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-16-21-075

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Robert H. Havens Medical Center
Program Director: K. Donald Shelbourne, MD
1150 Campo Sano Avenue
Suite 303
Indianapolis, IN 46202
Tel: 317-294-8538 E-mail: aharris@methodistsports.com
Length: 1 Yr ACMS Approved/Offered Positions: 2
Program ID: 268-17-21-003

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: John P. Albrecht, MD
1500 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-4571 Fax: 319-353-6724
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-18-21-007

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Program Director: Darren L. Johnson, MD
Kentucky Medical Office
740 S Limestone
Lexington, KY 40508
Tel: 859-255-3531 Fax: 859-223-3412
E-mail: csault@ukw.edu
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-20-21-016

Louisiana
Lake Charles
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Lake Charles Memorial Hospital
Medical Center of Louisiana at New Orleans
Program Director: Robert Sellards, MD
1470 Smith Avenue, Ste 400
New Orleans, LA 70112
Tel: 504-584-5001 Fax: 504-688-4465
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-21-21-002

New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: Michael E. Brunet, MD
1470 Tulane Avenue, SL 22
New Orleans, LA 70112
Tel: 504-588-5770 Fax: 504-688-5717
Length: 1 Yr ACMS Approved/Offered Positions: 1
Program ID: 268-21-21-020

Maryland
Baltimore
Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Program Director: Leslie S. Matthews, MD
5251 N Calvert Street, Suite 400
Baltimore, MD 21212
Tel: 410-544-2855
Length: 1 Yr ACMS Approved/Offered Positions: 2
Program ID: 268-23-21-058
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<th>Program Director</th>
<th>Phone</th>
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<td>Boston</td>
<td>Boston University Medical Center Program</td>
<td>Sponsor: Boston Medical Center</td>
<td>Leahy Clinic</td>
<td>617-663-8000</td>
<td>617-663-5893</td>
<td><a href="mailto:LeahyClinic@bmc.org">LeahyClinic@bmc.org</a></td>
<td>280 Longwood Avenue, Boston, MA 02118</td>
<td>Boston, MA</td>
<td>288-24-31-880</td>
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<td>Massachusetts General Hospital/ Harvard Medical School Program</td>
<td>Sponsor: Massachusetts General Hospital</td>
<td>Prwm Director: Bertram Zarinis, MD</td>
<td>617-663-8000</td>
<td>617-663-5893</td>
<td><a href="mailto:Zarinis@mgmhealth.org">Zarinis@mgmhealth.org</a></td>
<td>280 Longwood Avenue, Boston, MA 02118</td>
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<td>Tufts-New England Medical Center Program</td>
<td>Sponsor: Tufts-New England Medical Center</td>
<td>Prwm Director: John C Richmond, MD</td>
<td>617-663-8000</td>
<td>617-663-5893</td>
<td><a href="mailto:Richmond@tufts.edu">Richmond@tufts.edu</a></td>
<td>280 Longwood Avenue, Boston, MA 02118</td>
<td>Boston, MA</td>
<td>288-24-31-880</td>
<td>1 Yr</td>
<td>1 ACGME Approved/Offered Positions</td>
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<td></td>
<td>University of Massachusetts Program</td>
<td>Sponsor: University of Massachusetts Medical School</td>
<td>Prwm Director: Brian D Bascou, MD</td>
<td>617-663-8000</td>
<td>617-663-5893</td>
<td><a href="mailto:Bascou@umassmed.edu">Bascou@umassmed.edu</a></td>
<td>280 Longwood Avenue, Boston, MA 02118</td>
<td>Boston, MA</td>
<td>288-24-31-880</td>
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<td>Worcester</td>
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<td>Michigan</td>
<td>Ann Arbor</td>
<td>University of Michigan Program</td>
<td>617-663-8000</td>
<td>617-663-5893</td>
<td><a href="mailto:AnnArbor@umassmed.edu">AnnArbor@umassmed.edu</a></td>
<td>280 Longwood Avenue, Boston, MA 02118</td>
<td>Boston, MA</td>
<td>288-24-31-880</td>
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<td>1 ACGME Approved/Offered Positions</td>
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<tr>
<td></td>
<td>Louis</td>
<td>University of Michigan Hospitals and Health Centers</td>
<td>Prwm Director: Bruce S Miller, MD</td>
<td>617-663-8000</td>
<td>617-663-5893</td>
<td><a href="mailto:BruceM@umassmed.edu">BruceM@umassmed.edu</a></td>
<td>280 Longwood Avenue, Boston, MA 02118</td>
<td>Boston, MA</td>
<td>288-24-31-880</td>
<td>1 Yr</td>
<td>1 ACGME Approved/Offered Positions</td>
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</table>
Accredited Programs in Orthopaedic Sports Medicine (Orthopaedic Surgery)

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Dwight Shuman, MD
500 First Avenue
New York, NY 10016
Tel: 212 263-8861 Fax: 212 263-8790
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-35-31-978

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Kenneth R Dellaven, MD
601 Elmwood Avenue, Box 095
Rochester, NY 14642
Tel: 585 275-2970 Fax: 585 756-4723
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 268-33-21-060

West Point
Keller Army Community Hospital Program
Sponsor: Keller Army Community Hospital
Prgm Director: Dean C Taylor, MD
Orthopaedic Service
800 Washington Road
West Point, NY 10996
Tel: 845 938-4281 Fax: 845 938-6606
E-mail: dean.taylor@na.amedd.army.mil
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-38-21-045

US Armed Services Program

Ohio
Cincinnati
Christ Hospital/University of Cincinnati School of Medicine Program
Sponsor: Christ Hospital
University of Cincinnati College of Medicine
Prgm Director: Robert H Heath Jr, MD
3138 Auburn Avenue
Cincinnati, OH 45219
Tel: 513 585-2742 Fax: 513 585-4892
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 268-35-21-031

Cincinnati Sports Medicine and Orthopaedic Center Program
Sponsor: Cincinnati Sportsmedicine & Orthopaedic Center
Prgm Director: Frank R Noyes, MD
311 Straight Street
Cincinnati, OH 45219
Tel: 513 585-2823 Fax: 513 475-5263
Length: 1 Yr
Program Id: 268-38-21-041

Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: John A Bergfeld, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-3538 Fax: 216 445-7382
Length: 1 Yr
Program Id: 268-38-21-028

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: Christopher C Kaeding, MD
2650 Kenny Road
Columbus, OH 43221
Tel: 614 293-8813 Fax: 614 293-4399
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-39-21-008

Pennsylvania
Philadelphia
Graduate Hospital Program
Sponsor: Graduate Hospital (Tenet Health System)
Prgm Director: Frederick C Baldwin, MD
One Graduate Plaza
1800 Lombard Street
Philadelphia, PA 19146
Tel: 215 228-6777 Fax: 215 228-6358
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-41-21-014

Temple University Program
Sponsor: Temple University Hospital
Prgm Director: Roy A Noyes, MD
3401 N Broad St
Philadelphia, PA 19140
Tel: 215 707-8331 Fax: 215 707-2324
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-41-21-040

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Michael G Cicottiti, MD
3015 Chestnut Street, Suite 719
Philadelphia, PA 19107
Tel: 215 955-1200
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-41-21-054

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Prgm Director: Christopher D Barner, MD
3200 South Water Street
Pittsburgh, PA 15203
Tel: 412 432-3662 Fax: 412 432-3690
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program Id: 268-41-21-018

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: John E Kahn, MD
Prgm Director: Jonathan L Street, MD
1900 Johnson St
Nashville, TN 37201
Tel: 615 322-7878 Fax: 615 343-9893
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 268-47-19-086

Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
St Luke's Episcopal Hospital
Prgm Director: Walter B Lowe, MD
21st and Conservatory Street
Houston, TX 77003
Tel: 713 966-5590 Fax: 713 966-5591
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program Id: 268-48-31-027

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Prgm Director: James R Stauterbeck, MD
3601 4th Street
Lubbock, TX 79430
Tel: 915 743-2456 Fax: 915 473-1305
Length: 1 Yr
Program Id: 268-48-31-088

San Antonio
University of Texas Health Science Center at San Antonio/Nix Medical Center Program
Sponsor: University of Texas Medical School at San Antonio
Methodist Healthcare
Nix Medical Center
St Luke's Baptist Hospital
Prgm Director: Jesse C Deloe, MD
9150 Huebner Road, Suite 250-A
San Antonio, TX 78240
Tel: 210 561-7100 Fax: 210 561-7121
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-48-31-042

Utah
Murray
The Orthopedic Specialty Hospital Program
Sponsor: The Orthopedic Specialty Hospital
Prgm Director: Lonnie P Paulon, MD
5848 S 300 East
Salt Lake City, UT 84107
Tel: 801 314-4100 Fax: 801 314-4015
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 268-49-31-011

Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Prgm Director: Robert T Burks, MD
39 North 1800 East 3B-165
Salt Lake City, UT 84132
Tel: 801 585-1101
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 268-48-31-023

Graduate Medical Education Directory 2004-2005
Virginia

Arlington

Georgetown University Program
Sponsor: Virginia Hospital Center-Arlington
Nirschl Orthopedic Clinic
Program Director: Robert P. Nirschl, MD, MS
1715 S George Mason Drive, Ste 504
Arlington, VA 22205
Tel: 703 525-2200  Fax: 703 522-2603
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 268-51-21-062

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: David Diduch, MD
PO Box 80159
Charlottesville, VA 22908
Tel: 434 243-0274  Fax: 434 243-0290
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 268-51-21-087

Richmond

Orthopaedic Research of Virginia Program
Sponsor: Orthopaedic Research of Virginia
Tuckahoe Orthopaedic Associates
Program Director: John F Meyers, MD
7660 E Parham Road, Suite 207
Richmond, VA 23294
Tel: 804 247-5069  Fax: 804 247-5061
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 268-51-21-039

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Tuckahoe Orthopaedic Associates
Program Director: John F Meyers, MD
600 Highland Avenue, K4/749
Madison, WI 53792
Tel: 608 263-5636
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 268-56-21-017

Orthopaedic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: David A Volgas, MD
510 20th Street South
Birmingham, AL 35294
Tel: 205 934-6413  Fax: 205 975-9532
Length: 5 Yrs  ACGME Approved/Offered Positions: 30
Subspecialties: HSO
Program ID: 260-01-21-044

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Program Director: Frederick N Meyer, MD
2451 Fillinng Streeet
Mastin Blvd, Suite 533
Mobile, AL 36617
Tel: 251 471-7897  Fax: 251 471-7477
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-01-11-182

Arizona

Phoenix

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Children's Rehabilitative Services
Program Director: Dana G Seltzer, MD
418 North 18th Street
Phoenix, AZ 85006
Tel: 602 254-9445  Fax: 602 254-9231
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 260-03-23-078

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Program Director: John T Ruth, MD
PO Box 245954
Tucson, AZ 85724
Tel: 520 628-2545  Fax: 520 628-2688
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: USM
Program ID: 260-03-31-054

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Carl L. Nelson, MD
4301 West Markham
Mail Slot 631
Little Rock, AR 72205
Tel: 501 661-5351  Fax: 501 603-1984
E-mail: orawyvonnes@uams.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: HSO
Program ID: 260-04-21-094

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Program Director: Michael Coen, MD
11534 Anderson Street, 4501
Loma Linda, CA 92354
Tel: 909 558-4413  Fax: 909 558-4830
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: HSO
Program ID: 260-05-21-063

Los Angeles

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
LAC-Rancho Los Amigos National Rehabilitation Center
Orthopaedic Hospital
Program Director: Clarence Woods, MD
12021 South Wilming-ton Avenue
Los Angeles, CA 90059
Tel: 310 698-4535  Fax: 310 223-0272
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-05-22-069

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Shriners Hospitals for Children (Los Angeles)
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Gerald AM Pinerner, MD
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310 794-4515
E-mail: sfuton@mednet.ucla.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 30
Subspecialties: HSO
Program ID: 260-05-21-078

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Children's Hospital Los Angeles
USC University Hospital
Program Director: Michael J Patrakakis, MD
2035 Zonal Avenue, GHN 3900
Los Angeles, CA 90033
Tel: 323 266-7201  Fax: 323 226-2221
Length: 5 Yrs  ACGME Approved/Offered Positions: 50
Subspecialties: HSO
Program ID: 260-05-21-193
Sponsor: University of California (Irvine) Medical Center
Children's Hospital of Orange County
Kaiser Permanente Medical Center (Anaheim)
LAC+USC Los Angeles National Rehabilitation Center
VA Long Beach Healthcare System
Program Director: Gary J Philips, MD
101 City Drive South
Dept of Ortho Surgery, P.3 III, 1.11, R1, B1
Orange, CA 92868
Tel: 714 456-5754 Fax: 714 456-7547
E-mail: smilievan@uci.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-05-21-064

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: John S Webster, MD, MBA
34900 Bob Wilson Drive
San Diego, CA 92114
Tel: 619 532-8427 Fax: 619 532-8437
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 260-05-31-079
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Robert Pedowitz, MD, PhD
350 Dickinson Street, Mail Code 8894
San Diego, CA 92103
Tel: 619 543-3694 Fax: 619 543-5340
E-mail: orthoreu@ucsd.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: ISD
Program ID: 260-05-21-109

San Francisco
St Mary's Hospital and Medical Center Program
Sponsor: St Mary's Hospital and Medical Center
Alameda County Medical Center
Kaiser Permanente Medical Center (Oakland)
Program Director: Garnet F Wynne, MD
400 Stanford Street
San Francisco, CA 94117
Tel: 415 765-5782
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-05-22-106

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: David S Bradford, MD
101 City Drive South
Dept of Ortho Surgery, P.3 III, 1.11, R1, B1
San Francisco, CA 94114
Tel: 415 476-2230 Fax: 415 476-1304
E-mail: stuartm@orthosurg.ucsf.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: ISD
Program ID: 260-05-21-002

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Shriners Hospitals for Children (Sacramento)
University of California (Davis) Medical Center
Program Director: David H Hsi, MD, MBA
Department of Orthopaedic Surgery
4560 Y Street, Suite 3300
Sacramento, CA 95817
Tel: 916 734-6594 Fax: 916 734-7904
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: ISD
Program ID: 260-05-21-133

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Daniel M Zinser, MD
1000 West Carson Street, Box 432
Torrance, CA 90711
Tel: 310 222-2716 Fax: 310 532-8756
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-05-31-122

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: Steven J Morgan, MD
4200 E Ninth Avenue, Box H202
Denver, CO 80208
Tel: 303 372-5505 Fax: 303 372-5692
Length: 5 Yrs ACGME Approved/Offered Positions: 29
Program ID: 260-07-21-004

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Hartford Hospital
St Francis Hospital and Medical Center
UConn Health System (John Dempsey Hospital)
Program Director: Bruce D Browner, MD
10 Talbot Notch Road
PO Box 4037
Farmington, CT 06024
Tel: 860-679-6640 Fax: 860-679-6649
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: ISD, OPM
Program ID: 260-09-21-172

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Thomas S Bentz, MD
PO Box 260791
New Haven, CT 06520
Tel: 203 737-5684 Fax: 203 785-7132
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 260-09-21-005

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
Clinical Center at the National Institutes of Health
George Washington University Hospital (IHH)
Sidney Memorial Hospital
Washington Hospital Center
Program Director: Robert J Nevisier, MD
2150 Pennsylvania Avenue, NW
Room 7-416
Washington, DC 20037
Tel: 202 741-5301 Fax: 202 741-3313
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: OPM
Program ID: 260-10-21-083

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
Virginia Hospital Center-Arlington
Program Director: Sam W Wiesel, MD
3001 Reserve Road, NW
Washington, DC 20037
Tel: 202 444-7494 Fax: 202 444-7357
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: OPM
Program ID: 260-10-21-014

Howard University Program
Sponsor: Howard University Hospital
Children's National Medical Center
Providence Hospital
Sidney Hospital of Baltimore
Veterans Affairs Medical Center (Washington, DC)
Program Director: Terry L Thompson, MD
2041 Georgia Ave, NW
Washington, DC 20030
Tel: 202 965-1182 Fax: 202 965-4004
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-10-21-115
Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veteran Health System
Shands Hospital at the University of Florida
Progm Director: Robert A Vander Grond, MD
PO Box 100246, JIMHHU
Gainesville, FL 32610
Tel: 352 392-4251
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Subspecialties: HSO, OAR, OMS, OSM
Program ID: 260-11-21-123

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Nemours Children’s Clinic
Progm Director: B Hudson Berrey Jr, MD
Department of Orthopaedic Surgery
655 West 8th Street (ACC Bldg - 2nd Floor)
Jacksonville, FL 32209
Tel: 904 244-7757 Fax: 904 244-7744
E-mail: ortho@jax.ufl.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 260-11-21-062

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
HealthSouth Doctors’ Hospital
Miami Children’s Hospital
Veteran Affairs Medical Center (Miami)
Progm Director: Frank J Emmont, MD
Rehabilitation Center - 3rd Floor, Rm 300
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305 506-7138 Fax: 305 324-7658
E-mail: orthoaap@med.miami.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 35
Subspecialties: HSO, OSM, OSM
Program ID: 260-11-24-776

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Progm Director: John V Connolly, MD
Medical Education - Orthopaedics
1314 Kuhl Avenue
Orlando, FL 32806
Tel: 407 646-6885 Fax: 407 843-7381
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: OP
Program ID: 260-11-22-184

Georgia

Atlanta
Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Children’s Healthcare of Atlanta
Progm Director: John A Oglea, MD
303 Parkway Drive, NE
Box 423
Atlanta, GA 30312
Tel: 404 265-1570 Fax: 404 265-4859
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-12-23-113

Emory University Program
Sponsor: Emory University School of Medicine
Children’s Healthcare of Atlanta at Egleston
Emory University Hospital
Grady Memorial Hospital
Progm Director: Gary R McGillivary, MD
Residency Coordinator’s Office - 450 Glenn Blvd
86 Jesse Hill Jr Drive
Atlanta, GA 30303
Tel: 404 616-6031 Fax: 404 659-3806
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: HSO, OAR, OMS
Program ID: 260-12-21-039

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veteran Affairs Medical Center (Augusta)
Progm Director: Styles L Bertrand, MD
1120 Fifteenth Street
Augusta, GA 30904
Tel: 706 721-1535 Fax: 706 721-1794
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-12-21-114

Fort Gordon
Dwight David Eisenhower Army Medical Center Program
Sponsor: Dwight David Eisenhower Army Medical Center
Children’s Healthcare of Atlanta
Progm Director: Lue Paul J Gutting, MD
Orthopaedic Surgery Service
Fort Gordon, GA 30905
Tel: 706 787-1850 Fax: 706 787-8697
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-12-21-192
US Armed Services Program

Hawaii

Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Queen’s Medical Center
Shriners Hospitals for Children (Honolulu)
Progm Director: Robert D Atkinson, MD
School of Medicine
3366 Lusitana Street, 5th Floor
Honolulu, HI 96813
Tel: 808 692-4561 Fax: 808 586-3022
E-mail: rfreidel@hawaii.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 260-14-21-068

Tripler AMC
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Progm Director: John V Ingar, MD
Orthopaedic Surgery Services, MCHK-DSO
I Jarrett White Road
Tripler AMC, HI 80809
Tel: 808 433-3557 Fax: 808 433-1554
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 260-14-31-086
US Armed Services Program

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children’s Memorial Hospital
Evansion Hospital
John H Strager Hospital of Cook County
Northwestern MEM Hospital
Veterans Affairs Chicago Health Care System
Progm Director: Michael F Schuler, MD
640 N Michigan Ave
Suite 110
Chicago, IL 60611
Tel: 312 906-7977
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: OP
Program ID: 260-16-21-007

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Strager Hospital of Cook County
Shriners Hospitals for Children (Chicago)
Progm Director: Joshua J Jacobs, MD
1653 West Congress Parkway
Room 1471 - Jelke
Chicago, IL 60612
Tel: 312 942-8550 Fax: 312 942-2109
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO, OAR, OMS
Program ID: 260-18-21-174

University of Chicago Program
Sponsor: University of Chicago Hospitals
Advocate Lutheran Genera! Hospital
Louis A Weiss Memorial Hospital
Progm Director: Terrance Peabody, MD
8541 S Maryland, MC 3079
Chicago, IL 60637
Tel: 773 702-3442 Fax: 773 702-9076
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: HSO, OAR, OMS
Program ID: 260-16-21-136

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
John H Strager Hospital of Cook County
Shriners Hospitals for Children (Chicago)
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Progm Director: Edward Abraham, MD
833 S Wolcott Avenue
Room E-270, MC 844
Chicago, IL 60612
Tel: 312 966-7161 Fax: 312 966-9025
Length: 5 Yrs ACGME Approved/Offered Positions: 35
Subspecialties: OSM
Program ID: 260-18-21-947

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Illinois, Jr Veterans Affairs Hospital
Shriners Hospitals for Children (Chicago)
Progm Director: Terry L Light, MD
2160 S First Avenue
Maguire Building 105, Room 1700
Maywood, IL 60153
Tel: 708 216-4570 Fax: 708 286-5588
E-mail: ortho@lumc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 260-16-21-003
Accredited Programs in Orthopaedic Surgery

**Springfield**

**Southern Illinois University Program**

**Sponsor:** Southern Illinois University School of Medicine
Memorial Medical Center

- St. John's Hospital
- Program Director: D. Gordon Allan, MD
- PO Box 19079
- Division of Orthopaedics
- Springfield, IL 62714
- Tel: 217-545-8901 Fax: 217-545-7901
- Length: 5 Yrs ACGME Approved/Offered Positions: 15
- Subspecialties: OSB
- Program ID: 260-16-21-110

**Indiana**

**Fort Wayne**

**Fort Wayne Medical Education Program**

**Sponsor:** Fort Wayne Medical Education Program
Lutheran Hospital of Indiana
Parkview Memorial Hospital
St. Joseph Hospital

- Program Director: Daniel J Curran, MD
- 4346 Lake Avenue
- Fort Wayne, IN 46905
- Tel: 260-423-6573 Fax: 260-423-6621
- E-mail: knight@fwmed.edu
- Length: 5 Yrs ACGME Approved/Offered Positions: 10
- Program ID: 260-17-22-138

**Indianapolis**

**Indiana University School of Medicine Program**

**Sponsor:** Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital

- Program Director: Randall T Loder, MD
- 541 Clinical Drive, Room 600
- Indianapolis, IN 46202
- Tel: 317-274-7913 Fax: 317-274-7792
- Length: 5 Yrs ACGME Approved/Offered Positions: 20
- Subspecialties: OSB, OSM
- Program ID: 260-17-21-008

**Iowa**

**Iowa City**

**University of Iowa Hospitals and Clinics Program**

**Sponsor:** University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)

- Program Director: J. Lawrence Marsh, MD
- Orthopaedic Surgery, 0108 JFP
- 200 Hawkins Drive
- Iowa City, IA 52242
- Tel: 319-356-0430 Fax: 319-356-8999
- Length: 5 Yrs ACGME Approved/Offered Positions: 30
- Subspecialties: OSB, OSM
- Program ID: 260-18-21-139

**Kansas**

**Kansas City**

**University of Kansas Medical Center Program**

**Sponsor:** University of Kansas School of Medicine
Children's Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)

- Program Director: E. Bruce Toby, MD
- 3037, 3901 Rainbow Boulevard
- Kansas City, KS 66160
- Tel: 913-588-7385 Fax: 913-588-6178
- Length: 5 Yrs ACGME Approved/Offered Positions: 15
- Program ID: 260-19-21-140

**Wichita**

**University of Kansas (Wichita) Program**

**Sponsor:** University of Kansas School of Medicine (Wichita)

- Kansas Surgery and Recovery Center
- Shriners Hospitals for Children (St. Louis)
- Veterans Affairs Medical Center (Wichita)
- Via Chris Regional Medical Center-St. Francis
- Wesley Medical Center

- Program Director: David McQueen, MD
- 628 North St Francis
- Orthopaedic Residency Program-Rm 4076
- Wichita, KS 67214
- Tel: 316-268-5988 Fax: 316-291-7796
- Length: 5 Yrs ACGME Approved/Offered Positions: 20
- Program ID: 260-19-31-100

**Kentucky**

**Lexington**

**University of Kentucky Medical Center Program**

**Sponsor:** University of Kentucky A B Chandler Medical Center
Shriners Hospitals for Children (Lexington)
Veterans Affairs Medical Center (Lexington)

- Program Director: William O Shaffer, MD
- 740 S Limestone, #401
- Lexington, KY 40508
- Tel: 502-323-5523 Fax: 502-323-3412
- E-mail: brianjudge@uky.edu
- Length: 5 Yrs ACGME Approved/Offered Positions: 15
- Subspecialties: OSB
- Program ID: 260-20-21-009

**Louisiana**

**New Orleans**

**Louisiana State University Program**

**Sponsor:** Louisiana State University School of Medicine
Children's Hospital

- Earl K Long Medical Center
- Kenner Regional Medical Center
- Medical Center of Louisiana at New Orleans

- Program Director: Robert Dehne, MD
- Department of Orthopaedic Surgery
- 3005 Gravier Street, Suite 400
- New Orleans, LA 70112
- Tel: 504-568-4650 Fax: 504-568-4466
- Length: 5 Yrs ACGME Approved/Offered Positions: 20
- Subspecialties: OSB
- Program ID: 260-21-21-141

**Ochsner Clinic Foundation Program**

**Sponsor:** Ochsner Clinic Foundation
Leonard J. Chabert Medical Center

- Program Director: Michael B Wilson, MD
- 1514 Jefferson Highway
- New Orleans, LA 70111
- Tel: 504-842-5502
- E-mail: ddw@ochsner.org
- Length: 5 Yrs ACGME Approved/Offered Positions: 12
- Program ID: 260-21-22-006

**Tulane University Program**

**Sponsor:** Tulane University School of Medicine
Children's Healthcare of Atlanta
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)

- Program Director: Robert L. Barrack, MD
- 1430 Tulane Avenue, SL 32
- New Orleans, LA 70112
- Tel: 504-584-3514 Fax: 504-582-7855
- Length: 5 Yrs ACGME Approved/Offered Positions: 30
- Subspecialties: OSB
- Program ID: 260-21-31-010

**Shreveport**

**Louisiana State University (Shreveport) Program**

**Sponsor:** LSU Health Sciences Center-University Hospital
Overture Brooks Veterans Affairs Medical Center
Shriners Hospitals for Children (Shreveport)

- Program Director: James A. Altright, MD
- PO Box 38382
- 501 Kings Highway
- Shreveport, LA 71130
- Tel: 318-675-6580 Fax: 318-675-6186
- Length: 5 Yrs ACGME Approved/Offered Positions: 15
- Program ID: 260-21-21-043

**Maryland**

**Baltimore**

**Johns Hopkins University Program**

**Sponsor:** Johns Hopkins University School of Medicine
Good Samaritan Hospital of Maryland
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital

- Program Director: Michael C. Arin, MD
- 601 N Caroline Street, Suite 5225
- Baltimore, MD 21207
- Tel: 410-955-3135 Fax: 410-955-1719
- E-mail: naimon@jhmi.edu
- Length: 5 Yrs ACGME Approved/Offered Positions: 25
- Program ID: 260-22-21-057
Union Memorial Hospital Program
Sponsor: Union Memorial Hospital
Johns Hopkins System
Program Director: Leslie S Matthews, MD
201 East University Parkway
Baltimore, MD 21218
Tel: 410 554-2962
E-mail: kathy.lind@medstar.net
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: ISS, OSM
Program ID: 260-33-31-087

University of Maryland Program
Sponsor: University of Maryland Medical System
Johns Hopkins Hospital
University of Maryland - Kerman Hospital
Veterans Affairs Medical Center (Baltimore)
Program Director: Vincent D Feigenfeld Jr, MD
22 South Greene Street
Suite S11B
Baltimore, MD 21201
Tel: 410 238-0645 Fax: 410 238-6534
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: ORTH
Program ID: 260-33-31-088

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Nemours Children’s Clinic
Program Director: Frederick G Lippert III, MD, PhD
8601 Wisconsin Avenue
Bethesda, MD 20898
Tel: 301 319-4460 Fax: 301 235-1414
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 15
Program ID: 260-23-24-183
US Armed Services Program

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Alfred DauPont Hospital for Children
Walter Reed Army Medical Center
Program Director: Timothy E Kokko, MD, JD
1060 Georgia Ave, NW
Building 2, Room 5A
Washington, DC 20307
Tel: 202 783-5853
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 15
Subspecialties: ISS, OSM
Program ID: 260-10-11-075
US Armed Services Program

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Lahey Clinic
Shriners Hospitals for Children (Springfield)
Veterans Affairs Medical Center (Boston)
Program Director: Thomas A Emshoff, MD
720 Harrison Avenue
Doctors Office Building 808
Boston, MA 02118
Tel: 617 638-8455 Fax: 617 638-8403
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 20
Subspecialties: ORTH
Program ID: 260-24-31-066

Massachusetts General Hospital/ Brigham and Women's Hospital/ Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brockton-West Roxbury)
Brigham and Women's Hospital
Children's Hospital
Program Director: James H Herndon, MD, MBA
55 Fruit Street, GIB 624
Boston, MA 02114
Tel: 617 726-5117 Fax: 617 726-3124
E-mail: dheshwar@partners.org
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 50
Subspecialties: ISS, OMS, OSM
Program ID: 260-24-21-011

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Program Director: Michael J Goldberg, MD
Department of Orthopaedics, Box 306
750 Washington Street
Boston, MA 02111
Tel: 617 555-3180 Fax: 617 638-5178
E-mail: johnl@tufts-nemc.org
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 20
Subspecialties: ISS, OSM
Program ID: 260-24-21-013

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Program Director: Thomas P Breen, MD
50 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-6282 Fax: 508 334-7273
E-mail: michelle.auger@umassmed.edu
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 20
Subspecialties: ISS, OSM
Program ID: 260-24-21-170

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Laurence Blakemore, MD
1500 E Medical Center Dr
2812D Taubman Center
Ann Arbor, MI 48109
Tel: 734 615-3696 Fax: 734 764-0153
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 30
Subspecialties: ORTH
Program ID: 260-25-21-074

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
William Beaumont Hospital
Program Director: James J Vermer, MD
2795 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-8672
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 30
Subspecialties: ORTH
Program ID: 260-25-11-142

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Orthopaedic Specialty Hospital, The - TUSH
Providence Hospital and Medical Centers
Sinaí-Grace Hospital
Sinaí-Grace Hospital (Sinaí Campus)
Program Director: Stephen P DeSilva, MD
5900 Hospital Suite One South
4707 S Antoinette
Detroit, MI 48201
Tel: 313 745-9039 Fax: 313 985-0857
E-mail: ralph@blastic.org
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 40
Program ID: 260-25-21-203

Flint
McLaren Regional Medical Center Program
Sponsor: McLaren Regional Medical Center
Burley Medical Center
Program Director: Norman E Walter, MD
401 South Ballenger Highway
Flint, MI 48502
Tel: 810 342-3111 Fax: 810 342-3650
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 10
Program ID: 260-25-12-069

Grand Rapids
Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health-Blodgett Campus
Spectrum Health-Butterworth Campus
Program Director: Ronald Hoakma, MD
Michigan State University - Orthopaedic Res Prog
200 Jefferson St SE
Grand Rapids, MI 49503
Tel: 616 752-9615 Fax: 616 782-3083
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 20
Program ID: 260-25-21-195

Kalamazoo
Kalamazoo Center for Medical Studies/ Michigan State University Program
Sponsor: Michigan State Univ/Kalamazoo Center for Medical Studies
Borgess Medical Center
Bronson Methodist Hospital
Program Director: E Dennis Lene, MD
Michigan State University
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6250 Fax: 269 337-6441
E-mail: orthosurg@kcmu.edu
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 10
Program ID: 260-25-21-126

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Harry N Berkowitz, MD
8609 W Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 551-0428 Fax: 248 551-5404
Length: 5 Yrs ACGME Approved/Approved/Approved Positions: 15
Subspecialties: ORTH
Program ID: 260-25-13-173
Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)

Program Director: Ann Van Heest, MD
2450 Riverside Avenue S, R200
Minneapolis, MN 55454
Tel: 612-270-1177  Fax: 612-270-7969
Length: 5 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: HSO, OAR, OSM
Program ID: 260-26-21-060

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester

Program Director: Arlen D Hansen, MD
200 First Street SW
Rochester, MN 55905
Tel: 507-284-3350  Fax: 507-284-5519
E-mail: hansen.am@mayo.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 50
Subspecialties: HSO, OAR, OSM
Program ID: 260-26-21-121

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Mississippi Methodist Hospital and Rehabilitation Center
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)

Program Director: Robert A McGuire, MD
5990 N State Street
Jackson, MS 39216
Tel: 601-894-5142  Fax: 601-894-5181
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 260-27-21-006

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics

Program Director: Barry J Gainer, MD
One Hospital Drive
Columbia, MO 65212
Tel: 573-882-7189
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 260-26-21-148

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center

Program Director: James J Hamilton, MD
2191 Holmes Street
Kansas City, MO 64108
Tel: 816-404-6404  Fax: 816-404-5381
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: HSO
Program ID: 260-29-21-018

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital

Program Director: Robert E Rudge, MD
3655 Vista Avenue at Grand Blvd
Department of Orthopaedic Surgery
St Louis, MO 63110
Tel: 314-577-9850  Fax: 314-289-5151
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 260-38-21-046

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital

Program Director: Lawrence G Lenke, MD
Orthopaedic Surgery, Campus Box 8233
600 South Euclid
St Louis, MO 63110
Tel: 314-747-2603  Fax: 314-747-3766
E-mail: orthourg@missouriwustl.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 30
Subspecialties: HSO, OAR, OSM, OHS
Program ID: 260-38-21-060

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Tenet - SJH)
Veterans Affairs Medical Center (Omaha)

Program Director: Kevin L Garvin, MD
Department of Orthopaedic Surgery
981080 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-4251  Fax: 402-559-5511
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 260-39-21-001

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Connecticut Children's Medical Center
Veterans Affairs Medical Center (White River Junction)

Program Director: Charles F Carr, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603-660-5590  Fax: 603-660-3097
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-32-21-062

New Jersey

Long Branch

Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Children's Hospital of Philadelphia
Jersey City Medical Center

Program Director: Angelo L Lopano, MD
300 Second Avenue, Room 551SW
Long Branch, NJ 07740
Tel: 732-923-5046  Fax: 732-923-6788
E-mail: mmcomrothsurgery@sbscom
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-38-11-146

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System

Program Director: Fred F Behrens, MD
90 Bergen Street, Suite 5206
Newark, NJ 07103
Tel: 973-973-5350  Fax: 973-973-9867
Length: 5 Yrs  ACGME Approved/Offered Positions: 30
Program ID: 260-39-31-102

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital

Program Director: Charles J Galt, MD
10050 Drum Point Road
New Brunswick, NJ 08903
Tel: 732-295-7969  Fax: 732-295-6002
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 260-39-31-149

South Orange

Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center

Program Director: Vincent K McNamara, MD
703 Main St
Paterson, NJ 07503
Tel: 973-754-2636  Fax: 973-754-4907
Length: 5 Yrs  ACGME Approved/Offered Positions: 5
Program ID: 260-39-31-147
**New Mexico**

**Albuquerque**

**University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine

Carol Tilley Hospital

University of New Mexico Health Sciences

Veterans Affairs Medical Center (Albuquerque)

Pgm Director: Melba S Monzon, MD

MSC10 5600

1 University of New Mexico

Albuquerque, NM 87131

Tel: 505 272-4107  Fax: 505 272-3581

E-mail: HTilgert@salud.unm.edu

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 20

Subspecialties: HSO

Program ID: 260-84-31-903

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**New York**

**Albany**

**Albany Medical Center Program**

Sponsor: Albany Medical Center

Ellie Hospital

St Peter's Hospital

Veterans Affairs Medical Center (Albany)

Pgm Director: Richard L Luh, MD

1367 Washington Avenue

Suite 202

Albany, NY 12206

Tel: 518 453-9079  Fax: 518 453-1463

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 20

Program ID: 260-84-21-465

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**Bronx**

**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University

Jackie Medical Center

Montefiore Medical Center-Henry and Lucy Moses Division

Montefiore Medical Center-Weliky Hospital

Pgm Director: I Martin Levy, MD

Jack and Pearl Rosenblatt Campus

130 Morris Park Ave

Bronx, NY 10461

Tel: 718 405-8192  Fax: 718 405-8185

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 20

Program ID: 260-84-21-157

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**Brooklyn**

**Kingsbrook Jewish Medical Center Program**

Sponsor: Kingsbrook Jewish Medical Center St Vincent Catholic Medical Centers (Manhattan)

Pgm Director: Eil Bryk, MD

555 Sheenecostady Avenue

Brooklyn, NY 11208

Tel: 718 604-5485  Fax: 718 604-5575

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 5

Program ID: 260-84-01-185

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**Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center Connecticut Children's Medical Center

Pgm Director: Jack Chrouse, MD

4882 Tenth Avenue

Brooklyn, NY 11209

Tel: 718 283-7762  Fax: 718 283-6109

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 10

Program ID: 260-84-21-107

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**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn

Veterans Affairs Medical Center (Brooklyn)

Brookdale University Hospital and Medical Center Watermark

Pgm Director: William P Urban Jr, MD

450 Clarkson Avenue

Brooklyn, NY 11203

Tel: 718 270-2179  Fax: 718 270-3883

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 20

**Subspecialties:** HSO

Program ID: 260-84-21-144

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**Buffalo**

**SUNY at Buffalo Graduate Medical-Dental Education Consortium Program**

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium

Erie County Medical Center

Kaleida Health System (Buffalo General Hospital)

Kaleida Health System (Women and Children's Hosp of Buffalo)

SUNY at Buffalo School of Medicine

Pgm Director: Lawrence B Bons, MD

Department of Orthopaedic Surgery

462 Grider Street

Buffalo, NY 14215

Tel: 716 898-4375  Fax: 716 888-3323

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 20

**Subspecialties:** HSO, OAR, OSM

Program ID: 260-84-21-024

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**Jamaica**

**New York Medical College (Brooklyn-Queens) Program**

Sponsor: New York Medical College

St Vincent Catholic Medical Centers (Brooklyn-Queens)

St Vincent Catholic Medical Centers (Mary Immaculate)

St Vincent Catholic Medical Centers (St Johns-Queens)

Pgm Director: John R Denton, MD

88-25 153rd Street

Jamaica, NY 11432

Tel: 718 558-7341  Fax: 718 558-6181

E-mail: JDenton@CMNY.com

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 15

Program ID: 260-84-21-124

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**New Hyde Park**

**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center North Shore University Hospital

Pgm Director: David M Dines, MD

170-26 70th Avenue

Room 250

New Hyde Park, NY 11040

Tel: 718 470-7020  Fax: 718 470-2800

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 15

Program ID: 260-84-21-152

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**New York**

**Hospital for Special Surgery/Cornell Medical Center Program**

Sponsor: Hospital for Special Surgery New York Presbyterian Hospital (Cornell Campus)

Pgm Director: Thomas P Sculco, MD

530 East 70th Street

New York, NY 10021

Tel: 212 598-1465  Fax: 212 774-2779

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 10

**Subspecialties:** HSO, OAR, OSM

Program ID: 260-84-21-175

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**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine Elmhurst Hospital Center-Mount Sinai Schools

Mount Sinai Medical Center

Pgm Director: Richard I Ulm, MD

One Gustave L Levy Place, Box 1188

New York, NY 10029

Tel: 212 341-1021  Fax: 212 341-0429

E-mail: richard.ulm@mountsinai.org

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 15

**Subspecialties:** HSO

Program ID: 260-84-21-065

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**New York Presbyterian Hospital (Columbia Campus) Program**

Sponsor: New York Presbyterian Hospital (Columbia Campus)

Pgm Director: William N Levine, MD

Department of Orthopaedic Surgery

622 West 106th Street, Room 1111

New York, NY 10025

Tel: 212 366-8774  Fax: 212 366-6193

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 15

**Subspecialties:** HSO, OAR

Program ID: 260-84-21-194

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**New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program**

Sponsor: New York University School of Medicine

Belfer University Hospital Center

Hospital for Joint Disease Orthopaedic Institute

Pgm Director: Joseph D Zuckerman, MD

301 East 17th Street

New York, NY 10003

Tel: 212 598-6674  Fax: 212 598-6783

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 6

**Subspecialties:** HSO, OAR, OSM

Program ID: 260-84-12-135

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**St Luke's-Roosevelt Hospital Center Program**

Sponsor: St Luke's - Roosevelt Hospital Center

St Luke's-Roosevelt Hospital Center-Roosevelt Division

St Luke's-Roosevelt Hospital Center-St Luke's Division

Pgm Director: George L Unis, MD

1111 Amsterdam Avenue

Clark 7 - Room 5-709

New York, NY 10025

Tel: 212 203-2660  Fax: 212 203-4676

**Length:** 5 Yrs  **ACGME Approved/Offered Positions:** 15

**Subspecialties:** HSO

Program ID: 260-84-11-041
Accredited Programs in Orthopaedic Surgery

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Program Director: Randy N. Rosier, MD, PhD
601 Elmwood Avenue, Box 665
Rochester, NY 14624
Tel: 585 275-6156 Fax: 585 756-4721
E-mail: Debbie_Voleshen@urmc.rochester.edu
Length: 5 yrs ACGME Approved/Offered Positions: 25
Subspecialties: ISO, OSM, OSS
Program ID: 269-35-21-031

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Stony Brook University Medical Center
Veterans Affairs Medical Center (Northport)
Winthrop-University Hospital
Program Director: Lawrence C Hurst, MD
493-8743
Stony Brook, NY 11794
Tel: 631 444-3145
Length: 5 yrs ACGME Approved/Offered Positions: 25
Subspecialties: ISO
Program ID: 269-35-21-181

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Program Director: Stephen A Ahlmane, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-6226 Fax: 315 464-6470
Length: 5 yrs ACGME Approved/Offered Positions: 20
Subspecialties: ISO, OSS
Program ID: 269-35-21-648

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
St Vincent Catholic Medical Centers (Manhattan)
Program Director: David E Asprino, MD
Sunshine Cottage Adm Building, Valhalla Campus
Valhalla, NY 10596
Tel: 914 493-8743 Fax: 914 493-1230
E-mail: orthurg@nymc.edu
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 269-35-21-967

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Program Director: Edmund R. Campion, MD
3144 Bioinformatics, CB#7055
Chapel Hill, NC 27599
Tel: 919 966-0060 Fax: 919 966-6700
Length: 5 yrs ACGME Approved/Offered Positions: 20
Program ID: 269-35-21-061

Charlottesville
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: Stephen L. Price, MD
PO Box 23641
1600 Blythe Boulevard - ME-503
Charlotte, NC 28223
Tel: 704 355-3184 Fax: 704 355-6041
Length: 5 yrs ACGME Approved/Offered Positions: 15
Subspecialties: OTS
Program ID: 269-36-22-104

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Durham Regional Hospital
Shriners Hospitals for Children (Greensville)
Veterans Affairs Medical Center (Durham)
Program Director: William T Harkard Jr, MD
Box 3595
Division of Orthopaedic Surgery
Durham, NC 27710
Tel: 919 684-3170 Fax: 919 681-7672
Length: 5 yrs ACGME Approved/Offered Positions: 40
Subspecialties: ISO, OPA
Program ID: 269-36-31-019

Winona-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Jeffrey S Stilt, MD
Medicine Center Boulevard, Box 1270
Winson-Salem, NC 34157
Tel: 704 716-8946
E-mail: hernandez@wfubmc.edu
Length: 5 yrs ACGME Approved/Offered Positions: 15
Subspecialties: ISO
Program ID: 269-36-21-077

Ohio
Akron
Akron General Medical Center/NEOHCOM Program
Sponsor: Akron General Medical Center
Children's Hospital Medical Center of Akron
Program Director: Mark C. Leeson, MD
400 Wabash Avenue 224/430
Akron, OH 44307
Tel: 330 344-6685 Fax: 330 996-2973
E-mail: kwabash@agmc.org
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 269-36-21-058

Summa Health System/NEOHCOM Program
Sponsor: Summa Health System
Akron UHS Hospital (Summa Health System)
Children's Hospital Medical Center of Akron
Program Director: Jo Patrick Planagan, MD
444 North Main Street
Akron, OH 44310
Tel: 330 378-5661
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 269-36-21-013

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Program Director: Peter J. Sterns, MD
231 Albert Sabin Way
PO Box 670012
Cincinnati, OH 45217
Tel: 513 558-4516 Fax: 513 558-220
Length: 5 yrs ACGME Approved/Offered Positions: 20
Subspecialties: ISO
Program ID: 269-38-21-017

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Randall E Marcus, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3040 Fax: 216 844-5970
Length: 5 yrs ACGME Approved/Offered Positions: 20
Program ID: 269-38-21-027

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Children's Hospital Medical Center of Akron
MetroHealth Medical Center
Program Director: Thomas J. Kwo, MD
9600 Euclid Avenue, A11
Cleveland, OH 44195
Tel: 216 444-2741 Fax: 216 445-3985
Length: 5 yrs ACGME Approved/Offered Positions: 20
Subspecialties: ISO, OSM
Program ID: 269-38-22-042

Columbus
Mount Carmel Program
Sponsor: Mount Carmel
Children's Hospital (Columbus)
Program Director: Richard F. Fankhauser, MD
785 West State Street
Columbus, OH 43222
Tel: 512 234-5534
Length: 5 yrs ACGME Approved/Offered Positions: 10
Program ID: 269-38-32-030

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Program Director: Gary D. Boyd, MD
Department of Orthopaedics
1050 Dean Hall / 410 W 10th Ave
Columbus, OH 43210
Tel: 614 293-6194 Fax: 614 293-5356
Length: 5 yrs ACGME Approved/Offered Positions: 20
Subspecialties: OP, OSM
Program ID: 269-38-21-090

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Children's Medical Center
Miami Valley Hospital
Program Director: Richard T. Laughlin, MD
128 E. Apple Street - Room 2830
Dayton, OH 45409
Tel: 937 295-2127 Fax: 937 295-2820
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 269-38-21-105
Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: Nahil A Ibrahim, MD
5005 Arlington Avenue
Suite 2435
Toledo, OH 43614
Tel: 419 383-4020 Fax: 419 383-5366
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: OTR
Program ID: 260-38-31-176

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Prgm Director: Lee S Segal, MD
Penn State Orthopaedics, MC 1089
500 University Drive, PO Box 850
Hershey, PA 17033
Tel: 717 531-4833 Fax: 717 531-0136
E-mail: OrthoResidency@hmc.psu.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 260-41-21-161

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Mois Rehabilitation Hospital
Prgm Director: John A Handal, MD
5501 Old York Road
WC84
Philadelphia, PA 19141
Tel: 215 546-0051 Fax: 215 324-2426
E-mail: handal@einstein.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-41-11-197

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Temet Health System)
Medical College of Pennsylvania Hosp (Temet Health System)
St Christopher's Hospital for Children (Temet Health System)
Warmister Hospital (Temet Health System)
Prgm Director: Stephen J Bosacco, MD
Department of Orthopaedic Surgery
241 N 15th Street, MS 420
Philadelphia, PA 19102
Tel: 215 762-8445 Fax: 215 762-8442
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 260-41-21-026

Temple University Program
Sponsor: Temple University Hospital
Abington Memorial Hospital
Shriners Hospitals for Children (Philadelphia)
Prgm Director: Joseph J Thoder, MD
Broad & Ontario Streets
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-2111 Fax: 215 707-3212
Length: 5 Yrs  ACGME Approved/Offered Positions: 30
Subspecialties: OSM
Program ID: 260-41-21-029

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Drexel University College of Medicine
Prgm Director: Peter P Sharkey, MD
1015 Chestnut Street, Suite 710
Philadelphia, PA 19107
Tel: 215 503-1600 Fax: 215 503-6666
Length: 5 Yrs  ACGME Approved/Offered Positions: 30
Subspecialties: OSM, OAR, OP, OSM
Program ID: 260-41-21-021

Erie
Hamot Medical Center Program
Sponsor: Hamot Medical Center
Shriners Hospitals for Children (Erie)
Prgm Director: John D Lahana, MD
201 State Street
Erie, PA 16509
Tel: 814 877-6257 Fax: 814 877-6999
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-41-22-155

Oklahoma
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Bone and Joint Hospital
OU Medical Center
OU Medical Center - Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Andrew Sullivan, MD
PO Box 26961
Suite WP-1380
Oklahoma City, OK 73190
Tel: 405 271-4426 Fax: 405 271-3461
Length: 5 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 260-39-21-053

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Legacy Emanuel Hospital and Medical Center
Prgm Director: Tod J Vigeleland, MD
Mail Code Ortho - OP-31
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-6406 Fax: 503 494-5060
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: OP
Program ID: 260-40-21-028

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Prgm Director: John M Parenti, MD
Department of Orthopaedic Surgery
100 N Academy Avenue
Danville, PA 17822
Tel: 570 271-6641
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-41-22-155

Erie
Hamot Medical Center Program
Sponsor: Hamot Medical Center
Shriners Hospitals for Children (Erie)
Prgm Director: John D Lahana, MD
201 State Street
Erie, PA 16509
Tel: 814 877-6257 Fax: 814 877-6999
Length: 5 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 260-41-22-155

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Presbyterian Medical Center (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Richard D Lackman, MD
3600 Spruce Street
2 Silverstein
Philadelphia, PA 19104
Tel: 215 662-3302 Fax: 215 349-5800
Length: 5 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: HS0, OAR, OP
Program ID: 260-41-21-023

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: James H McMaster, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 385-6553 Fax: 412 385-6565
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Subspecialties: HS0
Program ID: 260-41-21-201

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian Shadyside
UPMC St Margaret
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Vincent P Dewey, MD
3471 Fifth Avenue, Suite 1000
Pittsburgh, PA 15213
Tel: 412 608-2327 Fax: 412 608-3555
E-mail: bighealo@upmc.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: HS0, OAR, OSM
Program ID: 260-41-21-080

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Manuel Garcia-Ariz, MD
PO Box 365967
San Juan, PR 00936
Tel: 787 764-5009 Fax: 787 764-5096
E-mail: driverm@rcm.upr.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 260-42-21-161

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Michael A Ehrlich, MD
563 Eddy Street
Coop 1st Floor
Providence, RI 02903
Tel: 401 444-5895 Fax: 401 444-6518
Length: 5 Yrs  ACGME Approved/Offered Positions: 25
Subspecialties: HS0
Program ID: 260-43-11-162
### South Carolina

#### Charleston
**Medical University of South Carolina Program**
- **Sponsor:** Medical University of South Carolina College of Medicine
- **MUSC Medical Center**
- **Ralph H Johnson VA Medical Center (Charleston)**
- **Program Director:** Langdon A Hartsuch, MD
- **Address:** 96 Jonathan Lucas St, CSB 708
- **PO Box:** 250602
- **Charleston, SC 29425**
- **Phone:** 843 792-0942 / Fax: 843 792-3674
- **Length:** 5 Yrs
- **Program ID:** 260-45-21-652

#### Columbia
**Palmetto Health/University of South Carolina School of Medicine Program**
- **Sponsor:** Palmetto Health
- **Palmetto Health Richland**
- **Shriners Hospitals for Children (Greenville)**
- **William Jennings Bryan Dorn Veterans Hospital**
- **Program Director:** John L Edy, MD
- **Two Medical Park, Suite 404**
- **Columbia, SC 29203**
- **Phone:** 864 434-6870 / Fax: 864 434-7166
- **Length:** 5 Yrs
- **Program ID:** 260-45-31-163

### Greenville
**Greenville Hospital System Program**
- **Sponsor:** Greenville Hospital System
- **Shriners Hospitals for Children (Greenville)**
- **Program Director:** Edward W Bray III, MD
- **Orthopaedic Surgery Education**
- **701 Grove Road, 2nd Floor Support Tower**
- **Greenville, SC 29695**
- **Phone:** 864 455-7878 / Fax: 864 455-7082
- **E-mail:** dray@ghs.org
- **Length:** 5 Yrs
- **Program ID:** 260-45-21-033

### Tennessee
#### Chattanooga
**University of Tennessee College of Medicine at Chattanooga Program**
- **Sponsor:** University of Tennessee College of Medicine-Chattanooga
- **Erlanger Medical Center**
- **T C Thompson Children's Hospital Medical Center**
- **Program Director:** Thomas W Correy, MD
- **Department of Orthopaedic Surgery**
- **975 E 3rd Street, Hospital Box 200**
- **Chattanooga, TN 37403**
- **Phone:** 423 778-9066 / Fax: 423 778-9909
- **Length:** 5 Yrs
- **Program ID:** 260-47-11-164

#### Memphis
**University of Tennessee Program**
- **Sponsor:** University of Tennessee College of Medicine
- **Baptist Memorial Hospital**
- **Campbell Clinic - University of Tennessee**
- **Le Bonheur Children's Medical Center**
- **Regional Medical Center at Memphis**
- **Program Director:** Frederick M Azar, MD
- **1211 Union Avenue, Suite 510**
- **Memphis, TN 38164**
- **Phone:** 901 758-2375 / Fax: 901 759-2278
- **E-mail:** annedorn220@yahoo.com
- **Length:** 5 Yrs
- **Program ID:** 260-47-21-061

#### Nashville
**Vanderbilt University Program**
- **Sponsor:** Vanderbilt University Medical Center
- **Veterans Affairs Medical Center (Nashville)**
- **Program Director:** Neil E Green, MD
- **1211 West sung Avenue, Suite 510**
- **Memphis, TN 38164**
- **Phone:** 901 758-2375 / Fax: 901 759-2278
- **E-mail:** annedorn220@yahoo.com
- **Length:** 5 Yrs
- **Program ID:** 260-47-21-061

### Texas
#### Dallas
**University of Texas Southwestern Medical School Program**
- **Sponsor:** University of Texas Southwestern Medical Center
- **Baylor University Medical Center**
- **Dallas County Hospital District-Parkland Memorial Hospital**
- **Texas Scottish Rite Hospital for Children**
- **Veterans Affairs Medical Center (Dallas)**
- **Program Director:** Robert W Bucholz, MD
- **5325 Harry Hines Boulevard**
- **Dallas, TX 75235**
- **Phone:** 214 648-3870 / Fax: 214 648-3861
- **E-mail:** rebeca6.gibbs@utsouthwestern.edu
- **Length:** 5 Yrs
- **Program ID:** 260-47-21-032

#### El Paso
**William Beaumont Army Medical Center/Texas Tech University (El Paso) Program**
- **Sponsor:** William Beaumont Army Medical Center
- **R E Thomas General Hospital**
- **Shriners Hospitals for Children (Spokane)**
- **Texas Tech University Health Sciences Center at El Paso**
- **Program Director:** Lt Col Paul J Dougherty, MD
- **3000 North Pecos Street**
- **El Paso, TX 79930**
- **Phone:** 915 569-1929 / Fax: 915 569-1931
- **E-mail:** paul.dougherty@amedd.army.mil
- **Length:** 5 Yrs
- **Program ID:** 260-48-21-106

### Fort Worth
#### John Peter Smith Hospital (Tarrant County Hospital District) Program**
- **Sponsor:** John Peter Smith Hospital (Tarrant County Hospital District)
- **Cook-Fort Worth Children's Medical Center**
- **Harris Methodist Fort Worth**
- **Program Director:** David M Lichtman, MD
- **1800 South Main Street**
- **Fort Worth, TX 76104**
- **Phone:** 817 927-1370 / Fax: 817 927-9565
- **Length:** 5 Yrs
- **Program ID:** 260-48-22-100

### Galveston
**University of Texas Medical Branch Hospitals Program**
- **Sponsor:** University of Texas Medical Branch Hospitals
- **Program Director:** Kelly D Carmichael, MD
- **301 University Boulevard**
- **Galveston, TX 77550**
- **Phone:** 409 747-5799 / Fax: 409 747-5766
- **Length:** 5 Yrs
- **Program ID:** 260-48-21-165

### Houston
**Baylor College of Medicine Program**
- **Sponsor:** Baylor College of Medicine
- **Harris County Hospital District Ben Taub General Hospital**
- **Methodist Hospital**
- **Texas Children's Hospital**
- **Veterans Affairs Medical Center (Houston)**
- **Program Director:** Michael H Hogge, MD, PhD
- **6550 Fannin, Suite 1900**
- **Houston, TX 77030**
- **Phone:** 713 798-5750 / Fax: 713 798-5751
- **Length:** 5 Yrs
- **Program ID:** 260-48-31-049

### University of Texas at Houston Program**
- **Sponsor:** University of Texas Medical School at Houston
- **Lyndon B Johnson General Hospital**
- **Veterans Affairs Hospital System**
- **Program Director:** Kevin J Coupe, MD
- **6411 Fannin, 4th Floor**
- **Houston, TX 77030**
- **Phone:** 713 798-6000 / Fax: 713 798-6100
- **Length:** 5 Yrs
- **Program ID:** 260-48-21-166

### Lackland AFB
**San Antonio Uniformed Services Health Education Consortium (BAMC) Program**
- **Sponsor:** San Antonio Uniformed Services Health Education Consortium
- **Brooke Army Medical Center**
- **University of Texas Medical School at San Antonio**
- **Program Director:** Roman A Hayda, MD
- **Orthopaedic Surgery Service**
- **3851 Roger Brooke Drive**
- **Fort Sam Houston, TX 78234**
- **Phone:** 210 916-8410 / Fax: 210 916-0599
- **Length:** 5 Yrs
- **Program ID:** 260-48-32-117

### US Armed Services Program
- **Program ID:** 260-48-21-166
San Antonio Uniformed Services Health Education Consortium (WIMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AHCT)
Program Director: Raymond M. Seidell, MD
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78235
Tel: 210-292-5875 Fax: 210-292-5844
Length: 5 yrs ACGME Approved/Offered Positions: 20
Program ID: 260-49-51-120
US Armed Services Program
Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Eugene D. Oabesz, MD
7001 4th Street
Lubbock, TX 79430
Tel: 806-743-1708 Fax: 806-743-1200
E-mail: diane.robinson@ttuhsc.edu
Length: 5 yrs ACGME Approved/Offered Positions: 10 Subspecialties: OSM
Program ID: 260-48-51-160
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
Methodist Healthcare University Health System
Program Director: Daniel W. Carlisle, MD
7701 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210-567-6105 Fax: 210-567-5167
Length: 5 yrs ACGME Approved/Offered Positions: 30 Subspecialties: H&K, OSM
Program ID: 260-48-51-095
Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Shriners Hospitals for Children (Houston)
Program Director: William P. Hamilton, MD
2401 South 33rd Street
Temple, TX 76508
Tel: 254-724-5405
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 260-48-21-171
Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Primary Children’s Medical Center
Shriners Hospital for Children (Intermountain Unit)
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Christopher L. Peters, MD
30 N 1000 E, Rm 1152
Salt Lake City, UT 84132
Tel: 801-581-7001 Fax: 801-581-6178
Length: 5 yrs ACGME Approved/Offered Positions: 20 Subspecialties: H&K, OP, OSM
Program ID: 260-49-51-084
Vermont
Burlington
University of Vermont Program
Sponsor: University of Vermont Medical Center
Program Director: Claude E. Nichols III, MD
244 Stafford Building
Burlington, VT 05405
Tel: 802-656-2250 Fax: 802-656-4247
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 260-50-11-187
Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Carilion Medical Center - Roanoke Memorial Hospitals
Program Director: Thomas E. Brown, MD
P.O. Box 800159
Charlottesville, VA 22908
Tel: 434-243-0276 Fax: 434-243-0290
Length: 5 yrs ACGME Approved/Offered Positions: 25 Subspecialties: OAH, OSM, OSM
Program ID: 260-51-51-129
Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Daniel V. Urgen, MD
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757-933-1814
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 260-51-12-120
US Armed Services Program
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Thomas J. Zdeblick, MD
P.O. Box 950553
Richmond, VA 23298
Tel: 804-796-4300 Fax: 804-796-6532
Length: 5 yrs ACGME Approved/Offered Positions: 25 Subspecialties: OTR
Program ID: 260-51-01-035
Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Frederick A. Abumets III, MD
Department of Orthopaedics
Box 359000
Seattle, WA 98195
Tel: 206-543-0900 Fax: 206-685-3129
Length: 5 yrs ACGME Approved/Offered Positions: 40 Subspecialties: H&K
Program ID: 260-54-51-096
Taco m
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Program Director: Paul L. Benfanti, MD
Attn: MHSI-SEP
Tacoma, WA 98431
Tel: 253-996-3180 Fax: 253-996-1086
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 260-54-53-178
US Armed Services Program
West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Monongalia General Hospital
Program Director: Sanford B. Kimerly, MD, MBA
Department of Orthopedics
P.O. Box 1906
Morgantown, WV 26506
Tel: 304-293-1170 Fax: 304-293-7042
E-mail: ckhomrns@fsc.wvu.edu
Length: 5 yrs ACGME Approved/Offered Positions: 15
Program ID: 260-55-52-169
Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
William S. Middleton Veterans Hospital
Program Director: Thomas A. Zdeblick, MD
ID/706 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608-263-1348 Fax: 608-263-3757
Length: 5 yrs ACGME Approved/Offered Positions: 25 Subspecialties: OSM
Program ID: 260-56-21-097
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Clement J. Zablocki Veterans Affairs Medical Center
Procter Memorial Lutheran Hospital
Program Director: Gregory J. Schmelting, MD
MCW Orthopedics
9200 Wisconsin Ave
Milwaukee, WI 53226
Tel: 414-905-7436 Fax: 414-605-7499
Length: 5 yrs ACGME Approved/Offered Positions: 25
Program ID: 260-56-51-097

Accredited Programs in Orthopaedic Surgery

Programs
Accredited Programs in Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

Florida

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Frank J. Elsner, MD
PO Box 010660 (D-27)
Dept of Orthopaedics
Miami, FL 33101
Tel: 305-348-7139 Fax: 305-324-7658
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 267-11-21-004

Illinois

Chicago
Rush University Medical Center Program
Sponsor: Rush University Medical Center
Shriners Hospitals for Children (Chicago)
Program Director: Howard S An, MD
1653 West Congress Parkway
Room 1471-Jelke Building
Chicago, IL 60612
Tel: 312-942-2101 Fax: 312-942-2101
E-mail: Beverly.Kendall.Morgan@rush.edu
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 267-16-21-015

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Program Director: John R Fisk, MD
PO Box 10866
Springfield, IL 62794
Tel: 217-545-6004 Fax: 217-545-7305
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 267-16-21-001

Michigan

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Harry N Hervikowski, MD
3535 West 13 Mile Road, 4804
Royal Oak, MI 48073
Tel: 248-583-0436 Fax: 248-551-6404
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 267-35-21-007

Minnesota

Minneapolis
Twin Cities Spine Center Program
Sponsor: Twin Cities Spine Center
Program Director: Einar E Transfeldt, MD
913 East 24th Street, Suite 600
Minneapolis, MN 55404
Tel: 612-775-6200 Fax: 612-775-2222
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 267-20-21-010

Missouri

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Shriners Hospitals for Children (St Louis)
St Louis Children's Hospital
Program Director: Keith J Hendriks, MD
Barnes-Jewish Hospital Spine Fellowship
660 S Euclid Avenue, Campus Box 8233
St Louis, MO 63110
Tel: 314-747-6336 Fax: 314-747-3630
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 267-28-21-016

New York

New York
Hospital for Joint Diseases Orthopaedic Institute/New York University Program
Sponsor: Hospital for Joint Diseases Orthopaedic Institute
NYU Hospitals Center
Program Director: Thomas E. Ericson, MD
301 East 17th Street, Room 1016
New York, NY 10003
Tel: 212-293-7182 Fax: 212-293-7180
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 267-35-21-011

Hospital for Special Surgery/Cornell Medical Center Program
Sponsor: Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
Program Director: Frank P Cameron Jr, MD
516 East 70th Street
New York, NY 10021
Tel: 212-632-1466 Fax: 212-774-2779
E-mail: academictraining@hhsc.org
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 267-35-21-002

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Bruce E Frederickson, MD
100 Hospital Drive, Suite 130
Syracuse, NY 13202
Tel: 315-464-5213 Fax: 315-464-5223
E-mail: raaculip@upstate.edu
Length: 1 Yr ACGME Approved/Offered Positions: 7
Program ID: 267-35-11-019

Texas

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: James W Simmons Jr, MD
2101 University Boulevard
Galveston, TX 77555
Tel: 409-747-1300 Fax: 409-747-1306
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 267-48-21-023

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harrington Hospital District-Ben Taub General Hospital
Methodist Hospital
St Luke's Episcopal Hospital
Veterans Affairs Medical Center (Houston)
Program Director: Stephen T Bess, MD
6560 Fannin Street, Suite 1500
Houston, TX 77030
Tel: 713-866-8740 Fax: 713-866-7891
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 267-49-31-026

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Donald P Chan, MD
Division of Spine Surgery
PO Box 90159
Charlottesville, VA 22908
Tel: 434-243-0240 Fax: 434-243-0242
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 267-51-21-024
Orthopaedic Trauma (Orthopaedic Surgery)

Maryland
Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Clifford B Tures, MD
22 South Greene Street
Room T3257
Baltimore, MD 21201
Tel: 410-288-3600 Fax: 410-288-3603
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 200-23-21-008

North Carolina
Charlotte
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: James F Kellam, MD
PO Box 28631
Charlotte, NC 28223
Tel: 704-355-3184 Fax: 704-355-7902
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 200-36-21-001

Ohio
Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Program Director: Naoli A Ebraheim, MD
3065 Arlington Avenue
Toledo, OH 43614
Tel: 419-383-4019 Fax: 419-383-3526
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 200-36-21-007

Texas
Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Program Director: Ronald W Lindsey, MD
3500 Fannin Street, Suite 1900
Houston, TX 77030
Tel: 713-550-5680 Fax: 713-550-5681
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 200-49-21-004

Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: James B Carr, MD
MCV Box 980163
Richmond, VA 23298
Tel: 804-828-3815 Fax: 804-828-4782
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 200-51-21-009

Otolaryngology

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children’s Hospital of Alabama
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: Jeffrey S Magnuson, MD
1001 5th Avenue, South
Birmingham, AL 35223
Tel: 205-934-7966 Fax: 205-934-3903
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 200-01-21-010

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Randall L Breaux, MD
72205 West Markham, Slot 543
Little Rock, AR 72205
Tel: 501-663-1314 Fax: 501-506-7163
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 200-04-21-012

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Program Director: George D Chonkich, MD
11254 Andrus Street
Room 2862A
Loma Linda, CA 92545
Tel: 909-558-8508 Fax: 909-558-4819
E-mail: illovi8@loma.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 200-05-21-117

Los Angeles
Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
Arrowhead Regional Medical Center
LAC-Keck/Drew Medical Center
Program Director: Jimmy J Brown, MD, DDS
12021 S Wilmington Avenue
South 7th Street, Suite 1900
Los Angeles, CA 90059
Tel: 310-668-4556 Fax: 310-668-4554
E-mail: drewent@cdrewu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 200-06-21-016
Accredited Programs in Otolaryngology

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County-Harbor UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Gerald B Berkov, MD
10850 Le Conte Avenue
Los Angeles, CA 90065
Tel: 310 825-1018 Fax: 310-206-1384
Length: 4 yrs ACGME Approved/Offered Positions: 20
Program ID: 280-05-21-017

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
USC University Hospital
Program Director: Uttama Sinha, MD
1200 N State Street, Box 795
Los Angeles, CA 90033
Tel: 323-267-7785 Fax: 323-267-3789
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: 10
Program ID: 280-05-21-015

Oakland
Kaiser Permanente Medical Group (Northern California) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Oakland)
Kaiser Permanente Medical Center (Redwood City)
Kaiser Permanente Medical Center (San Francisco)
Program Director: Paul M Cruz, MD
280 W MacArthur Boulevard
Oakland, CA 94611
Tel: 510 763-6401
Email: andread.e.ochoa@kp.org
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-22-020

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Children's Hospital of Orange County
Kaiser Foundation Hospitals (Anaheim)
Program Director: William B Armstrong, MD
Building 35, Rm 81
101 City Drive South
Orange, CA 92868
Tel: 714 456-8450
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-014

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Healthcare System
Program Director: Hillary A Brodie, MD, PhD
Department of Otolaryngology - HNS
5251 Stockton Boulevard, Suite 7200
Sacramento, CA 95817
Tel: 916 734-3774 Fax: 916-456-7560
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-013

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Kaiser Foundation Hospital (San Diego)
Program Director: Craig L. Cogg, MD, PhD
Department of Otolaryngology-Head & Neck Surgery
3450 Bob Wilson Drive, Suite 200
San Diego, CA 92154
Tel: 619 522-4066 Fax: 619 522-6888
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-11-007

US Armed Services Program
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Kaiser Foundation Hospital (San Diego)
Scripps Clinic
Veterans Affairs Medical Center (San Diego)
Program Director: Jeffrey P Harris, MD, PhD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543-6450 Fax: 619 543-5521
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-05-21-021

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: David W Eisele, MD
400 Parnassus Avenue, Room A-730
San Francisco, CA 94143
Tel: 415 476-4890 Fax: 415 522-6427
Email: twvovan@hhs.fasmc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-05-21-022

Stanford
Stanford University Program
Sponsor: Stanford University Hospital and Clinics
Veterans Affairs Palo Alto Health Care System
Program Director: Anna Messner, MD
Division of Otolaryngology
800 Pasture Drive
Stanford, CA 94305
Tel: 650 498-4085 Fax: 650 498-2734
Email: amessner@stanfordmed.org
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-05-21-023

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: Herman A Jenkins, MD
4000 East Ninth Avenue
Denver, CO 80220
Tel: 303 315-0743 Fax: 303 315-5877
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-05-21-024

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Baltimore Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Gerald Leonhard, MD
503 Farmington Avenue
Farmington, CT 06030
Tel: 860 678-3072 Fax: 860 678-8992
Email: gleonh@uconn.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-06-21-025

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: Douglas A Ross, MD
Department of Surgery, Section of Otolaryngology
203 Cedar Street, PO Box 20041
New Haven, CT 06513
Tel: 203 737-4041 Fax: 203 785-5170
Email: douglas.ross@yale.edu
Length: 4 yrs ACGME Approved/Offered Positions: 8
Program ID: 280-06-21-026

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Holy Cross Hospital of Silver Spring
Suburban Hospital Health System
Program Director: Steven A Blackmon, MD
2150 Pennsylvania Avenue, NE, 6-301
Washington, DC 20037
Tel: 202 741-3260 Fax: 202 741-3218
Email: sblackmo@gwu.edu
Length: 4 yrs ACGME Approved/Offered Positions: 4
Program ID: 280-10-21-130

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Washington Hospital Center
Program Director: Bruce J Davidson, MD
3800 Reservoir Road, NW
1st Floor Gorman Building
Washington, DC 20007
Tel: 202 444-7658 Fax: 202 444-1312
Length: 4 yrs ACGME Approved/Offered Positions: 12
Program ID: 280-10-32-027
Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Pgm Director: Douglas B Villaret, MD
Box 100654
1600 SW Archer Road, RM M-228
Gainesville, FL 32610
Tel: 352 322-4661 Fax: 352 322-6781
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 280-11-21-028

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Pgm Director: Fred P Toliolchi, MD, MS
Department of Otolaryngology (D-45)
P O Box 916060
Miami, FL 33101
Tel: 305 585-7186 Fax: 305 326-7610
E-mail: mruiz@med.miami.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-11-21-029

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
All Children’s Hospital
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Pgm Director: Thomas V McCaffrey, MD, PhD
12952 Magnolia Drive, Suite 3067
Tampa, FL 33612
Tel: 813 972-8486 Fax: 813 970-3830
E-mail: bernham@moffitt.usf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-11-31-030

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Pgm Director: David J Parets, MD
Department of OTO-HNS
1130 Fifteenth St BP-4109
Augusta, GA 30912
Tel: 706 721-6100 Fax: 706 721-0112
E-mail: docmail@mcg.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-12-21-002

Hawaii
Tripler AMC
Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Pgm Director: Joseph S Saieck, MD
AO: MCRS-DEH
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-3170 Fax: 808 433-9033
E-mail: joseph_saieck@amedd.army.mil
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 280-14-11-116

Illinois
Chicago
MCGw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
John H Stroger Hospital of Cook County
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Pgm Director: Edward L Applebaum, MD
333 E Chicago Avenue
Suite Building 12-561
Chicago, IL 60611
Tel: 312 503-5050 Fax: 312 503-1616
E-mail: otol@northwestern.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-16-21-033

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Pgm Director: David D Caldareri, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-8000 Fax: 312 942-7925
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 280-18-21-004

University of Chicago Program
Sponsor: University of Chicago Hospitals
Pgm Director: Robert M Naylor, MD
Section of Otolaryngology (MC 1055)
6841 S Maryland Avenue, RM E102
Chicago, IL 60637
Tel: 773 702-0890 Fax: 773 702-0813
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-16-21-035

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
John H Stroger Hospital of Cook County
University of Illinois Hosp-Illinois Eye and Ear Infirmary
Pgm Director: J Regan Thomas, MD
1935 W Taylor Street
Suite 2.42, MC 648
Chicago, IL 60612
Tel: 312 996-5584 Fax: 312 996-1282
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 280-16-21-036

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Pgm Director: James A Starkowski, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-0183 Fax: 708 216-4354
E-mail: jcsnok@lumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-16-31-087

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John’s Hospital
Pgm Director: Gayle E Woodson, MD
201 N Eighth Street
PO Box 10683
Springfield, IL 62704
Tel: 217 545-3838 Fax: 217 545-2023
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-16-21-116

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Koutlibusch Veterans Affairs Medical Center
William B Wishard Memorial Hospital
Pgm Director: Richard T Miyamoto, MD
690 West Drive, RR 132
Indianapolis, IN 46202
Tel: 317 276-1359 Fax: 317 279-3743
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-17-21-038

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Pgm Director: Richard J Smith, MD
200 Hawkins Drive 21515 PFP
Iowa City, IA 52242
Tel: 319 353-2170 Fax: 319 353-3907
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: NO, PDG
Program ID: 280-18-21-039
Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Children's Mercy Hospital
Veterans Affairs Medical Center (Kansas City)
Program Director: Terry T. Tuo, MD
3901 Rainbow Blvd
Mailstop 3019
Kansas City, KS 66103
Tel: 913-588-6728 Fax: 913-588-8688
E-mail: pcranmore@kumc.edu
Length: 4 Yrs AGME Approved/Offered Positions: 12
Program ID: 280-19-31-040

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Orhner Clinic Foundation
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (Biloxi)
Program Director: Ronald D. Amedee, MD
1439 Tulane Avenue, SL-59
New Orleans, LA 70112
Tel: 504-588-5454 Fax: 504-588-7812
Length: 4 Yrs AGME Approved/Offered Positions: 12
Program ID: 280-21-21-043

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Touro-Baton Rouge Veterans Affairs Medical Center
Program Director: Timothy S. Lian, MD
1001 Kings Highway
Shreveport, LA 71130
Tel: 318-677-6200 Fax: 318-677-6200
Length: 4 Yrs AGME Approved/Offered Positions: 8
Program ID: 280-21-21-121

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Greater Baltimore Medical Center
Johns Hopkins Bayview Medical Center
Program Director: Lloyd B. Minor, MD
601 North Caroline Street
Room 6210
Baltimore, MD 21201
Tel: 410-955-1080 Fax: 410-955-6525
Length: 4 Yrs AGME Approved/Offered Positions: 16
Program ID: 280-23-31-047

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Program Director: Hinrich Staedler, MD, PhD
16 South Eastat Street
Suite 500
Baltimore, MD 21201
Tel: 410-328-6167 Fax: 410-328-6192
E-mail: jerverman@umaryland.edu
Length: 4 Yrs AGME Approved/Offered Positions: 10
Program ID: 280-23-31-048

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Program Director: John D. Casler, MD
Building 2 Suite 6B
9600 Georgia Avenue, NW
Washington, DC 20307
Tel: 202-782-8481 Fax: 202-782-8417
Length: 4 Yrs AGME Approved/Offered Positions: 16
Program ID: 280-10-31-192
US Armed Services Program

Massachusetts

Boston

Boston University Medical Center Program
Sponsor: Boston Medical Center
Laby Clinic
Veterans Affairs Medical Center (Boston)
Program Director: Gregory A. Grillione, MD
88 East Newton Street, D616
Boston, MA 02118
Tel: 617-638-7983 Fax: 617-638-7965
Length: 4 Yrs AGME Approved/Offered Positions: 8
Program ID: 280-24-31-051

Massachusetts Eye and Ear Infirmary/ Harvard Medical School Program
Sponsor: Massachusetts Eye and Ear Infirmary/ Brigham and Women’s Hospital
Program Director: Joseph B. Nadol Jr, MD
243 Charles Street
Boston, MA 02114
Tel: 617-732-3944 Fax: 617-732-3969
Length: 4 Yrs AGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-23-21-049

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Rhode Island Hospital-Lifespan
Program Director: Ellie E. Rabe, MD
750 Washington Street, Box 850
Boston, MA 02111
Tel: 617-636-6494 Fax: 617-636-1473
Length: 4 Yrs AGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-24-31-050

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
St. Joseph Mercy Health System
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Gregory T. Wolf, MD
1500 East Medical Center Drive
1304 Taubman Center
Ann Arbor, MI 48109
Tel: 734-936-8028 Fax: 734-647-9681
Length: 4 Yrs AGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-25-21-052

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Elizabeth R. Racanion, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313-816-3104 Fax: 313-816-7363
Length: 4 Yrs AGME Approved/Offered Positions: 8
Program ID: 280-25-12-505

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
University Medical Center (Lafayette)
Veterans Affairs Medical Center (New Orleans)
Program Director: Daniel W. Nuss, MD
Department of Otolaryngology
555 Bolivar Street, 5th Floor
New Orleans, LA 70112
Tel: 504-568-4785 Fax: 504-568-4460
E-mail: ecranmore@lsuhsc.edu
Length: 4 Yrs AGME Approved/Offered Positions: 12
Program ID: 280-21-31-042

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
St. Claire Medical Center
Veterans Affairs Medical Center (Lexington)
Program Director: Raleigh O. Jones Jr, MD
Dept of Otolaryngology - Head & Neck Surgery
801 Rose Street, Room C268
Lexington, KY 40536
Tel: 606-257-5097 Fax: 606-257-5096
Length: 4 Yrs AGME Approved/Offered Positions: 6
Program ID: 280-20-21-127

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Program Director: Jeffrey M Bumpous, MD
Myers Hall
Louisville, KY 40292
Tel: 502-852-6094 Fax: 502-852-0685
Length: 4 Yrs AGME Approved/Offered Positions: 8
Program ID: 280-20-21-041

Graduate Medical Education Directory 2004-2005

794
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harborview Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: Robert H Mathog, MD
4301 St Antoine, 5E-UHC
Detroit, MI 48201
Tel: 313 577-0854 Fax: 313 577-6555
E-mail: rmathog@med.wayne.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 208-25-21-054

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: George L Adams, MD
Mayo Mail Code 396
420 Delaware St SE
Minneapolis, MN 55455
Tel: 612 626-2410 Fax: 612 626-2101
E-mail: adams003@umn.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 208-26-31-053

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennen Children's Hospital
St Louis Mercy Medical Center
St Louis University Hospital
Prgm Director: Gregory H Branham, MD
3635 Vista Avenue at Grand Blvd
St Louis, MO 63110
Tel: 314 577-6887 Fax: 314 368-6111
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 208-29-21-058

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Sitem-Jewish Hospital
St Louis Children's Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Joel A Goebel, MD
Department of Otolaryngology
660 S Euclid, Campus Box 8115
St Louis, MO 63110
Tel: 314 747-6355 Fax: 314 992-7532
Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program ID: 208-29-21-066

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Scott P Stringer, MD, MS
Dept of Otolaryngology & Communicative Sciences
2500 North State Street
Jackson, MS 39216
Tel: 601 846-0160 Fax: 601 846-0695
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 208-27-21-122

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Robert D Zinreich, III, MD
One Hospital Drive, Room MA314
DC0270.00
Columbia, MO 65212
Tel: 573 882-8779 Fax: 573 884-4205
E-mail: zinreich@health.missouri.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 208-29-21-058

New Jersey
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Soly Barodius, MD
90 Bergen Street
Suite 8100
Newark, NJ 07103
Tel: 973 972-4588 Fax: 973 972-3707
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 208-33-31-062

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Daniel H Morrison Jr, MD
Department of Surgery-Otolaryngology ACGME
2211 Lomas Blvd NE
Albuquerque, NM 87131
Tel: 505 272-0452 Fax: 505 272-1699
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 208-34-21-126

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Albany Medical Center South Clinical Campus
St Peter's Hospital
Veterans Affairs Medical Center (Albany)
Prgm Director: Steven M Parnes, MD
Lions Eye Building
35 Hackett Boulevard, First Floor
Albany, NY 12208
Tel: 518 262-5897 Fax: 518 262-5184
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 208-35-15-003

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Jacobi Medical Center
Long Island Jewish Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Marvin P Fried, MD
Medical Arts Pavilion Bldg 3rd Fl
111 East 210th Street
Bronx, NY 10467
Tel: 718 505-2083 Fax: 718 406-2014
E-mail: mfried@montefiore.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 208-35-21-183

Graduate Medical Education Directory 2004-2005 795
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Veterans Affairs Medical Center (Brooklyn)
Program Director: Frank E. Lacente, MD
Department of Otolaryngology
One Gustave L. Levy Place
New York, NY 10029
Tel: 718 780-1282 Fax: 718 780-1488
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-21-153

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Einhorn Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Program Director: Eric Genden, MD
Department of Otolaryngology
750 E. 112nd Street
New York, NY 10029
Tel: 212 953-2381 Fax: 718 394-8586
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 280-35-21-009

New York Medical College (New York Eye and Ear Infirmary) Program
Sponsor: New York Medical College
New York Eye and Ear Infirmary
St. Luke’s-Roosevelt Hospital Center-St. Luke’s Division
St. Vincent’s Catholic Medical Centers (Manhattan)
Westchester Medical Center
Program Director: Steven D. Schaefer, MD
Department of Otolaryngology
510 East 14th Street
New York, NY 10003
Tel: 212 979-4071 Fax: 212 979-4315
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 280-35-21-072

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
St. Luke’s-Roosevelt Hospital Center-Roosevelt Division
St. Luke’s-Roosevelt Hospital Center-St. Luke’s Division
Program Director: Larry O. Clouse, MD
Columbia University
650 W. 168th Street, Box 21
New York, NY 10032
Tel: 212 345-6500 Fax: 212 320-2249
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-11-074

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Lenox Hill Hospital
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Program Director: Anil K. LalaWani, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6314 Fax: 212 263-8527
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-35-21-073

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Program Director: Harold C. Fillmore III, MD
Chapel Hill, NC 27516
Tel: 919 966-7481 Fax: 919 966-2501
E-mail: hco@med.unc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-35-21-080

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Program Director: Joseph C. Farner, MD
Box 3806
Durham, NC 27710
Tel: 919 681-8690 Fax: 919 681-9031
E-mail: DukeOHN@duke.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-35-21-081

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children’s Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Program Director: Thomas A. Tami, MD
231 Albert Sabin Way
Cincinnati, OH 45216
Tel: 513 555-1415 Fax: 513 555-5083
E-mail: Thomas.Tami@uc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NO
Program ID: 280-38-21-063

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: W. Frederick McGuirt, MD
Winston Forest, NC 27157
Tel: 336 716-3954 Fax: 336 716-3957
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 280-36-21-082

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: James R. Arnold, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5303 Fax: 216 844-5737
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-38-21-124

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Peter C. Weber, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-6666 Fax: 216 445-9408
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 280-38-22-083

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Children’s Hospital (Columbus)
Program Director: David J. Schuller, MD
Department of Otolaryngology-Head and Neck Surgery
450 W. 10th Avenue, Room 410-UHC
Columbus, OH 43210
Tel: 614 293-4453 Fax: 614 283-3190
E-mail: smith.3906@osu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: NO
Program ID: 280-38-21-067
Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Jesus R Medina, MD
Department of Otolaryngology
OUMSC, PO Box 20301, WP 1790
Oklahoma City, OK 73190
Tel: 405 271-6504  Fax: 405 271-3348
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-39-21-065

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Mark A Richardson, MD
3131 SW Sam Jackson Park Road FV-01
Portland, OR 97239
Tel: 503 494-5674  Fax: 503 494-4631
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-49-21-009

Pennsylvania

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: J Scott Greene, MD
100 North Academy Avenue
Danville, PA 17012
Tel: 570 271-5040  Fax: 570 271-6854
E-mail: entrse@geisinger.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 290-41-12-090

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Program Director: Fred G Fedok, MD
PO Box 540, MC 6001
500 University Drive
Hershey, PA 17033
Tel: 717 531-4846  Fax: 717 531-6160
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 290-41-11-091

Philadelphia

Temple University Program
Sponsor: Temple University Hospital
Rahmehann University Hospital (Temeh Health System)
Temple University Children's Medical Center
Program Director: Glenn C Isaacson, MD
First Floor, Kresge West
3400 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-5665  Fax: 215 707-2523
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-41-21-092

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Veterans Affairs Medical Center (Wilmington)
Program Director: Wilman M Keane, MD
925 Chestnut Street
6th Floor
Philadelphia, PA 19107
Tel: 215 695-6784  Fax: 215 923-4532
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 290-41-21-002

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Program Director: Bert W O'Malley Jr, MD
Dept of Otolaryngology: HNS
3400 Spruce Street, Rodin Pavilion, 5th Floor
Philadelphia, PA 19104
Tel: 215 662-4605  Fax: 215 349-5877
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties: PDO
Program ID: 290-41-21-095

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Jonas T Johnson, MD
200 Lothrop Street
Suite 500
Pittsburgh, PA 15212
Tel: 412 647-2100  Fax: 412 647-2080
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties: PDO
Program ID: 290-41-21-096

Puerto Rico

San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)
Program Director: Juan Triniad-Filmedo, MD
PO Box 305067
San Juan, PR 00936
Tel: 787 765-0400  Fax: 787 286-1641
E-mail: jtrinidad@centennialpr.net
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 290-42-31-098

South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Veterans Affairs Medical Center (Charleston)
Program Director: Robert J Sand, MD
6th Floor, Pavilion, Suite 500
155 Rutledge Avenue - Suite 1113
Charleston, SC 29425
Tel: 843 792-7141  Fax: 843 792-5840
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 290-44-21-100

Tennessee

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare - Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Program Director: Jerome W Thompson, MD, MBA
950 Court Avenue, Suite B226
Memphis, TN 38163
Tel: 901 448-5886  Fax: 901 448-5120
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 290-47-21-101

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Brian R Burke, MD
S-3109 Medical Center North
Nashville, TN 37232
Tel: 615 343-0972  Fax: 615 343-9725
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 290-47-21-125

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District–Parkland Memorial Hospital
John Peter Smith Hospital (Tarrant County Hospital District)
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Program Director: Robert J Sand, MD
Dept of Otolaryngology–Head and Neck Surgery
3523 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9355  Fax: 214 648-2246
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 290-49-21-102

Graduate Medical Education Directory 2004-2005
Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Shawn D Newlands, MD, PhD
John Sealy Annex 7th Floor
301 University Boulevard
Galveston, TX 77555
Tel: 409 739-4007 Fax: 409 772-1715
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 290-49-11-103

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Pgm Director: Bobby R Allford, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-5906 Fax: 713 798-9403
Length: 6 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties: FDO
Program ID: 290-48-31-104

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Christus St Joseph Hospital
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Pgm Director: Michael B Poole, MD, PhD
6451 Fannin, Suite 6.133
Houston, TX 77030
Tel: 713 500-6423 Fax: 713 500-6661
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 290-48-21-105

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AFTC)
Pgm Director: LC Col Joseph B Wiseman, MD, BS
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 79256
Tel: 210 292-7075 Fax: 210 292-5621
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 290-48-21-131
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Pgm Director: Randall A Otto, MD
7703 Floyd Curl Drive, MS 7777
San Antonio, TX 78229
Tel: 210 561-5655 Fax: 210 567-3617
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-48-21-106

Utah
Salt Lake City
Salt Lake City University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Salt Lake Regional Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Pgm Director: Colin Shelton, MD
50 N Medical Center Drive
Room 5C120
Salt Lake City, UT 84130
Tel: 801 585-5640 Fax: 801 585-5744
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-48-21-107

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Mary Hitchcock Memorial Hospital
Pgm Director: Robert A Sofferman, MD
One South Prospect Street
Burlington, VT 05401
Tel: 802 847-4555 Fax: 802 847-8198
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 290-56-11-108

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Stephen J Wetmore, MD
PO Box 80093
Charlottesville, VA 22908
Tel: 434-985-0301 Fax: 434-985-7512
E-mail: vaphy@virginia.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: N0
Program ID: 290-51-21-109

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Pgm Director: John T Simon, MD
300 W Main Street, Suite 500
Norfolk, VA 23510
Tel: 757-446-6004 Fax: 757-446-5008
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-51-21-110

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Pgm Director: Eric J Simko, MD
27 Ellingsham Street
Portsmouth, VA 23704
Tel: 757-593-9265 Fax: 757-593-0848
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-51-21-120
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: Evans Reiter, MD
PO Box 880146
1301 E Marshall St, Ste 401
Richmond, VA 23298
Tel: 804 828-2766 Fax: 804 828-3495
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-51-21-111

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Pgm Director: Nicole Morianin, MD
1650 NE Pacific, Bldg HB 1165
Box 355615
Seattle, WA 98105
Tel: 206 543-6102 Fax: 206 543-6152
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 290-54-31-112

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Pgm Director: Douglas M Sorensen, MD
Madigan Army Medical Center
Attn: MCHJ-SET
Tacoma, WA 98402
Tel: 253 969-1410 Fax: 253 968-3154
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 290-54-31-105
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Louis A Johnson Veterans Affairs Medical Center
Pgm Director: Stephen J Wetmore, MD, MIA
Health Sciences Center 5, Rm 2222
PO Box 9320
Morgantown, WV 26506
Tel: 304 293-3223 Fax: 304 293-2902
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 290-55-11-113

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
William J Middleton Veterans Hospital
Pgm Director: Mark Gyle, MD
Otolaryngology Head & Neck Surgery
600 Highland Avenue K4710
Madison, WI 53792
Tel: 608 265-0484 Fax: 608 252-6926
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 290-56-21-114
Graduate Medical Education Directory 2004-2005

<table>
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<th>Program ID</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Director</th>
<th>Location</th>
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<td>280-56-21-115</td>
<td>Pain Management (Anesthesiology)</td>
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<td>Alabama</td>
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<td>Birmingham</td>
<td>University of Alabama Medical Center Program</td>
<td>Sponsor: University of Alabama Hospital</td>
<td>Timothy J Ness, MD</td>
<td>846 Jefferson Tower</td>
<td>205 934-7437</td>
<td>205 935-3643</td>
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<td>Arizona</td>
<td>Mayo School of Graduate Medical Education (Scottsdale) Program</td>
<td>Sponsor: Mayo School of Grad Med Ed-Mayo Clinic</td>
<td>David P Seamans, MD</td>
<td>15400 East Shea Boulevard</td>
<td>480 342-2319</td>
<td>480 342-2449</td>
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<td>Tucson</td>
<td>University of Arizona Program</td>
<td>Sponsor: University of Arizona College of Medicine</td>
<td>Katalin Tabbaa, MD</td>
<td>1501 N Campbell Avenue</td>
<td>520 894-0602</td>
<td>520 894-0606</td>
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<td></td>
<td>California</td>
<td>Loma Linda</td>
<td>Loma Linda University Program</td>
<td>Lowell W Reynolds, MD</td>
<td>12254 Anderson Street, Room 2532</td>
<td>909 558-4475</td>
<td>909 558-4141</td>
<td>1 Yr</td>
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<td></td>
<td>Los Angeles</td>
<td>UCLA Medical Center Program</td>
<td>Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine</td>
<td>Michael Ferrante, MD</td>
<td>10833 Le Conte Avenue</td>
<td>310 267-1790</td>
<td>310 835-3316</td>
<td>1 Yr</td>
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<td></td>
<td>University of Southern California/LAC+USC Medical Center Program</td>
<td>Sponsor: University of Southern California/LAC+USC Medical Center</td>
<td>Ali Nemati, MD</td>
<td>1610 San Pablo Street, Suite 520</td>
<td>323 442-0355</td>
<td>323 442-6302</td>
<td>1 Yr</td>
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<td></td>
<td>University of California (Irvine) Medical Center</td>
<td>Sponsor: University of California (Irvine) Medical Center</td>
<td>Atef S Morcos, MD</td>
<td>101 The City Drive, South</td>
<td>714 456-6477</td>
<td>714 456-8748</td>
<td>1 Yr</td>
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<td></td>
<td>University of California (Davis) Health System Program</td>
<td>Sponsor: UC Davis Health System</td>
<td>Peter Moore, MD, PhD</td>
<td>4960 Y Street, Suite 3620</td>
<td>916 734-9488</td>
<td>916 734-6227</td>
<td>1 Yr</td>
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<td>University of California (San Diego) Medical Center</td>
<td>Sponsor: University of California (San Diego) Medical Center</td>
<td>Mark S Wallace, MD</td>
<td>1950 Gilman Drive, 00924</td>
<td>858 557-7035</td>
<td>858 557-7035</td>
<td>1 Yr</td>
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Accredited Programs in Pain Management (Anesthesiology)
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
Pgm/Director: Pamela P Palmer, MD, PhD
3335 Post Street
San Francisco, CA 94118
Tel: 415 883-7796 Fax: 415 883-3883
Length: 1 Yr
Program ID: 048-65-31-082

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Pgm/Director: Robert A Grankiewicz, MD
Box 100054
1600 Archer Road
Gainesville, FL 32610
Tel: 352 394-1399 Fax: 352 394-7029
Length: 1 Yr
Program ID: 048-11-21-046

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
St Mary's Hospital of Rochester
Pgm/Director: Tim J Lamer, MD
4500 San Pablo Drive
Jacksonville, FL 32284
Tel: 904 296-3199 Fax: 904 296-3197
E-mail: wolford.mary@mayo.edu
Length: 1 Yr
Program ID: 048-11-31-054

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Pgm/Director: Salahadin Abdi, MD, PhD
Dept of Anesthesiology (B-370)
PO Box 62767
Miami, FL 33159
Tel: 305 585-5304 Fax: 305 585-5319
Length: 1 Yr
Program ID: 048-11-21-003

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Pgm/Director: Rafael V Miguel, MD
Dept of Anesthesiology, MDC-59
12011 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813 844-7438 Fax: 813 844-7418
Length: 1 Yr
Program ID: 048-11-21-000

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Shepherd Center
Pgm/Director: Allen H Hord, MD
Dept of Anesthesiology, 3 B South
1364 Clifton Road, NR
Atlanta, GA 30322
Tel: 404 772-5602 Fax: 404 772-5194
Length: 1 Yr
Program ID: 048-12-21-004

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Pgm/Director: Dan C Martin, MD
1120 15th Street
Augusta, GA 30912
Tel: 706 721-4544 Fax: 706 721-7753
E-mail: swdawkins@mail.mcg.edu
Length: 1 Yr
Program ID: 048-12-21-005

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Pgm/Director: Silvio Ghassemi, MD, PhD
Department of Anesthesiology
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 945-2121 Fax: 312 884-6276
Length: 1 Yr
Program ID: 048-16-21-005

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Pgm/Director: Honorio T Benzon, MD
Department of Anesthesiology
251 E Huron Street, Suite 5-704
Chicago, IL 60611
Tel: 312 926-8105 Fax: 312 926-8106
Length: 1 Yr
Program ID: 048-16-21-005

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Rush North Shore Medical Center
Pgm/Director: Timothy B Lubnow, MD
1663 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-6604 Fax: 312 942-8686
Length: 1 Yr
Program ID: 048-16-21-095

University of Chicago Program
Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital
Pgm/Director: Friedel Platte-Fisher, MD
5841 South Maryland Avenue
Chicago, IL 60637
Tel: 773 834-3943 Fax: 773 834-2218
Length: 1 Yr
Program ID: 048-16-21-089

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
Pgm/Director: Charles E Laurito, MD
Center for Pain Management MC 045
833 South Wolcott Avenue
Chicago, IL 60612
Tel: 312 996-1128 Fax: 312 413-3153
E-mail: sharpe@uiuc.edu
Length: 1 Yr
Program ID: 048-16-31-006
Graduate Medical Education Directory 2004-2005

Accredited Programs in Pain Management (Anesthesiology)

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Prgm. Director: Vikram Patel, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5074 Fax: 708 216-8077
Length: 1 Yr
Program ID: 048-16-31-078

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Indiana University Hospital
Clarion Riley Hospital for Children
Prgm Director: Emil Pechel, MD
Feeder Hall 204
1120 South Drive
Indianapolis, IN 46202
Tel: 317 274-9266 Fax: 317 274-9255
Length: 1 Yr
Program ID: 048-17-21-039

Louisiana
Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center University Hospital
Prgm. Director: Randall C Cork, MD, PhD
1501 Kings Highway
Shreveport, LA 71103
Tel: 318 675-7196 Fax: 318 675-4658
Length: 1 Yr
Program ID: 048-21-21-099

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm. Director: Paul J Christo, MD
500 N Broadway
Suite 301
Baltimore, MD 21205
Tel: 410 865-5198 Fax: 410 502-5790
Length: 1 Yr
Program ID: 048-23-21-008

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm. Director: Joel Kent, MD
Suite 11000
29 S Greene Street
Baltimore, MD 21201
Tel: 410 448-6802 Fax: 410 448-6885
Length: 1 Yr
Program ID: 048-23-21-099

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
USUHS F Edward Hetlert School of Medicine
Walter Reed Army Medical Center
Prgm. Director: Dominique H Schiffer, MD
6000 Georgia Avenue, NW
Bldg 2, Ward 44
Washington, DC 20087
Tel: 202 789-2500 Fax: 202 783-8391
Length: 1 Yr
Program ID: 048-10-21-011

US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Children's Hospital
Prgm. Director: Christine G Peeters-Asdourian, MD
390 Brookline Avenue, SY-330
Boston, MA 02115
Tel: 617 667-5555 Fax: 617 667-8645
E-mail: cmap@drgepgrf.harvard.edu
Length: 1 Yr
Program ID: 048-24-21-010

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Prgm. Director: Srđjan S Nedeljkovic, MD
Department of Anesthesiology
75 Francis Street
Boston, MA 02115
Tel: 617 732-5500 Fax: 617 731-9453
Length: 1 Yr
Program ID: 048-24-31-043

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm. Director: Janet D Pearl, MD, MHA
736 Cambridge Street
Boston, MA 02136
Tel: 617 780-2332 Fax: 617 780-2199
Length: 1 Yr
Program ID: 048-24-13-112

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm. Director: Gary Brenner, MD, PhD
MGH Pain Center, WAC-333
15 Parkman Street
Boston, MA 02114
Tel: 617 726-3332 Fax: 617 726-2119
Length: 1 Yr
Program ID: 048-24-21-040

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Prgm. Director: Stuart A Dunbar, MD
Porter 2
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-4336 Fax: 413 794-5349
Length: 1 Yr
Program ID: 048-24-31-011

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm. Director: Ronald Wasserman, MD
Department of Anesthesiology
C213 Med Inn Building
Ann Arbor, MI 48109
Tel: 734 936-6850 Fax: 734 936-6885
Length: 1 Yr
Program ID: 048-25-31-065

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm. Director: Henry Kroll, MD
Anesthesiology Fellowship Office, Rm # WC-661
2790 West Grand Blvd
Detroit, MI 48202
Tel: 313 116-6264 Fax: 313 116-6994
E-mail: hkcroll@hfh.org
Length: 1 Yr
Program ID: 048-25-21-061
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Prgm Director: Todd Lininger, MD
4201 St Antoine
Detroit, MI 48201
Tel: 313 745-4500 Fax: 313 745-4777
E-mail: mlhooping@med.wayne.edu
Length: 1 Yr
Program ID: 048-25-11-109

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Rochester
Seventh Street Southeast, 10 First Street, SW
Rochester, MN 55905
Tel: 507 266-2077 Fax: 507 284-0120
E-mail: painchfellowship@mayo.edu
Length: 1 Yr
Program ID: 048-26-21-012

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Todd Linington, MD
2500 North State Street
Department of Anesthesiology
Jackson, MS 39216
Tel: 601 894-6960 Fax: 601 894-6589
Length: 1 Yr
Program ID: 048-27-21-104

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children’s Hospital
Prgm Director: Robert A Swarr, MD
Department of Anesthesiology
660 S Euclid Avenue
St Louis, MO 63110
Tel: 314 747-6020 Fax: 314 286-2675
E-mail: swarrm@msnotes.wustl.edu
Length: 1 Yr
Program ID: 048-28-21-013

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Prgm Director: Christopher M Griswold, MD
884555 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7465 Fax: 402 559-7372
Length: 1 Yr
Program ID: 048-30-21-100

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Ralph O Brusley, MD
One Medical Center Drive
Lebanon, NH 03766
Tel: 603 650-8391 Fax: 603 650-8189
Length: 1 Yr
Program ID: 048-32-21-044

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: William Grubb, MD
CAB, Suite 3100
125 Paterson Street
New Brunswick, NJ 08901
Tel: 732 295-7807 Fax: 732 239-6131
Length: 1 Yr
Program ID: 048-33-21-063

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Robert Zuniga, MD
2701 Frontier NE
Surge Building Room 110
Albuquerque, NM 87131
Tel: 505 273-2734 Fax: 505 273-1300
Length: 1 Yr
Program ID: 048-34-21-015

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Montefiore Medical Center-Bronx and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Ronald Kaplan, MD
Department of Pain Medicine and Palliative Care
First Avenue at 166 Street
New York, NY 10063
Tel: 212 934-1479 Fax: 212 341-1465
Length: 1 Yr
Program ID: 048-35-21-062

Brooklyn

Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Yvette Abraham, MD
One Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5006 Fax: 718 240-5077
Length: 1 Yr
Program ID: 048-35-21-060

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospitals-SUNY Health Science Center at Brooklyn
Prgm Director: Joshua L Greenspan, MD
450 Clarkson Avenue
Box 6
Brooklyn, NY 11203
Tel: 718 780-2500 Fax: 718 780-1060
E-mail: jgreenspa@chpnet.org
Length: 1 Yr
Program ID: 048-35-31-056

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Roswell Park Cancer Institute
Prgm Director: Oscar De-Leon Cassoloso, MD
Hamlin House, Room 267
100 High Street
Buffalo, NY 14203
Tel: 716 858-4559 Fax: 716 858-4529
Length: 1 Yr
Program ID: 048-35-31-017

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Joel M Kreitzer, MD
Box 1192
One Gustave Levy Place
New York, NY 10029
Tel: 212 241-6772 Fax: 212 348-8085
Length: 1 Yr
Program ID: 048-35-31-066
Accredited Programs in Pain Management (Anesthesiology)

New York Medical College at St. Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St. Vincent’s Catholic Medical Centers (Manhattan)
Program Director: Sekhar Udupiyapala, MD
Dept of Anesthesiology, 446
145 West 11th Street
New York, NY 10011
Tel: 212 694-7566 Fax: 212 694-2557
Length: 1 Yr
Program ID: 048-32-21-070

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Michael Weinberger, MD
626 West 168th Street
New York, NY 10032
Tel: 212 306-7114 Fax: 212 305-8883
Length: 1 Yr
Program ID: 048-35-31-085

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Sudhir A Diwan, MD
525 East 68th Street
New York, NY 10021
Tel: 212 746-2775 Fax: 212 746-2563
E-mail: sadi2003@med.cornell.edu
Length: 1 Yr
Program ID: 048-35-31-049

New York Presbyterian Hospital (Cornell Campus) Program A
Sponsor: New York Presbyterian Hospital
Cornell Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: Kenneth Cubert, MD
Department of Anesthesiology
1275 York Avenue M39
New York, NY 10021
Tel: 212 658-0551 Fax: 212 717-2306
Length: 1 Yr
Program ID: 048-35-11-073

New York University School of Medicine Program
Sponsor: New York University School of Medicine
NYU Hospitals Center
Program Director: Michel Y Dubois, MD
Suite 900
317 East 31st Street
New York, NY 10016
Tel: 212 201-1004 Fax: 212 685-0065
Length: 1 Yr
Program ID: 048-35-21-084

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s-Roosevelt Hospital Center
Program Director: Ronny Heris, MD, D0S
Department of Anesthesiology
429 West 57th Street
New York, NY 10019
Tel: 212 523-6357 Fax: 212 523-6217
Length: 1 Yr
Program ID: 048-35-11-018

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Monroe Community Hospital
Program Director: Rajalala Thakur, MD
Department of Anesthesiology, Box 604
601 Elmwood Avenue
Rochester, NY 14620
Tel: 585-275-5524 Fax: 585 244-7271
Length: 1 Yr
Program ID: 048-35-21-051

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Carole Agin, MD
Health Sciences Center L4-463
Stony Brook, NY 11794
Tel: 631 444-4234 Fax: 631 444-4152
Length: 1 Yr
Program ID: 048-35-11-067

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: P. Sebastian Thomas, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 445-4250 Fax: 315 464-4905
Length: 1 Yr
Program ID: 048-35-21-092

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Program Director: James P. O’Gunnell, MD
Department of Anesthesiology
Grandis Road, Macy-West Rm 2596
Valhalla, NY 10595
Tel: 914 403-8283 Fax: 914 403-7287
Length: 1 Yr
Program ID: 048-35-32-019

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: William S Blau, MD, PhD
The Dept of Anesthesiology, School of Medicine
CB#7010, N2201 UNO
Box 3094
Chapel Hill, NC 27599
Tel: 919 663-4586 Fax: 919 663-4873
E-mail: wbaw@aims.unc.edu
Length: 1 Yr
Program ID: 048-36-21-088

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Randall F Brewer, MD
Department of Anesthesiology
Box 3084
Durham, NC 27710
Tel: 919 668-2386
Length: 1 Yr
Program ID: 048-36-21-020

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: William Spillane, MD
Department of Anesthesiology, Pain Management
1090 South Hawthorne Road
Winston-Salem, NC 27103
Tel: 336 716-5530 Fax: 336 716-5547
Length: 1 Yr
Program ID: 048-36-21-056

Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
University Hospitals of Cleveland
Program Director: Karen Knott, MD
331 Albert Sabin Way
PO Box 678561
Cincinnati, OH 45267-8561
Tel: 513 558-0965 Fax: 513 558-0965
E-mail: donna.benesch@uc.edu
Length: 1 Yr
Program ID: 048-35-21-021

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Mark V Buswell, MD, PhD
1100 East 11th Avenue
Cleveland, OH 44106
Tel: 216 444-3668 Fax: 216 444-8558
Length: 1 Yr
Program ID: 048-35-21-097

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Nury Maheu, MD
Pain Management Center
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-9114 Fax: 216 444-0797
E-mail: clesphy@ccf.org
Length: 1 Yr
Program ID: 048-36-21-022

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Brian Severn, MD, MSA
414 Dean Hall
410 W 11th Avenue
Columbus, OH 43210
Tel: 614 293-6168 Fax: 614 293-6857
Length: 1 Yr
Program ID: 048-36-21-048
Accredited Programs in Pain Management (Anesthesiology)

Oklahoma

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Tel: 405 271-3584 Fax: 405 271-1216
Length: 1 Yr
Program ID: 048-39-21-087

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Tel: 503 494-5370 Fax: 503 494-3092
Length: 1 Yr
Program ID: 048-40-21-023

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Tel: 717 531-5680 Fax: 717 531-4304
Length: 1 Tr
Program ID: 048-41-21-024

Philadelphia

Temple University Program
Sponsor: Temple University Hospital
Tel: 215 707-5326 Fax: 215 707-8028
E-mail: anesthesiology@tuphs.edu
Length: 1 Tr
Program ID: 048-41-31-025

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Tel: 215 655-2198 Fax: 215 923-5685
Length: 1 Yr
Program ID: 048-41-21-041

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Tel: 215 662-8650 Fax: 215 243-4616
Length: 1 Yr
Program ID: 048-41-11-026

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Tel: 412 784-5343 Fax: 412 784-5350
Length: 1 Yr
Program ID: 048-41-32-027

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Tel: 412 578-5635 Fax: 412 578-5628
E-mail: akhabie@wpahs.org
Length: 1 Yr
Program ID: 048-41-12-107

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Tel: 843 868-0845 Fax: 843 878-0848
Length: 1 Yr
Program ID: 048-45-21-074

Tennessee

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Tel: 615 771-7589 Fax: 615 771-7589
Length: 1 Yr
Program ID: 048-47-21-038

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Tel: 214 648-0660 Fax: 214 648-0683
Length: 1 Yr
Program ID: 048-48-21-022

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Tel: 409 772-1224
Length: 1 Yr
Program ID: 048-46-21-103

Houston

University of Texas at Houston (MD Anderson Cancer Center) Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Tel: 713 794-3988 Fax: 713 794-3988
E-mail: stjohn@mdanderson.org
Length: 1 Yr
Program ID: 048-48-21-093

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Tel: 713 704-2961 Fax: 713 704-2961
Length: 1 Yr
Program ID: 048-46-21-087

Lubbock

Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock University Medical Center
Tel: 806 743-2981 Fax: 806 743-2984
Length: 1 Yr
Program ID: 048-48-21-090
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Lmgth: 1 Yr
Tel: 210-567-4543 Fax: 210-567-4471
Length: 1 Yr
Program ID: 048-48-31-031

Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Robert S. Linnard, MD
1200 East Broad Street
Richmond, VA 23298
Tel: 804-285-0730 Fax: 804-285-3302
Length: 1 Yr
Program ID: 048-51-31-088

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Program Director: Robert F. Finnegan, MD
Department of Anesthesiology
546 Chipeta Way, Suite 220
Salt Lake City, UT 84108
Tel: 801-585-5049 Fax: 801-585-6253
Length: 1 Yr
Program ID: 048-49-21-086

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: John C. Bowles, MD
Dept of Anesthesiology
PO Box 800710
Charlottesville, VA 22908
Tel: 434-982-2000 Fax: 434-982-0018
Length: 1 Yr
Program ID: 048-51-31-076

Pain Management (Neurology)

Georgia
Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Walton Rehabilitation Hospital
Program Director: Michael H. Rivier, MD
1101 15th Street
Augusta, GA 30912
Tel: 706-721-9501 Fax: 706-721-8901
Length: 1 Yr
Program ID: 181-12-21-001

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Robert S. Linnard, MD
1200 East Broad Street
Richmond, VA 23298
Tel: 804-285-0730 Fax: 804-285-3302
Length: 1 Yr
Program ID: 048-51-31-088

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: W. Thomas Edwards, MD, PhD
Multidisciplinary Pain Center Box 30644
1650 NE Pacific
Seattle, WA 98105
Tel: 206-341-6025 Fax: 206-341-5627
Length: 1 Yr
Program ID: 048-54-21-034

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Program Director: Hugh W. Allen, MD
300 50th Street SW
Seattle, WA 98111
Tel: 206-223-6080 Fax: 206-223-6082
Length: 1 Yr
Program ID: 048-54-21-053

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Stanford J. Huber, MD
3619 HSC PO Box 9104
Morgantown, WV 26506
Tel: 304-293-5411 Fax: 304-293-7967
E-mail: stanforj@hsc.wvu.edu
Length: 1 Yr
Program ID: 048-55-31-102

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Froedtert Memorial Lutheran Hospital
Program Director: Robert Kettler, MD
Department of Anesthesiology
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414-885-6150 Fax: 414-885-6154
Length: 1 Yr
Program ID: 048-56-21-042

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Program Director: Robert J. Mendes, DO
Department of Anesthesiology
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757-659-3228 Fax: 757-659-3870
Length: 1 Yr
Program ID: 048-51-21-032
US Armed Services Program
Pain Management (Physical Medicine and Rehabilitation)

**California**

**Los Angeles**
VA Greater Los Angeles Healthcare System Program
Sponsor: VA Greater Los Angeles Healthcare System
UCLA Medical Center
Pgm Director: Myung Pham, MD
13301 Wilshire Boulevard (w117)
Los Angeles, CA 90073
Tel: 310 268-0305
E-mail: dfh@mednet.ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 341-05-31-003

**Georgia**

**Atlanta**
Emory University Program/Georgia Pain Physicians
Sponsor: Emory University School of Medicine
Wesley Woods Geriatric Hospital
Pgm Director: Robert E Windsor, MD
2550 Windy Hill Road, Suite 215
Marietta, GA 30067
Tel: 770 856-8764 Fax: 770 856-9727
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 341-12-23-008

**Maryland**

**Baltimore**
Sinai Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
Center for Pain Mgmt. and Rehabilitation-East York Office
Pgm Director: Michael B Farman, MD, MS
2001 Pleasant Valley Road
York, PA 17402
Tel: 717 835-4500 Fax: 717 775-9618
E-mail: mbfarman@hotmail.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 341-29-12-007

**Massachusetts**

**Boston**
Harvard Medical School/Spaulding Rehabilitation Hospital Program
Sponsor: Spaulding Rehabilitation Hospital Massachusetts General Hospital
Pgm Director: Alec L Meleger, MD
135 Nashua Street
Boston, MA 02114
Tel: 617 573-2178 Fax: 617 573-2769
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 341-24-12-004

**Michigan**

**Ann Arbor**
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Pgm Director: K Steven Schultz, MD
1500 E University Driv
Ann Arbor, MI 48109
Tel: 734 936-7219 Fax: 734 936-7048
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 341-35-21-006

**Oklahoma**

**Oklahoma City**
Baylor University Medical Center (Oklahoma City) Program
Sponsor: Baylor University Medical Center
Saint Anthony North Ambulatory Surgery Center
Baylor Institute for Rehabilitation
Pgm Director: Michael J Carle, MD
6356 North Santa Fe Avenue, Suite 200
Oklahoma City, OK 73118
Tel: 405 437-6776 Fax: 405 419-5546
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 341-48-13-005

**Virginia**

**Richmond**
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: David X Cifu, MD
P0 Box 890661-0077
Richmond, VA 23298
Tel: 804 286-0061 Fax: 804 286-9674
E-mail: dfcifuva52@hotmail.com
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 341-81-21-004

**Pathology-Anatomic and Clinical**

**Alabama**

**Birmingham**
Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princetown
Pgm Director: Mary Louise Guerry-Force, MD
800 Montclair Road
Department of Pathology
Birmingham, AL 35211
Tel: 205 582-5062 Fax: 205 582-3576
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-01-21-017

**University of Alabama Medical Center Program**
Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Pgm Director: C Bruce Alexander, MD
619 South 19th Street, WP P230
Birmingham, AL 35233
Tel: 205 854-4003 Fax: 205 854-5499
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 380-01-31-018

**Mobile**
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Pgm Director: James R Stubbs, MD
University of South Alabama Medical Center
2401 Pillinger Street
Mobile, AL 36617
Tel: 314 471-7786 Fax: 314 471-7784
E-mail: pathres@usouthal.edu
Length: 4 Yrs
Program ID: 380-01-11-019

**Arizona**

**Phoenix**
St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Pgm Director: Jeffrey D Olives, MD
Department of Pathology
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 408-6696 Fax: 602 406-7181
E-mail: joelolives@chw.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 380-09-12-022

**Tucson**
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care System (Tucson)
University Medical Center
Pgm Director: Richard E Sobonya, MD
1501 North Campbell Avenue
P0 Box 214108
Tucson, AZ 85724
Tel: 520 298-3100 Fax: 520 298-3521
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: BMP
Program ID: 343-02-21-023
Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Pgm Director: Lija Joseph, MD
4011 West Markham, Slot 517
Department of Pathology
Little Rock, AR 72205
Tel: 501 603-1508 Fax: 501 603-1479
E-mail: gardnerevneu@uams.edu

Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 300-04-21-024

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettit Memorial Veterans Hospital
Pgm Director: Brian S Still, MD
11234 Anderson Street
Department of Pathology & Lab Medicine, Room 5016
Loma Linda, CA 92354
Tel: 909 588-4049 Fax: 909 588-4189
Length: 4 Yrs
Program ID: 300-06-21-026

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Pgm Director: Wesley S Nichols Jr, MD
5810 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-4782 Fax: 310 423-0338
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 300-06-12-030

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Pgm Director: Scott D Nelson, MD
13-1438 Center for Health Sciences
10833 Le Conte Ave
Los Angeles, CA 90095
Tel: 310 825-5719 Fax: 310 367-2053
Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program ID: 300-06-11-004

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
VA Greater Los Angeles Healthcare System
Pgm Director: Wesley Y Nantoku, MD, PhD
1200 North State Street
Room 3006
Los Angeles, CA 90033
Tel: 213 266-1148 Fax: 213 266-1825
E-mail: noreen@usc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 300-06-21-043

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Pgm Director: Philip M Carpenter, MD
Department of Pathology
101 The City Drive South
Orange, CA 92668
Tel: 714 456-6114 Fax: 714 456-5873
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 300-06-21-047

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Pgm Director: Bijan Ramsamooy, MD
3515 Stockton Boulevard
Sacramento, CA 95817
Tel: 916-734-5554 Fax: 916-734-2652
E-mail: penny.wong@ucdmh.ucdavis.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 300-06-21-025

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Pgm Director: CDR Michael M Quigley, MD, PhD
34800 Bob Wilson Drive
Laboratory Department
San Diego, CA 92154
Tel: 619 532-0930 Fax: 619 532-2404
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-06-12-011

US Armed Services Program
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Pgm Director: Henry C Powell, MD, ScD
Dept of Pathology Mail Code 8320
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5666 Fax: 619 543-3739
E-mail: infoberg@ucsd.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program ID: 300-06-21-040

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Pgm Director: Patrick Treseler, MD, PhD
Department of Pathology
500 Parnassus Avenue
Box 0506
San Francisco, CA 94143
Tel: 415 514-1641 Fax: 415 513-1200
Length: 4 Yrs ACGME Approved/Offered Positions: 29
Program ID: 300-06-21-044

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Pgm Director: Stephen J Galli, MD
Department of Pathology, L 235
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 733-7975 Fax: 650 725-6902
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: MGD, PCP
Program ID: 300-06-21-046

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Pgm Director: Marcia E Cornford, MD, PhD
1000 West Carson Street
Torrance, CA 90809
Tel: 310 222-3343 Fax: 310 222-5333
E-mail: mcconford@hsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-06-11-047

Colorado

Colorado Springs
Penrose-St Francis Healthcare System Program
Sponsor: Penrose-St Francis Healthcare System
Pgm Director: Douglas Prammevant, MD
2210 North Cascade Avenue
Colorado Springs, CO 80907
Tel: 719 776-6136 Fax: 719 776-2106
Length: 4 Yrs
Program ID: 300-07-13-014

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Pgm Director: M Scott Lucia, MD
4200 East Ninth Avenue, Box D 516
Denver, CO 80210
Tel: 303 315-6711 Fax: 303 315-6721
E-mail: diane.colbyer@uchsc.edu
Length: 4 Yrs
Program ID: 300-07-21-055

Connecticut

Danbury

Danbury Hospital Program
Sponsor: Danbury Hospital
Pgm Director: Ramon N Kranwinkel, MD
50 Hospital Avenue
Danbury, CT 06810
Tel: 203 797-7338 Fax: 203 731-5343
E-mail: ramon.kranwinkel@danbury.org
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 300-06-11-067
Accredited Programs in Pathology-Anatomic and Clinical

Hartford
Hartford Hospital Program
Sponsor: Hartford Hospital
Program Director: Rebecca Williams, MD
80 Seymour Street
PO Box 5007
Hartford, CT 06102
Tel: 860-545-1593 Fax: 860-545-2204
Length: 4 Yrs ACGME Approved/Offered Positions: 12 Subspecialties: SP
Program ID: 300-08-11-059

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Stuart Flynn, MD
Department of Pathology
PO Box 298070
New Haven, CT 06520
Tel: 203 785-6424 Fax: 203 785-3585
E-mail: stuart.flynn@yale.edu
Length: 4 Yrs Subspecialties: HMP
Program ID: 300-08-21-062

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UCHB)
Veterans Affairs Medical Center (Washington, DC)
Program Director: Donald A Karcher, MD
2300 Eye Street, NW
Ross Hall, Room 502
Washington, DC 20037
Tel: 202-789-4119 Fax: 202-894-3218
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 300-10-31-069

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: David P Garvin, MD
3000 Crescent Place NW
Washington, DC 20007
Tel: 202-784-2592 Fax: 202-897-9804
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-10-11-060

Howard University Program
Sponsor: Howard University Hospital
Program Director: Josephine J Marshall, MD
2041 Georgia Avenue, NW
Washington, DC 20060
Tel: 202-866-9823 Fax: 202-866-7022
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-10-21-070

Washington Hospital Center Program
Sponsor: Washington Hospital Center
Program Director: Ervin Brun, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202-877-5222 Fax: 202-877-3320
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-10-12-071

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
University Hospital at the University of Florida
Program Director: William E Winter, MD
PO Box 100027 JMHC
(Express address 1600 SW Archer Road)
Gainesville, FL 32610
Tel: 352-265-4405 Fax: 352-844-2149
Length: 4 Yrs Program ID: 300-11-31-073

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Shaila Masood, MD
656 West Eighth Street
Jacksonville, FL 32209
Tel: 904-244-4367 Fax: 904-244-4060
E-mail: rebel.jones@jax.ufl.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-11-31-074

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Gerald E Byrne Jr, MD
1611 NW 12th Avenue
Holtz Center 2053
Miami, FL 33136
Tel: 305-586-7242 Fax: 305-586-9832
Length: 4 Yrs Program ID: 300-11-31-075

Miami Beach
Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida, Inc
Program Director: Morton J Robinson, MD
4300 Alton Road
Miami Beach, FL 33141
Tel: 305-674-2277
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-11-31-076

Orlando
Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Program Director: Shuan Li, MD
1414 Kohl Avenue, MPA4
Orlando, FL 32806
Tel: 407-541-5217
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-11-31-077

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Tampa General Hospital
Wakulaska Memorial Hospital
Program Director: Jane L Messiter, MD
12001 Bruce B Downs Blvd.
MDC II
Tampa, FL 33612
Tel: 813-974-3744 Fax: 813-974-5536
Length: 4 Yrs Program ID: 300-11-31-078

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Program Director: C Whitten Whittaker W Sewell, MD
1564 Clifton Road, NR
Department of Pathology and Laboratory Medicine
Atlanta, GA 30322
Tel: 404-727-4234 Fax: 404-727-2519
E-mail: aboyelli@emory.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: MM
Program ID: 300-12-31-080

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Program Director: D Greer Falls III, MD
Department of Pathology (DF-121)
1120 11th Street
Augusta, GA 30912
Tel: 706-731-7433 Fax: 706-731-7761
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 300-12-31-082

Hawaii
Honolulu
University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Kaiser Foundation Hospital (Mountain
Kapolei Medical Center for Women and Children
Queen's Medical Center
St Francis Medical Center
Program Director: John M Hardman, MD
Biomed Tower 3209
1660 East-West Road
Honolulu, HI 96822
Tel: 808-566-5782 Fax: 808-566-5685
E-mail: pathres@hawaii.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-14-11-065

808

Graduate Medical Education Directory 2004-2005
Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: June H. Pfister, MD, MPH
Dept of Pathology
1901 W Harrison Street
Chicago, IL 60612
Tel: 312 834-7167 Fax: 312 834-9244
E-mail: lifflglh@pul.net
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-16-21-088

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: G Robert Bloss, MD
Department of Pathology, Feinberg 7-342
303 E Chicago Avenue
Chicago, IL 60611
Tel: 773 784-7127 Fax: 773 784-3127
E-mail: gkbloss@northwestern.edu
Length: 4 Yrs
Program ID: 300-16-21-094

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Jack Anastasil, MD
5841 S Maryland Avenue, MC 6101
Chicago, IL 60637
Tel: 773 702-6106 Fax: 773 702-1200
E-mail: jaa@uchicag0.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-16-11-095

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Michelle D Raible, MD
1819 West Polk Street, Room 446
Chicago, IL 60612
Tel: 312 996-7133 Fax: 312 996-7356
Length: 4 Yrs Subspecialties: BBk, SP
Program ID: 300-16-21-098

University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Mercy Hospital and Medical Center
Prgm Director: Douglas P Rhine, MD
800 W Wellington Avenue
Chicago, IL 60657
Tel: 773 259-7900 Fax: 773 259-7444
Length: 4 Yrs
Program ID: 300-16-21-109

Evanston

McGaw Medical Center of Northwestern University (Evanston) Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Karen L Kaul, MD, PhD
5630 Ridge Avenue
Evanston, IL 60201
Tel: 847 797-5352 Fax: 847 735-5022
E-mail: k-kaul@northwestern.edu
Length: 4 Yrs
Program ID: 300-16-21-112

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Prgm Director: Eva M Wojcik, MD
2160 S First Avenue
Holg 101, Room 1317
Maywood, IL 60153
Tel: 708 237-2616 Fax: 708 337-2320
E-mail: vmwojcik@lumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-16-21-106

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Randall W Raible, MD
1001 W Washington Street, Suite MS-117
Indianapolis, IN 46222
Tel: 317 274-1736 Fax: 317 278-2015
E-mail: rmr37@iuu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28 Subspecialties: NP
Program ID: 300-17-21-111

Muncie

Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Prgm Director: Janet E Roepke, MD, PhD
2401 University Avenue
Muncie, IN 47303
Tel: 765 747-3328 Fax: 765 747-4446
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-17-21-114

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Fred B Deo, MD
Dept of Pathology
100 Medical Laboratories, 1158 ML
Iowa City, IA 52242
Tel: 319 384-4454 Fax: 319 384-4437
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-18-21-116

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Diane L Person, MD
5901 Rainbow Boulevard
Kansas City, MO 64116
Tel: 913 588-1728 Fax: 913 588-1777
E-mail: drpers@kumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 300-18-21-117

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Prgm Director: Paul Bachner, MD
Department of Pathology and Laboratory Medicine
100 Rose Street, Suite MS-117
Lexington, KY 40536
Tel: 859 257-1446 Fax: 859 323-1590
E-mail: pbachner@uky.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-29-21-120

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children’s Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Joseph C Parker Jr, MD, MS
530 South Jackson Street, 1CR06
Louisville, KY 40202
Tel: 502 852-8200 Fax: 502 852-1771
E-mail: jcparker@uwlsie.Ulouisville.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-29-21-121

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Gary L Lipworth, MD
Pathology Department
1501 Perdido Street
New Orleans, LA 70112
Tel: 504 568-6052 Fax: 504 568-6607
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-21-21-123

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: John R Krause, MD
1430 Tulane Avenue
Department of Pathology, SL-79
New Orleans, LA 70112
Tel: 504 868-1170 Fax: 504 582-7862
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Program ID: 300-21-21-122
Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Marjorie E Fowler, MD
1501 Kings Highway, PO Box 33502
Shreveport, LA 71130
Tel: 318 675-5688 Fax: 318 675-7603
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program Id: 300-21-31-126

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Edward F McCarthy Jr, MD
600 North Wolfe Street
Pathology 401
Baltimore, MD 21287
Tel: 410 614-9930 Fax: 410 614-9011
Length: 4 Yrs ACGME Approved/Offered Positions: 31
Subspecialties: SP
Program Id: 300-23-11-129

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Steven Silverberg, MD
22 South Greene Street
Baltimore, MD 21201
Tel: 410 328-6052 Fax: 410 328-5508
Length: 4 Yrs
Subspecialties: PCP
Program Id: 300-23-31-135

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Armed Forces Institute of Pathology
Walter Reed Army Medical Center
Prgm Director: Carol F. Adad, MD
Walter Reed Army Medical Center
Department of Pathology, Ward 47
Washington, DC 20307
Tel: 202 783-7744 Fax: 202 783-3217
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program Id: 300-10-21-416
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Lance A Liozta, MD, PhD
Bldg 10, Rm 2A33
10 Center Drive
Bethesda, MD 20892
Tel: 301 488-5445 Fax: 301 488-4853
E-mail: vmsrnat@mail.nih.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: HMD
Program Id: 300-23-13-015

Massachusetts
Boston
Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center
Office of the Chief Medical Examiner
Prgm Director: Laura C Collins, MD
Department of Pathology
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-7284 Fax: 617 667-7120
E-mail: locollins@caregroup.harvard.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: SP
Program Id: 300-24-31-119

Boston University Medical Center Program
Sponsor: Boston Medical Center
Prgm Director: Carl J Ollaha, MD
784 Massachusetts Avenue
Boston, MA 02118
Tel: 617 414-5182 Fax: 617 414-5015
Length: 4 Yrs
Program Id: 300-24-21-139

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Prgm Director: Gayle L Winters, MD
Department of Pathology
5 Francis Street
Boston, MA 02115
Tel: 617 722-8613 Fax: 617 232-4920
E-mail: maroonoad@partners.org
Length: 4 Yrs
Program Id: 300-24-31-146

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm Director: W Stephen Black-Schaffer, MD, MA
Dept of Pathology, WFN Building, Room 218
55 Fruit Street
Boston, MA 02114
Tel: 617 724-1463 Fax: 617 724-3226
E-mail: mgplpath@partners.org
Length: 4 Yrs
Program Id: 300-24-31-134

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Nora M Laver, MD
600 Washington Street
Box 869
Boston, MA 02111
Tel: 617 638-1015 Fax: 617 638-8302
E-mail: nmlaver@tufts-somm.org
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program Id: 300-24-21-145

Pittsfield
Berkshire Medical Center Program
Sponsor: Berkshire Medical Center
Prgm Director: Rebecca L Johnson, MD
725 North Street
Pittsfield, MA 01201
Tel: 413 447-2565 Fax: 413 447-2087
E-mail: drahbian@bmc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program Id: 300-24-11-153

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Prgm Director: Jean Hertmanberg, MD
Department of Pathology
75 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5893 Fax: 413 794-5893
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program Id: 300-24-21-114

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Habib Khan, MD
56 Lake Avenue, North
Worcester, MA 01655
Tel: 508 858-0854 Fax: 508 858-2068
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: FCP
Program Id: 300-24-21-400

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Joseph C Pantone, MD
Room 2G332
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-1588 Fax: 734 763-0925
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program Id: 300-35-21-118

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Richard Zarbo, MD
Department of Pathology
2700 West Grand Blvd
Detroit, MI 48202
Tel: 313 106-3194 Fax: 313 106-2395
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program Id: 300-35-12-160

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Prgm Director: Basim M Al-Khafaji, MD
Department of Pathology
22101 Moravek Road
Detroit, MI 48236
Tel: 313 343-3500 Fax: 313 881-4727
E-mail: sue.m.sfilante@stjohn.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program Id: 300-35-12-162

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Bluestone Hospital
Prgm Director: William J Kupoly, MD
540 East Canfield, Room 8574
Detroit, MI 48201
Tel: 313 577-2468
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: NF
Program Id: 300-35-21-165

Graduate Medical Education Directory 2004-2005
Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Michele T Rooney, MD
Add: 3601 West Thirteenth Mile Road
Royal Oak, MI 48071
Tel: 248 551-9690 Fax: 248 551-9054
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 000-06-21-173

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Emil Fishel Cancer Center
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Program Director: Alan M Luger, MD
One Hospital Drive
Columbia, MO 65212
Tel: 573 884-7310 Fax: 573 884-4612
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: PFP
Program ID: 000-06-21-185

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center
Program Director: William D DePond, MD
3011 Holmes Street
Kansas City, MO 64108
Tel: 816 404-0560 Fax: 816 404-0572
E-mail: william.depoid@tmcmcd.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 000-06-21-408

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Program Director: Carol A Vogler, MD
1400 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-5645 Fax: 314 577-5645
E-mail: paradoxs@ul.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 000-06-21-192

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Emil R Unanue, MD
690 South Euclid Avenue
St Louis, MO 63110
Tel: 314 952-7449
Length: 4 Yrs ACGME Approved/Offered Positions: 42
Program ID: 000-06-21-193

Nebraska
Omaha
Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SH)
Veterans Affairs Medical Center (Omaha)
Program Director: William J Hunter, MD
601 North 30th Street
Department of Pathology
Omaha, NE 68198
Tel: 402 559-4858 Fax: 402 559-6247
E-mail: residentprogram@pathology.creighton.edu
Length: 4 Yrs
Program ID: 000-06-21-195

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Program Director: Leslie Brough, MD
98313S Nebraska Medical Center
UMA Room 353B
Omaha, NE 68198
Tel: 402 559-4186 Fax: 402 559-8018
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 000-30-21-197

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: James P Aufbouchon, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8683 Fax: 603 650-8485
Length: 4 Yrs
Program ID: 000-30-21-198

New Jersey
Livingston
St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Monmouth Medical Center
Program Director: Jonathan P Lara, MD
6400 Short Hill Road
Livingston, NJ 07039
Tel: 973 322-5672 Fax: 973 322-5564
E-mail: jlarra@sbhcs.com
Length: 4 Yrs
Program ID: 000-30-21-415

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Kenneth M Klein, MD
185 South Orange Avenue
Newark, NJ 07103
Tel: 973 972-4716 Fax: 973 972-5704
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 000-30-21-381

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Cooper Hospital-University Medical Center
Program Director: Peter S Amenta, PhD
1500 Cooper Road
Piscataway, NJ 08865
Tel: 732 235-8121 Fax: 732 235-8124
E-mail: mastein@umdnj.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 000-30-21-215
New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Therese J Rocking, MD
915 Camino de Salud, BMSB 335
Attn: Jeanne Lay
Albuquerque, NM 87108
Tel: 505-272-3695 Fax: 505-272-6725
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: BBS, PCP
Program ID: 300-35-21-224

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Prgm Director: Amy M Sands, MD
100 High Street
Buffalo, NY 14208
Tel: 716 896-9788 Fax: 716 856-4016
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-35-21-224

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Jon H Lin, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-3241 Fax: 516 572-5514
E-mail: alozza@NUMC.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 300-35-21-225

Manhattan

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Prgm Director: Leonard B Kahn, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-2947 Fax: 516 562-4561
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-35-11-226

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Virginia M Donovan, MD
259 First Street
222 Professional Bldg, Suite 618
Mineola, NY 11501
Tel: 516 663-2450 Fax: 516 663-4584
E-mail: residency@pathology.winthrop.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-35-12-229

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Leonard B Kahn, MD
270-05 76th Avenue
Room B-87
New Hyde Park, NY 11040
Tel: 718 470-7891 Fax: 718 347-9174
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-35-21-245

New York

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Harry L. Iouchin, MD
106 East 77th Street
New York, NY 10021
Tel: 212 434-2330 Fax: 212 434-2497
E-mail: hiouchin@lenoxhill.net
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-35-11-243

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: James A Strauchen, MD
Department of Pathology
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-8014 Fax: 212 426-5129
E-mail: james.strauchen@msnyuh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-35-21-251

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Charles C. Marbee, MD
690 West 168th Street
New York, NY 10032
Tel: 212 995-8003 Fax: 212 303-6505
Length: 4 Yrs
Subspecialties: HMP
Program ID: 300-35-11-237

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Amy Chadborn, MD
525 East 68th Street
Room C-302
New York, NY 10021
Tel: 212 746-2442 Fax: 212 746-8192
Length: 4 Yrs
Subspecialties: HMP
Program ID: 300-35-11-253

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Douglas C. Miller, MD, PhD
550 First Avenue (NN340)
New York, NY 10016
Tel: 212 263-6449 Fax: 212 236-9904
Length: 4 Yrs
Program ID: 300-35-21-255

St. Luke's-Roosevelt Hospital Center Program

Sponsor: St. Luke's-Roosevelt Hospital Center
Beth Israel Medical Center
Prgm Director: John R. Pelcic, MD
1111 Amsterdam Ave at 114th Street
New York, NY 10025
Tel: 212 523-9892 Fax: 212 523-4529
E-mail: jrpelic@chpnet.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-35-21-398

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Scott A. Kirchle, MD
60 Elmwood Avenue, Box 826
Rochester, NY 14642
Tel: 585 276-5207
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 300-35-21-263
Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Bernard P. Lane, MD
Department of Pathology, H05 2-706
Stony Brook, NY 11794
Tel: 631 444-3224 Fax: 631 444-3419
Length: 4 Yrs
Program ID: 300-36-21-296

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Paul F. Shanley, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4670 Fax: 315 464-4675
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-38-21-265

Valhalla
New York Medical College at St. Vincent’s Hospital and Medical Center Program
Sponsor: New York Medical College
St. Vincent’s Catholic Medical Centers (Manhattan)
Program Director: John F Gillooley, MD
153 West 11th Street
New York, NY 10011
Tel: 212 604-3884 Fax: 212 604-9426
E-mail: jfgillooley@svcmcny.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-38-21-259

New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Muhammad S Zaman, MD
Basic Science Building
Department of Pathology - Room 415
Valhalla, NY 10595
Tel: 914 694-4150
E-mail: elizabeth_zumurri@nymc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 300-38-11-266

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Thomas W Bouldin, MD
CB #7525
Chapel Hill, NC 27590
Tel: 919 966-6718 Fax: 919 966-6718
Length: 4 Yrs
Program ID: 300-36-11-267

Durham
Duke University Hospital Program
Sponsor: Duke Hospital University
Veterans Affairs Medical Center (Durham)
Program Director: Patrick J. Buckley, MD, PhD
Box 3713
Durham, NC 27710
Tel: 919 684-8578 Fax: 919 684-1856
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 300-38-21-299

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: Peter J. Kruegel, MD
2100 Stanleysburg Road
PO Box 6028
Greenville, NC 27834
Tel: 252 744-8391 Fax: 252 744-8290
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-38-21-404

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: A. Julian Garzon, MD, PhD
Department of Pathology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-3550 Fax: 336 716-4836
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: POP
Program ID: 300-38-11-270

Ohio
Akron
Summa Health System/NEUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Program Director: Raymond E Clarke, MD
525 East Market Street
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330 276-3788 Fax: 330 276-4874
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-38-11-273

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Toni Robinson-Smith, MD
PO Box 071029
231 Albert Sabin Way
Cincinnati, OH 45207
Tel: 513 658-3539 Fax: 513 658-2239
E-mail: patholog@uc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Subspecialties: OP
Program ID: 300-38-21-276

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Joseph P Tomaszewski Jr, MD
2600 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 772-5181 Fax: 216 772-5701
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-38-11-279

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Robert D Hoffman, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3478 Fax: 216 844-1810
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-38-21-277

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Carol F. Farver, MD
Division of Pathology and Laboratory Medicine
9500 Euclid Avenue/221
Cleveland, OH 44195
Tel: 216 445-7695 Fax: 216 445-8535
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 300-38-12-278

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Wendy Frankol, MD
N-525 Dean Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-2727 Fax: 614 293-2723
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-38-21-284

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Program Director: Alman Saber, MD
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-4511 Fax: 419 383-9066
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 300-38-11-290

Youngstown
Western Reserve Care System/NEUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Program Director: Geoffrey Mendelsohn, MD
900 Gypsy Lane
Youngstown, OH 44501
Tel: 330 894-3700 Fax: 330 894-3700
E-mail: gmendelso@forumhealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-38-11-292

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Med Center
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Richard W. Leech, MD
Department of Pathology
940 Stanton Young, BMSB 451
Oklahoma City, OK 73104
Tel: 405 271-2451 Fax: 405 271-8774
E-mail: Dianne.wright@ouhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 300-38-21-295
Oregon

Portland
Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)

Program Director: Richard M Scanlan, MD
Dept of Pathology, L-471
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 444-6776
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: HMP, MGP

Program ID: 300-41-11-302

Pennsylvania

Hershey
Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center

Program Director: Ronald E Donnen, MD
360 University Drive
PO Box 560
Hershey, PA 17033
Tel: 717 531-5116 Fax: 717 531-5921
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-41-11-309

Johnstown
Conemaugh Valley Memorial Hospital Program

Sponsor: Conemaugh Valley Memorial Hospital

Program Director: Sidney A Goldblatt, MD
1036 Franklin Street
Johnstown, PA 15906
Tel: 814 534-9818 Fax: 814 534-9372
E-mail: mrcgvm@conemaugh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-41-21-397

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)

Hahnemann University Hospital (Temel Health System)
Medical College of Pennsylvania Hosp (Temel Health System)

Program Director: Cheryl A Hainau, MD
Broad and Vine Streets
Mail Stop 435
Philadelphia, PA 19102
Tel: 215 842-7674
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: HMP
Program ID: 300-41-21-316

Pennsylvania Hospital of the University of Pennsylvania Health System Program

Sponsor: Pennsylvania Hospital (UPHS)

Program Director: Helen M Haupt, MD
10th and Spruce Streets
Philadelphia, PA 19107
Tel: 215 829-3544 Fax: 215 829-7654
E-mail: ammcoc@phahosp.com
Length: 4 Yrs ACGME Approved/Offered Positions: 11
Program ID: 300-41-11-318

Temple University Program

Sponsor: Temple University Hospital

Program Director: Henry Simpkins, MD, PhD
3400 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-4330 Fax: 215 707-6864
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 300-41-11-321

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital

Program Director: Pamela Edmonds, MD
125 South 11th Street
Room P 204 Pavilion Building
Philadelphia, PA 19107
Tel: 215 955-7524
E-mail: pamela.edmonds@mail.lju.edu
Length: 4 Yrs
Program ID: 300-41-11-322

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Program Director: Gordon Yu, MD
3400 Spruce Street
5 Founders
Philadelphia, PA 19104
Tel: 215 662-3211 Fax: 215 614-1856
E-mail: brodman@uphs.upenn.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: SP
Program ID: 300-41-21-314

Pittsburgh
Allegheny General Hospital Program

Sponsor: Allegheny General Hospital

Program Director: Katherine M Jannuzo, MD
330 East North Avenue
Pittsburgh, PA 15213
Tel: 412 359-6907 Fax: 412 359-3598
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 300-41-12-323

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

Magee-Women's Hospital
UPMC Presbyterian Shadyside

Program Director: Gregory J Naus, MD
Presbyterian Hospital C001
260 Lothrop Street
Pittsburgh, PA 15212
Tel: 412 668-8669 Fax: 412 664-0614
E-mail: training_path@max.upmc.edu
Length: 4 Yrs
Subspecialties: SP
Program ID: 300-41-21-232

Puerto Rico
San Juan
University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital

University Hospital
Program Director: Ruan Veler Rosario, MD

Department of Pathology
PO Box 360067
San Juan, PR 00906
Tel: 787 758-2525 Fax: 787 754-0710
Length: 4 Yrs
Program ID: 300-42-21-385

Rhode Island
Providence
Brown University Program

Sponsor: Rhode Island Hospital-Lifespan

Memorial Hospital of Rhode Island

Sponsor: Miriam Hospital-Lifespan

Women and Infants Hospital of Rhode Island

Program Director: Robert A Van Weesp, PhD, MD
500 Eddy St
Providence, RI 02903
Tel: 401 444-5891 Fax: 401 444-8514
E-mail: ncounder@lifepan.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 300-48-21-414

South Carolina
Charleston
Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine

MUSC Medical Center

Program Director: David Lewin, MD
165 Ashley Avenue, Suite 300
PO Box 250698
Charleston, SC 29425
Tel: 843 792-4131 Fax: 843 792-6555
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Program ID: 300-45-21-332

South Dakota
Sioux Falls
University of South Dakota Program

Sponsor: University of South Dakota School of Medicine

Royal G Johnson Veterans Affairs Medical Center

Sioux Valley Hospital and University of SD Medical Center

Program Director: Joel A Zlobarth, MD
LCOM Pathologists, PC
1460 West 22nd Street
Sioux Falls, SD 57105
Tel: 605 335-1790 Fax: 605 335-1666
E-mail: knutchen@lcompath.com
Length: 4 Yrs
Program ID: 300-46-21-333

Tennessee
Johnson City
East Tennessee State University Program

Sponsor: James H Quillen College of Medicine

Johnson City Medical Center Hospital

Veterans Affairs Medical Center (Mountain Home)

Program Director: John Schwitzer, MD
PO Box 70508
Johnson City, TN 37614
Tel: 423 439-6210 Fax: 423 439-9600
Length: 4 Yrs
Program ID: 300-47-21-399
Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee System-Regional Medical Center, Knoxville
Pgm Director: John C. Noff, MD
924 Alcoa Highway, Drawer 108
Knoxville, TN 37920
Tel: 865 544-8984 Fax: 865 544-6866
E-mail: medinfo@utk.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Subspecialties: PCP
Program ID: 300-47-11-335

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
St. Jude Children's Research Hospital
Veterans Affairs Medical Center (Memphis)
Pgm Director: John Duckworth, MD
930 Madison Avenue
Memphis, TN 38163
Tel: 901 448-6979 Fax: 901 448-6979
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 300-47-12-336

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: Mary K. Washington, MD, PhD
2314 Avenue South of Garlands
Department of Pathology, C5101 MCN
Nashville, TN 37222
Tel: 615 434-4882 Fax: 615 434-7023
E-mail: pathres.prog@vanderbilt.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 22
Program ID: 300-47-21-341

Texas
Dallas
Baylor University Medical Center
Program
Sponsor: Baylor University Medical Center
Pgm Director: Lesley Kresie, MD
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-3363 Fax: 214 820-2171
Length: 4 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 300-48-12-343

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Charles F. Timmons, MD, PhD
6525 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-4114 Fax: 214 648-4070
Length: 4 Yrs  ACGME Approved/Offered Positions: 38
Program ID: 300-48-11-345

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Juan P. Olano, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-2870 Fax: 409 747-2400
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Subspecialties: PCP
Program ID: 300-48-11-349

Houston
Bay College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ren Tasb General Hospital
Methodist Hospital
Texas Children's Hospital
Veterans Affairs Medical Center (Houston)
Pgm Director: Suzanne E. Powell, MD
One Baylor Plaza
Department of Pathology
Houston, TX 77030
Tel: 713-500-6486 E-mail: johny@bchm.tmc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 28
Program ID: 300-48-31-350

University of Texas at Houston Program
Sponsor: University of Texas School of Medicine at Houston
Lyndon B. Johnson General Hospital
Memorial Hermann Hospital System
St. Luke's Episcopal Hospital
Pgm Director: Margaret O. Uthman, MD
5411 Fannin Street, MSB 2.120
Houston, TX 77030
Tel: 713 500-0712 Fax: 713 500-0712
E-mail: Margaret.O.Uthman@uth.tmc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 28
Program ID: 300-48-31-352

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Pgm Director: Larry J. Fowler, MD
7700 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4035 Fax: 210 567-2478
E-mail: Fowler@uthscsa.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 300-48-21-356

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Pgm Director: V. O. Spigels, DO
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-3685
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 300-48-12-357

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Veterans Affairs Medical Center (Salt Lake City)
Pgm Director: Chris Lehm, MD
Department of Pathology
30 North 1900 East
Salt Lake City, UT 84113
Tel: 801 585-6877 Fax: 801 585-6666
Length: 4 Yrs  ACGME Approved/Offered Positions: 19
Subspecialties: PP
Program ID: 300-48-21-360

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Pgm Director: Bruce R MacPheese, MD
89 Beaumont Avenue
Burlington, VT 05405
Tel: 802 556-6892 Fax: 802 556-8892
Length: 4 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 300-50-11-361

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (ABTC)
Pgm Director: Mark P. Burton, MD
Wilford Hall Medical Center
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 226-7484
Length: 4 Yrs
Program ID: 300-48-11-417
US Armed Services Program

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center
at Lubbock
Covenant Health System
University Medical Center
Pgm Director: Dale M Dunn, MD
3001 4th Street
Lubbock, TX 79430
Tel: 806 743-6172 Fax: 806 743-2152
E-mail: John.Omalley@ttuhcc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 300-48-31-415

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Mark R Wick, MD
PO Box 800214
2200 Jefferson Park Avenue
Charlottesville, VA 22908
Tel: 434 924-9005 Fax: 434 924-9617
E-mail: mrvickl@va.una.net
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: DMP, HMP
Program ID: 300-51-11-362

Graduate Medical Education Directory 2004-2005
Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Pgm Director: William F Glass II, MD, PhD
700 Osney Road
PO Box 1988
Norfolk, VA 23507
Tel: 757 446-5620  Fax: 757 446-5719
E-mail: GlassW@evms.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 300-51-1-366

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Pgm Director: Margaret M Grimes, MD
PO Box 998662
Richmond, VA 23298
Tel: 804 898-9004  Fax: 804 827-1078
Length: 4 Yrs  ACGME Approved/Offered Positions: 22
Subspecialties: HMF, MOF, SPI
Program ID: 300-51-1-366

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
WA Puget Sound Health Care System
Pgm Director: Rochelle L Garcia, MD
PO Box 350000
1900 NE Pacific, BR220
Seattle, WA 98105
Tel: 206 598-4005  Fax: 206 598-6003
E-mail: residency@pathology.washington.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 28
Program ID: 300-54-21-367

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Pgm Director: Jerome B Myers, MD, PhD
Department of Pathology
MCHJ-H
Tacoma, WA 98431
Tel: 253 968-1723  Fax: 253 968-1084
E-mail: jerome.myers@wawmeddl.army.mil
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 300-64-12-009
US Armed Services Program

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Charleston Area Medical Center/West Virginia University
Pgm Director: Jeffrey A Stead, MD
Robert C Byrd Health Sciences North
PO Box 2923
Morgantown, WV 26506
Tel: 304 293-3212  Fax: 304 293-1027
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 300-56-11-373

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm Director: Todd Rogers, MD
600 Highland Avenue, 845/4-3472 CSC
Madison, WI 53792
Tel: 608 266-7158  Fax: 608 266-1588
E-mail: jennifer.mahoney@wisc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 300-56-31-376

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Pgm Director: Richard K Komorowski, MD
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 816-0445
Length: 4 Yrs
Program ID: 300-56-21-377

Pediatric Anesthesiology (Anesthesiology)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Pgm Director: Jeral Cox, MD
1600 7th Avenue South
Birmingham, AL 35233
Tel: 205 336-2356  Fax: 205 336-2395
Length: 1 Yr
Program ID: 042-01-21-017

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Pgm Director: James M Vailers, MD
Dept of Anesthesiology and Pain Medicine
800 Marshall Street, Slot 203
Little Rock, AR 72202
Tel: 501 364-3968  Fax: 501 364-2939
Length: 1 Yr
Program ID: 042-04-21-023

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Childrens Hospital Los Angeles
Pgm Director: Linda J Mason, MD
11234 Anderson Street
Department of Anesthesiology
Loma Linda, CA 92545
Tel: 909 558-4515  Fax: 909 558-0214
Length: 1 Yr
Program ID: 042-05-31-042

Los Angeles
Children's Hospital of Los Angeles/University of Southern California Program
Sponsor: Children's Hospital Los Angeles
University of Southern California/ LAC+USC Medical Center
Pgm Director: Gary M Scott, MD
Mail Stop #0
4650 Sunset Blvd
Los Angeles, CA 90027
Tel: 323 699-2262  Fax: 323 699-5683
E-mail: gscott@chla.usc.edu
Length: 1 Yr
Program ID: 042-05-11-051
Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Children's Hospital-Oakland
University of California (Davis) Medical Center
Prgm Director: Cathleen R Lamme, MD
Patient Support Services Bldg #1200
2351 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-5311 Fax: 916 734-7680
E-mail: smtugaskin@ucdavis.edu
Length: 1 Yr
Program Id: 042-05-21-024

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Prgm Director: Mauricio S Zawad, MD
Dept of Anesthesiology (Rm M509)
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-8716 Fax: 415 502-4196
Length: 1 Yr
Program Id: 042-05-21-018

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Prgm Director: Chandra Ramamoorthy, MB, BS
Department of Anes, Rm H3580
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-5728 Fax: 650 725-6544
Length: 1 Yr
Program Id: 042-03-31-019

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Desmond B Henry, MD
1555 E. 18th Avenue
Denver, CO 80218
Tel: 303 861-6224 Fax: 303 887-2289
Length: 1 Yr
Program Id: 042-07-21-020

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Sarah Khan, MD
PO Box 280561
453 Cedar Street
New Haven, CT 06520
Tel: 203 785-3930 Fax: 203 785-6564
Length: 1 Yr
Program Id: 042-08-21-005

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children's National Medical Center
Prgm Director: Raafat S Hannallah, MD
111 Michigan Avenue
Washington, DC 20010
Tel: 202 877-2025 Fax: 202 877-1966
E-mail: rhannall@cran.ge
Length: 1 Yr
Program Id: 042-10-21-006

Florida
Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Wolfson Children's Hospital
Prgm Director: Stefan H Schramm, MD
307 Children's Way
Jacksonville, FL 32207
Tel: 904 202-8332 Fax: 904 202-8340
E-mail: sscramm@emone.org
Length: 1 Yr
Program Id: 042-11-21-031

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children’s Hospital
Prgm Director: Norman J Halliday, MD
1411 NW 12 Avenue
Miami, FL 33136
Tel: 305 585-6970 Fax: 305 585-8358
E-mail: nhalliday@cmr.miamihg.edu
Length: 1 Yr
Program Id: 042-11-31-007

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Carolyn P Bannister, MD
1400 Clifton Road
Atlanta, GA 30322
Tel: 404 325-0571 Fax: 404 325-2562
Length: 1 Yr
Program Id: 042-12-21-041

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Steven D Hall, MD
2300 Children's Plaza
Box #10
Chicago, IL 60614
Tel: 312 890-4414 Fax: 773 890-3381
Length: 1 Yr
Program Id: 042-16-21-011

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Prgm Director: Timothy B McDonald, MD, JD
Dept of Anesthesiology, M/C 515
1740 W Taylor Street
Chicago, IL 60612
Tel: 312 966-0290 Fax: 312 966-0409
E-mail: tmc@eic.uic.edu
Length: 1 Yr
Program Id: 042-16-21-025

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Carison Riley Hospital for Children
Prgm Director: Gopal Krishna, MD
1723 N Senate Blvd
Indianapolis, IN 46202
Tel: 317 574-6961 Fax: 317 274-6282
Length: 1 Yr
Program Id: 042-17-11-047

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Donald H Shaffer JB, MD
Dept of Anesthesiology, Block #12
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2308 Fax: 410 595-5312
E-mail: dshaffne@jhmi.edu
Length: 1 Yr
Program Id: 042-23-21-028
Massachusetts

Boston
Beth Israel Deaconess Medical Center/Children's Hospital Program
Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Program Director: Mark A Rockoff, MD
390 Longwood Avenue
Boston, MA 02115
Tel: 617 635-7061 Fax: 617 739-3599
Length: 1 Yr
Program ID: 042-24-21-004

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Jonathan Griswold, MD, MS
Dept of Anesthesiology, Box 336
750 Washington Street
Boston, MA 02111
Tel: 617 636-9404 Fax: 617 638-3584
E-mail: jgriswold@tufts-nemc.org
Length: 1 Yr
Program ID: 042-24-21-026

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Paul J Reynolds, MD
Pediatric Anesthesiology, P3900 Mott, Box 0211
1600 E Medical Drive
Ann Arbor, MI 48109
Tel: 734 936-6666 Fax: 734 763-6661
E-mail: polaris@umich.edu
Length: 1 Yr
Program ID: 042-25-21-029

Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Program Director: Maria M Zentos, MD
3901 Beaubien Boulevard
room 3817
Detroit, MI 48201
Tel: 313 745-6335 Fax: 313 745-5448
Length: 1 Yr
Program ID: 042-25-21-098

Missouri

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Shriners Hospitals for Children (St Louis)
St Louis Children's Hospital
Program Director: David J Murray, MD
One Children's Place Street
Room 5531
St Louis, MO 63110
Tel: 314 454-2039 Fax: 314 454-2266
Length: 1 Yr
Program ID: 042-26-21-083

New Jersey

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Deborah Heart and Lung Center
Rutgers University Medical Center
Program Director: Thomas Schieble, MD
185 S Orange Avenue
MSB F-238
Newark, NJ 07103
Tel: 973 972-3332 Fax: 973 972-4172
Length: 1 Yr
Program ID: 042-38-21-046

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Program Director: Michele Morin, MD, MPH
2701 Frontier NE
Surge Building Room 110
Albuquerque, NM 87131
Tel: 505 272-2610 Fax: 505 272-1300
E-mail: anesthesiology@nsu.unm.edu
Length: 1 Yr
Program ID: 042-38-21-012

New York

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Women and Children’s Hosp of Buffalo)
Program Director: Derek Feldman, MD
Hamlin House/2nd Floor
100 High Street
Buffalo, NY 14203
Tel: 716 878-7701 Fax: 716 878-7316
Length: 1 Yr
Program ID: 042-35-21-035

North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Robert D Valley, MD
Dept of Anesthesiology, UNC School of Medicine
CB 7016, N2204 UNC Hospitals
Chapel Hill, NC 27599
Tel: 919 966-5136 Fax: 919 966-4873
E-mail: rvdvalley@jhunix.unc.edu
Length: 1 Yr
Program ID: 042-36-31-049

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Cincinnati Children’s Hospital Medical Center
Program Director: C Dean Kurth, MD
3333 Burnet Avenue
Outpatient Services Building #3
Cincinnati, OH 45229
Tel: 513 636-4408 Fax: 513 636-7387
E-mail: debbie.kling@chmc.org
Length: 1 Yr
Program ID: 042-38-21-009

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Mark M Goldfinger, MD
Department of Anesthesiology
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7360 Fax: 216 844-3781
E-mail: Laura_stauffer2@ohio.com
Length: 1 Yr
Program ID: 042-38-21-015

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Children's Hospital Medical Center of Akron
Program Director: Julie Niezgoda, MD
Division of Anes & Critical Care Med 2900
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-0078 Fax: 216 444-9847
E-mail: anes@ccf.org
Length: 1 Yr
Program ID: 042-38-21-043

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children’s Hospital (Columbus)
Program Director: Russell A Sauder, MD
Department of Anesthesiology
700 Children’s Drive
Columbus, OH 43205
Tel: 614 722-4290 Fax: 614 722-4296
Length: 1 Yr
Program ID: 042-38-31-016
**Oregon**

**Portland**

Oregon Health & Science University Program  
Sponsor: Oregon Health & Science University Hospital  
Prgrm Director: Kirk Laivani, MD  
3311 SW Sam Jackson Park Road  
Portland, OR 97239  
Tel: 503 418-5681  Fax: 503 494-4518  
Length: 1 Yr  
Program ID: 042-40-22-062

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**Pennsylvania**

**Hershey**

Penn State University/Milton S Hershey Medical Center Program  
Sponsor: Milton S Hershey Medical Center  
Prgrm Director: Thomas J Long, MD  
500 University Drive  
Hershey, PA 17033  
Tel: 717 531-4204 Fax: 717 531-4110  
E-mail: tjlong@psu.edu  
Length: 1 Yr  
Program ID: 042-41-21-048

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**Philadelphia**

Children's Hospital of Philadelphia/University of Pennsylvania Program  
Sponsor: Children's Hospital of Philadelphia  
Prgrm Director: Alan Jay Schwartz, MD, MS  
34th Street & Civic Center Boulevard  
Philadelphia, PA 19104  
Tel: 215 634-1885 Fax: 215 590-1415  
Length: 1 Yr  
Program ID: 042-41-31-044

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Drexel University College of Medicine (MCP Hahnemann) Program  
Sponsor: St Christopher's Hospital for Children (Tenet Health System)  
Hahnemann University Hospital (Tenet Health System)  
Prgrm Director: David A Lowe, MD  
Erie Avenue at Front Street  
Philadelphia, PA 19134  
Tel: 215 427-9220 Fax: 215 427-8339  
E-mail: david.lowe@tenethealth.com  
Length: 1 Yr  
Program ID: 042-41-21-032

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**Pittsburgh**

University of Pittsburgh Medical Center Medical Education Program  
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program  
Children's Hospital of Pittsburgh  
Prgrm Director: Peter J Davis, MD  
3105 Fifth Avenue  
Pittsburgh, PA 15213  
Tel: 412 624-0260 Fax: 412 624-0258  
Length: 1 Yr  
Program ID: 042-41-21-010

---

**Tennessee**

Nashville  
Vanderbilt University Program  
Sponsor: Vanderbilt University Medical Center  
Prgrm Director: J. T Alpren, MD  
1646 MAB  
1211 21st Avenue South  
Nashville, TN 37212  
Tel: 615 343-3768 Fax: 615 343-3767  
Length: 1 Yr  
Program ID: 042-47-21-021

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**Texas**

Corpus Christi  
University of Texas Medical Branch Hospitals (Corpus Christi) Program  
Sponsor: University of Texas Medical Branch Hospitals  
Driscoll Children's Hospital  
Prgrm Director: Adolph J Koska III, MD, PhD  
5533 S Almoneda  
Corpus Christi, TX 78411  
Tel: 215 643-1446 Fax: 215 643-1446  
Length: 1 Yr  
Program ID: 042-48-21-036

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**Wisconsin**

Milwaukee  
Medical College of Wisconsin Program  
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc  
Children's Hospital of Wisconsin  
Prgrm Director: Eric J Walbergh, MD  
4000 West Wisconsin Avenue  
Milwaukee, WI 53268  
Tel: 414 266-5963 Fax: 414 266-5964  
Length: 1 Yr  
Program ID: 042-56-21-039

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**Washington**

Seattle  
University of Washington Program  
Sponsor: University of Washington School of Medicine  
Children's Hospital and Regional Medical Center  
Hartfordview Medical Center  
University of Washington Medical Center  
Prgrm Director: Lucy Everett, MD  
4800 Sand Point Way NE  
Seattle, WA 98105  
Tel: 206 867-3996 Fax: 206 867-3995  
E-mail: casey.jones@seattlechildrens.org  
Length: 1 Yr  
Program ID: 042-54-21-038
Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Program Director: Xiao Chen Chan, MD
1666 East 19th Avenue, Box B110
Denver, CO 80218
Tel: 303 837-2940 Fax: 303 837-2595
Length: 3 Yrs AGME Approved/Offered Positions: 6
Program ID: 325-47-01-004

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: John Fehley, MD
Department of Pediatrics
333 Cedar Street, PO Box 208964
New Haven, CT 06509
Tel: 203 785-5504 Fax: 203 785-5556
Length: 3 Yrs AGME Approved/Offered Positions: 6
Program ID: 325-47-01-004

District of Columbia
Washington
Children’s National Medical Center/George Washington University Program
Sponsor: Children’s National Medical Center
Program Director: Craig A Sable, MD
1111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 384-3220 Fax: 202 384-5700
Length: 3 Yrs AGME Approved/Offered Positions: 6
Program ID: 325-09-11-003

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Kenneth O Scherfengordt, Jr, MD
1600 SW Archer Rd. - MD 393
Gainesville, FL 32610
Tel: 352 392-6431 Fax: 352 392-0547
Length: 3 Yrs AGME Approved/Offered Positions: 3
Program ID: 325-10-01-007

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Program Director: Grace S Wolf, MD
PO Box 810093 (B-30)
East Tower - Room 8043
Miami, FL 33101
Tel: 305 583-6830 Fax: 305 583-6012
Length: 3 Yrs AGME Approved/Offered Positions: 6
Program ID: 325-11-11-008

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children’s Healthcare of Atlanta at Egleston
Program Director: Derek A Faye, MD, PhD
Department of Pediatrics
53 Executive Park South, Suite 5200
Atlanta, GA 30329
Tel: 404 322-6120 Fax: 404 322-6021
Length: 3 Yrs AGME Approved/Offered Positions: 6
Program ID: 325-12-21-010

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Program Director: William A Lautin, MD, PhD
1110 15th Street, RAS800W
Augusta, GA 30912
Tel: 706 721-2306 Fax: 706 721-3908
Length: 3 Yrs AGME Approved/Offered Positions: 3
Program ID: 325-12-11-011

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Program Director: Wayne H Franklin, MD, MPH
2300 Children’s Plaza
Mail Code 21
Chicago, IL 60614
Tel: 773 834-4314 Fax: 773 834-8111
E-mail: sawhite@childrensmemorial.org
Length: 3 Yrs AGME Approved/Offered Positions: 6
Program ID: 325-10-11-013

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Ba il Abdulla, MD
5859 S Maryland Avenue, MC4051
Chicago, IL 60637
Tel: 773 702-6172 Fax: 773 702-2359
Length: 3 Yrs
Program ID: 325-16-11-074

Oak Lawn
Advocate Christ Medical Center Program
Sponsor: Advocate Christ Medical Center
Program Director: Earl P O’w, MD
Hope Children’s Hospital
4440 W 55th St
Oak Lawn, IL 60453
Tel: 708 346-6560 Fax: 708 346-4008
Length: 3 Yrs
Program ID: 325-16-21-067
Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Program Director: Roger A Hewitt, MD
Riley Research, Room #152
702 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-8000 Fax: 317 274-6033
Length: 3 Yrs
Program ID: 325-17-11-017

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Department of Pediatrics
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3959 Fax: 319 356-4593
Length: 3 Yrs
Program ID: 325-18-11-018

Louisiana

New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: Nancy Ross-Acsuitt, MD
Department of Pediatrics
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 584-9617 Fax: 504 584-2050
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-21-21-064

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Anne M Murphy, MD
600 N Wolfe St — Brady 516
Baltimore, MD 21287
Tel: 410 955-5897 Fax: 410 955-0897
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-23-11-021

Massachusetts

Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Program Director: James E Lock, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6508 Fax: 617 786-6302
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 325-24-11-022

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Macdonald Dick II, MD
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-7418 Fax: 734 936-9470
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 325-25-11-023

Detroit
Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center.
Children's Hospital of Michigan
Program Director: Michael L Epstein, MD
3901 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-5636 Fax: 313 903-9884
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-25-21-001

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Children's Hospitals & Clinics - St Paul
University of Minnesota Medical Center
Program Director: Elizabeth A Braunlin, MD, PhD
420 Delaware Street, SE
Box 94 UMMHC
Minneapolis, MN 55456
Tel: 612 626-2755 Fax: 612 626-2457
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-26-21-024

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Program Director: Allison K Oubahka, MD
130 First Street, SW
Rochester, MN 55905
Tel: 507 264-3297 Fax: 507 266-5201
Length: 3 Yrs
Program ID: 325-26-21-035

Missouri

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Program Director: Mark C Johnson, MD
One Children's Place
St Louis, MO 63110
Tel: 314 454-0000 Fax: 314 454-2561
E-mail: markj@med.wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 325-28-11-027

New York

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at North Shore University Hosp
Program Director: Frederick Z Bierman, MD
269-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7280 Fax: 718 347-5804
Length: 3 Yrs
Program ID: 325-33-21-000

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Ira A Parness, MD
One Gustave L Levy Place; Box 1201
New York, NY 10029
Tel: 212 241-6649 Fax: 212 354-3859
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 325-33-11-000

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Columbia Campus)
Program Director: Wesley M Gersony, MD
350 W 12th Street; Suite 760
New York, NY 10012
Tel: 212 965-3262 Fax: 212 306-4482
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 325-33-11-004

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Marcelo Austender, MD
530 First Avenue; Suite 8U
New York, NY 10016
Tel: 212 263-6240 Fax: 212 263-5709
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-003

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Roger P Verrilllon, MD
Pediatrioul Cardiology, Box 631
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-6090 Fax: 585 275-7436
E-mail: pearl_bloe@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-035

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Program Director: Peter C Barker, MD
725 Irving Avenue
Suite 820
Syracuse, NY 13210
Tel: 315 464-6886 Fax: 315 464-5761
E-mail: barkerp@upstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 325-35-21-053
<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Length</th>
<th>Phone</th>
</tr>
</thead>
</table>
| Durham | Duke University Hospital Program | Sponsor: Duke University Hospital  
Program Director: Brenda E Armstrong, MD  
PO Box 3699 DUMC  
Division of Pediatric Cardiology  
Durham, NC 27710  
Tel: 919 681-2916  
Fax: 919 681-2927  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 325-38-11-037 |
| Oregon | Portland | Oregon Health & Science University Program  
Sponsor: Oregon Health & Science University Hospital  
Program Director: Grant H Burch, MD  
707 SW Gaines Road, CDHSC-P  
Portland, OR 97209  
Tel: 503 494-2192  
Fax: 503 494-2824  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 325-40-11-040 |
| Tennessee | Nashville | Vanderbilt University Program  
Sponsor: Vanderbilt University Medical Center  
Program Director: James A Johns, MD  
3-2229 MCN  
1615 21st Avenue South  
Nashville, TN 37232  
Tel: 615 322-7447  
Fax: 615 322-2210  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 325-47-11-046 |
| Ohio | Cincinnati | Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program  
Sponsor: Cincinnati Children's Hospital Medical Center  
Program Director: Robert L Spitzer, MD  
Division of Cardiology  
3335 Burnet Avenue  
Cincinnati, OH 45229  
Tel: 513 636-1195  
Fax: 513 636-2952  
E-mail: robert.spitzer@cumc.org  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 325-38-11-038 |
| Pennsylvania | Philadelphia | Children's Hospital of Philadelphia Program  
Sponsor: Children's Hospital of Philadelphia  
Program Director: Paul M Weinberg, MD  
34th St and Civic Center Blvd  
Philadelphia, PA 19104  
Tel: 215 590-3274  
Fax: 215 590-5825  
E-mail: weinberg@email.chop.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 15  
Program ID: 325-11-11-041 |
| Cleveland | Case Western Reserve University/University Hospitals of Cleveland Program  
Sponsor: University Hospitals of Cleveland  
Program Director: Ernest S Szwik, MD  
Div of Pediatric Cardiology  
1110 Euclid Avenue  
Cleveland, OH 44106  
Tel: 216 844-5475  
Fax: 216 844-5475  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 325-38-11-039 |
| Cleveland Clinic Foundation Program  
Sponsor: Cleveland Clinic Foundation  
Program Director: Geoffrey L Rosenthal, MD, PhD  
0500 Euclid Avenue, Desk D411  
Cleveland, OH 44106  
Tel: 216 444-3236  
Fax: 216 444-9892  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 325-38-31-078 |
| Columbus | Children's Hospital/Ohio State University Program  
Sponsor: Children's Hospital (Columbus)  
Ohio State University Hospital  
Program Director: David P Chan, MD  
700 Children's Drive  
Columbus, OH 43206  
Tel: 614 722-2830  
Fax: 614 722-3549  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 325-38-21-070 |
| South Carolina | Charleston | Medical University of South Carolina Program  
Sponsor: Medical University of South Carolina College of Medicine  
Program Director: Michael D Shaddy, MD  
520临床 Tower  
Charleston, SC 29425  
Tel: 843 792-3200  
Fax: 843 792-3234  
E-mail: michael.shaddy@musc.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 9  
Program ID: 325-45-11-044 |
| Virginia | Charlottesville | University of Virginia Program  
Sponsor: University of Virginia Medical Center  
Program Director: David W Gay, MD  
PO Box 804836  
Charlottesville, VA 22908  
Tel: 434 951-2780  
Fax: 434 951-2780  
E-mail: david.w.gay@va.meds  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 325-51-21-050 |

Graduate Medical Education Directory 2004-2005
Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: William B Moskowitz, MD
PO Box 985543
Richmond, VA 23298
Tel: 804 828-8143 Fax: 804 828-8517
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-51-11-051

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Program Director: Peter Frommelt, MD
900 W Wisconsin Avenue, MS #113
Milwaukee, WI 53226
Tel: 414 266-2396 Fax: 414 266-2294
Length: 3 Yrs
Program ID: 323-56-13-076

Pediatric Critical Care Medicine (Pediatrics)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Program Director: Margaret E. Winkler, MD
1600 7th Avenue, South
ACGME 504
Birmingham, AL 35233
Tel: 205 975-6006 Fax: 205 975-6006
Length: 3 Yrs
Program ID: 323-01-21-040

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Program Director: Stephen M. Schexnayder, MD
Critical Care Medicine, Slot 512-12
800 Marshall St
Little Rock, AR 72202
Tel: 501 543-1814 Fax: 501 364-1388
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-04-21-066

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Shamail A Abd-Allah, MD
11333 Anderson Street
Dept of Peds, Pediatric Critical Care Division
Loma Linda, CA 92354
Tel: 909 558-3050 Fax: 909 558-9900
Email: saabdallah@ll.usm.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-05-31-007

Los Angeles
Childrens Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles
Program Director: Christopher J Newth, MB
4650 Sunset Boulevard MS# 12
Los Angeles, CA 90027
Tel: 323 664-9557 Fax: 323 664-9728
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 323-05-31-047

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Program Director: Irwin Weiss, MD
Department of Pediatrics
Box 95172
Los Angeles, CA 90095
Tel: 310 652-6752 Fax: 310 794-6623
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-05-21-023

Oakland
Children's Hospital-Oakland Program
Sponsor: Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Program Director: Scott J. Sulfer, MD, MS
505 Parnassus Avenue, M 609
Campus Box 0015
San Francisco, CA 94143
Tel: 415 476-6133 Fax: 415 476-4188
Email: banaszek@peds.ucsf.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 323-05-21-021

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Children's Hospital and Health Center
Program Director: Bradley M. Petersen, MD
3820 Children's Way MC 5065
San Diego, CA 92123
Tel: 858 966-5863 Fax: 858 270-8415
Length: 3 Yrs
Program ID: 323-05-21-042

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucille Salter Packard Children's Hospital at Stanford
Program Director: Joseph V. D'Alconio, MD
725 Welch Road - Suite 315
Palo Alto, CA 94304
Tel: 650 725-5485 Fax: 650 725-8351
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-05-21-056

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Children's Hospital of Orange County
Program Director: Richard B. Mink, MD
1000 West Carson Street, Box 491
Torrance, CA 90509
Tel: 310 222-4002 Fax: 310 222-2760
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-05-21-033

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
National Jewish Ctr for Immunology and Respiratory Medicine
Program Director: Emily L. Dobyns, MD
The Children's Hospital
1056 E 19th Ave, 8B30
Denver, CO 80218
Tel: 303 861-6212 Fax: 303 764-8074
Email: dobyns.emily@denchcn.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-05-21-034
Connecticut

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Pgm Director: Clifford W Bogus, MD
PO Box 298944
New Haven, CT 06520
Tel: 203 785-4651 Fax: 203 785-6833
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-08-21-036

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Pgm Director: Arno L Z礼物id, MD, MPH
PO Box 100296
Pediatric Critical Care Medicine
Gainesville, FL 32610
Tel: 352 265-6024 Fax: 352 265-6943
Length: 3 Yrs
Program ID: 323-11-21-093

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Pgm Director: G Patricia Cantwell, MD
PO Box 081846 (H-131)
Miami, FL 33101
Tel: 305 885-6001 Fax: 305 235-0929
E-mail: mhrarems@mod.miami.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-11-21-012

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Pgm Director: Arul Vats, MD
1495 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 725-2227 Fax: 404 725-6333
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-12-21-030

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Pgm Director: Anthony L Pearson-Shaver, MD
1446 Harper Street, RT 5041
Augusta, GA 30912
Tel: 706 721-1402 Fax: 706 721-5722
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-12-21-010

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Pgm Director: Denise M Goodman, MD, MS
Dir of Pediatric Critical Care, #72
2300 Children's Plaza
Chicago, IL 60614
Tel: 773 880-4789 Fax: 773 880-6200
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-16-21-082

University of Chicago Program
Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Pgm Director: John M Downie, MD
5841 S Maryland Avenue, MC4604
Chicago, IL 60637
Tel: 773 834-6955 Fax: 773 702-4041
E-mail: johnw@peds.bsd.chicag.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 323-16-21-081

Oak Lawn
Advocate Christ Medical Center Program
Sponsor: Advocate Christ Medical Center
Pgm Director: Luis E Torres, MD
4440 West 65th Street
Room 3184H
Oak Lawn, IL 60453
Tel: 708 346-5085 Fax: 708 346-4712
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-16-21-073

Park Ridge
Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Pgm Director: Suresh Chathur, MD
1770 Dempster Street
Park Ridge, IL 60068
Tel: 847 729-7687 Fax: 847 723-2985
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-18-21-046

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Pgm Director: Jessica G Moreland, MD
Department of Pediatrics, 240P
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 355-4165 Fax: 319 355-8507
E-mail: jessica.moreland@uiowa.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-18-21-077

Kentucky

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc.)
Pgm Director: Amy D Hardin, MD
Department of Pediatrics
571 S Floyd St #302
Louisville, KY 40202
Tel: 502 852-5723 Fax: 502 852-3946
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-20-21-071

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Z Leah Harris, MD
600 N Wolfe Street, Blalock 304
Baltimore, MD 21207
Tel: 410 955-2288 Fax: 410 955-5312
Length: 1 Yr ACGME Approved/Offered Positions: 10
Program ID: 323-23-21-009

University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: Vinay Vaidya, MD
22 South Greene Street
Room 85D18
Baltimore, MD 21201
Tel: 410 268-6687 Fax: 410 268-6680
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-23-21-079
Massachusetts

Boston

Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Program Director: Jeffrey P. Burns, MD
MCU Office: Partley 517
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7227 Fax: 617 734-3863
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 323-24-21-02

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: John J. Novicki, MD
Pediatric Critical Care Medicine
55 Fruit Street, Eileen 317
Boston, MA 02114
Tel: 617 724-4380 Fax: 617 724-4381
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-24-21-04

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Program Director: Susan L. Bratton, MD, MPH
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 615-0795 Fax: 734 647-5624
Length: 3 Yrs Program ID: 323-25-21-08

Michigan

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Program Director: Mary W. Lieb-Lai, MD, MPH
3601 Beaubien Blvd
Detroit, MI 48201
Tel: 313 745-5639 Fax: 313 896-0105
Length: 3 Yrs Program ID: 323-25-21-09

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Program Director: David N. Cornfeld, MD
MMC 742
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 626-3216 Fax: 612 626-0413
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-26-21-005

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Julio Perez Fontana, MD
One Children's Place
Suite 5825, Campus Box 8116
St Louis, MO 63110
Tel: 314 454-2527 Fax: 314 361-0733
E-mail: fontan@kids.wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-28-21-060

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program Director: Shomola S. DaSilva, MD
Pediatric Intensive Care Unit
E & R Building, 401 Haddon Avenue, Suite 384
Camden, NJ 08103
Tel: 856 757-7755 Fax: 856 498-9588
Length: 3 Yrs Program ID: 323-33-31-049

New York

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Lewis P. Singer, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 741-3440 Fax: 718 654-6602
E-mail: lingers@montefiore.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-35-21-004

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Women and Children's Hosp of Buffalo)
Program Director: Bradley P. Fuhrman, MD
319 Bryant Street
Buffalo, NY 14222
Tel: 716 887-7445 Fax: 716 887-7101
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-33-31-005

North Carolina

Chapel Hill

University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Jon N. Meliones, MD, MS
University of North Carolina Hospitals
825 27th Street, Chapel Hill, NC 27599
Tel: 919 843-7408 Fax: 919 843-8104
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 323-36-21-016
Accredited Programs in Pediatric Critical Care Medicine (Pediatrics)

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Prgm Director: Eva N Grayck, MD
Box 5046
Durham, NC 27710
Tel: 919 681-5544  Fax: 919 681-8357
Length: 3 Yrs  ACGME Approved/Offers Positions: 5
Program ID: 323-36-21-038

Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Robert S Clark, MD
3705 Fifth Avenue at DeSoto Street
Pittsburgh, PA 15213
Tel: 412 600-5164  Fax: 412 600-5076
Length: 3 Yrs  ACGME Approved/Offers Positions: 9
Program ID: 323-41-21-028

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Hector K Wong, MD
Division of Critical Care Medicine
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4256  Fax: 513 636-4267
Length: 3 Yrs  ACGME Approved/Offers Positions: 6
Program ID: 323-36-21-016

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Michael R Anderson, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3310  Fax: 216 844-5122
Length: 3 Yrs  ACGME Approved/Offers Positions: 12
Program ID: 323-38-21-051

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Prgm Director: Jill A Fitch, MD
700 Children's Drive
Columbus, OH 43206
Tel: 614 722-5437  Fax: 614 722-3443
E-mail: hallma@chi.osu.edu
Length: 3 Yrs
Program ID: 323-38-22-078

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Vinay M Nadkarni, MD
Dept of Anesthesiology & Critical Care Medicine
340 & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 560-1888  Fax: 215 560-4237
Length: 3 Yrs  ACGME Approved/Offers Positions: 12
Program ID: 323-41-21-014

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Steven G Kernie, MD
5325 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-1183  Fax: 214 648-1900
E-mail: steven.kernie@utsouthwestern.edu
Length: 3 Yrs  ACGME Approved/Offers Positions: 13
Program ID: 323-48-21-041

Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: John J Mickell, MD
Box 980530, MCV Station
Richmond, VA 23298
Tel: 804 898-3660  Fax: 804 898-3662
Length: 3 Yrs  ACGME Approved/Offers Positions: 3
Program ID: 323-51-21-026

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Christina Santa Rosa Health Care Corporation
University Health System
Prgm Director: Richard P Taylor, MD, MS
Pediatric Critical Care, MC 7839 - Department of Pediatrics
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-9314  Fax: 210 567-9311
Length: 3 Yrs  ACGME Approved/Offers Positions: 3
Program ID: 323-48-21-072

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Madolin K Witte, MD
Department of Pediatrics
100 North Medical Drive
Salt Lake City, UT 84113
Tel: 801 586-9256  Fax: 801 586-9237
Length: 3 Yrs  ACGME Approved/Offers Positions: 3
Program ID: 323-49-21-003

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Prgm Director: Ricardo L Garcia-De Jesus, MD
P O Box 36067
San Juan, PR 00936
Tel: 787 777-5335  Fax: 787 781-6369
E-mail: rigarcia@rcm.upr.edu
Length: 3 Yrs  ACGME Approved/Offers Positions: 3
Program ID: 323-42-21-009

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Prgm Director: Michael W Quasney, MD
50 N Dunlap Street
4th Floor Pediatrics
Memphis, TN 38103
Tel: 901 572-5193  Fax: 901 572-5198
Length: 3 Yrs  ACGME Approved/Offers Positions: 6
Program ID: 323-47-21-027

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: Kevin B Churchwell, MD
714 Medical Arts Building
1211 21st Avenue South
Nashville, TN 37212
Tel: 615 343-5448  Fax: 615 343-5447
Length: 3 Yrs  ACGME Approved/Offers Positions: 4
Program ID: 323-47-21-052

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Allan Doctor, MD
Children's Medical Center
HSC Box 800386
Charlottesville, VA 22908
Tel: 434 982-1407  Fax: 434 982-3843
Length: 3 Yrs  ACGME Approved/Offers Positions: 3
Program ID: 323-51-21-026

Hutto
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Mona L McPherson, MD, MPH
Department of Pediatrics
6621 Fannin, WTS-006
Houston, TX 77030
Tel: 713 798-6959  Fax: 713 798-6959
Length: 3 Yrs  ACGME Approved/Offers Positions: 12
Program ID: 323-48-21-044

Approved/Offered Positions:

919 681-3544
513 636-4256
614 722-3437
215 590-1868
919 681-8357
614 722-3443
919 681-8357
215 590-4327
214 648-1183
214 648-1900
Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Program Director: Harris P Baden, MD
4900 Sand Point Way, NE, CH-05
Seattle, WA 98105
Tel: 206 867-3149 Fax: 206 867-3835
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 323-54-21-013

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Gregory A Hollman, MD
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8832 Fax: 608 265-7957
E-mail: ghollman@facstaff.wisc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 323-56-21-001

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc.
Children's Hospital of Wisconsin
Program Director: Karen J Marcadante, MD
9000 West Wisconsin Avenue
PO Box 1997
Milwaukee, WI 53204
Tel: 414 266-5360 Fax: 414 266-3563
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 323-56-21-002

Pediatric Emergency Medicine (Emergency Medicine)
California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: T Kent Donmann, MD
Dept of Emergency Medicine A-108
11234 Anderson Street
Loma Linda, CA 92334
Tel: 909 558-4085 Fax: 909 558-0121
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 114-05-21-002

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Children's Hospital and Health Center
San Diego, CA 92123
Tel: 619 696-9836 Fax: 619 696-7435
E-mail: telec@chsd.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 114-65-13-007

US Armed Services Program

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center Hartford Hospital
Program Director: John C Brancato, MD
293 Washington Street
Hartford, CT 06106
Tel: 860 546-9105 Fax: 860 546-9002
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 114-48-21-006

Florida
Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Baptist Medical Center
Shands Jacksonville Medical Center
Program Director: Marjorie M Joseph, MD
665 West 8th Street
Jacksonville, FL 32209
Tel: 904 344-4046 Fax: 904 244-4508
E-mail: pedemergencymed.gme@jax.ufl.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 114-11-21-004

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-Umberto Medical Center
Children's Hospital of Philadelphia
Virtua-Memorial Hospital Burlington County
Program Director: Elliott M Harris, MD
Department of Emergency Medicine
One Cooper Plaza
Camden, NJ 08103
Tel: 856 342-3200 Fax: 856 968-8372
E-mail: tierno-mancy@cooperhealth.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 114-33-31-009

New York
Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Lynn Babcock Cimello, MD
Department of Emergency Medicine
681 Elmwood Avenue, Box 665
Rochester, NY 14642
Tel: 585 271-4705 Fax: 585 473-3516
E-mail: rachel_grziant@urmc.rochester.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 114-35-21-001

Tennessee
Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Timothy Givens, MD
705 Oxford House
1913 21st Avenue South
Nashville, TN 37232
Tel: 615 343-1322 Fax: 615 343-1316
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 114-47-21-004

Programs
Pediatric Emergency Medicine (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Michele H. Nichols, MD
1600 7th Avenue South
Midtown Suite 205
Birmingham, AL 35233
Tel: 205 934-3116 Fax: 205 975-4623
Length: 3 Yrs. ACGME Approved/Offered Positions: 9
Program ID: 324-01-21-041

Arizona

Phoenix

Phoenix Children's Hospital/Maricopa Medical Center Program

Sponsor: Phoenix Children's Hospital
Prgm Director: Chris Ramsour, MD
1919 E Thomas Road
Phoenix, AZ 85016
Tel: 602 546-1010 Fax: 602 546-1018
Length: 3 Yrs.
Program ID: 324-03-21-050

California

Los Angeles

Children's Hospital Los Angeles Program

Sponsor: Children's Hospital Los Angeles
Prgm Director: Vincent J. Wang, MD
4650 Sunset Boulevard
MS #113
Los Angeles, CA 90027
Tel: 213 699-2100 Fax: 213 953-8519
Length: 3 Yrs.
Program ID: 324-00-21-001

Oakland

Children's Hospital-Oakland Program

Sponsor: Children's Hospital-Oakland
Prgm Director: Augusta S. Saulys, MD
747 63rd Street
Oakland, CA 94609
Tel: 510 428-3319 Fax: 510 450-6836
Length: 3 Yrs.
Program ID: 324-05-31-002

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Marianne Gausche-Hill, MD
1000 W Carson Street - Box 21
Torrance, CA 90509
Tel: 310 212-3844 Fax: 310 782-1703
Length: 3 Yrs.
Program ID: 324-06-11-003

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Mark G. Roback, MD
1056 E 19th Avenue, BS11
Denver, CO 80218
Tel: 303 315-2888 Fax: 303 764-8694
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 324-07-21-004

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Karen Santucci, MD
20 York Street, Room WF 143
New Haven, CT 06504
Tel: 203 688-7970 Fax: 203 688-4196
Length: 3 Yrs. ACGME Approved/Offered Positions: 4
Program ID: 324-08-21-044

Delaware

Wilmington

Thomas Jefferson University/dupont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Magdy W Attia, MD
1600 Rockland Road
PO Box 359
Wilmington, DE 19899
Tel: 302 651-4206 Fax: 302 651-4237
Length: 3 Yrs. ACGME Approved/Offered Positions: 3
Program ID: 324-11-21-032

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: Christina Johns, MD
111 Michigan Avenue, NW 4th 1450
Washington, DC 20010
Tel: 202 834-3554 Fax: 202 834-3573
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 324-10-21-005

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Memorial Hospital
Prgm Director: Harold R Simon, MD
Egleston Children's Hospital Div
1405 Clifton Road
Atlanta, GA 30322
Tel: 404 775-7142 Fax: 404 775-7898
Length: 3 Yrs. ACGME Approved/Offered Positions: 5
Program ID: 324-12-21-007

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Alan M. Johnson, MD
Pediatric Emergency Medicine #812
2300 Children's Plaza
Chicago, IL 60614
Tel: 773 880-8545 Fax: 773 880-8107
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 324-16-21-008

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Rosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: In Kim, MD
Department of Pediatrics
571 S Floyd Street, Suite 300
Louisville, KY 40202
Tel: 502 636-7211 Fax: 502 636-5861
E-mail: in.kim@louisville.edu
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 324-20-21-009

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Teresa Carlin, MD
600 North Wolfe Street
Baltimore, MD 21218
Tel: 410 955-6148 Fax: 410 614-7338
E-mail: tcarlin@jhmi.edu
Length: 3 Yrs. ACGME Approved/Offered Positions: 6
Program ID: 324-23-21-010

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital
Prgm Director: Richard G. Bachur, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-8658 Fax: 617 739-0335
E-mail: richard.bachur@childrens.harvard.edu
Length: 3 Yrs. ACGME Approved/Offered Positions: 15
Program ID: 324-24-21-011

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital
Boston, Medical Center
Prgm Director: Sigmund J. Kharausch, MD
91 E Concord Street, 6th Floor
Boston, MA 02118
Tel: 617 414-5514 Fax: 617 414-4883
Length: 3 Yrs. ACGME Approved/Offered Positions: 3
Program ID: 324-24-21-012
Michigan

Detroit
Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Pgm Director: Nirmala Bhaya, MD
3901 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-5300
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 324-36-21-013

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School Children's Hospitals & Clinics - Minneapolis
Children's Hospitals & Clinics - St Paul
Pgm Director: Paula C Pink, MD
2525 Chicago Avenue, South
Minneapolis, MN 55404
Tel: 612 613-6843 Fax: 612 813-7682
Length: 3 Yrs
ACGME Approved/Offered Positions: 2
Program ID: 324-26-11-015

Missouri

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Pgm Director: Christopher S Kennedy, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3665 Fax: 816 234-3059
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 324-29-31-017

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
Pgm Director: Albert K Nakashima, MD, MPH
1465 S Grand Boulevard
St Louis, MO 63104
Tel: 314 577-5360 Fax: 314 268-4116
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 324-29-31-018

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium St Louis Children's Hospital
Pgm Director: David M Jaffe, MD
One Children's Place - Room 4B 50
St Louis, MO 63110
Tel: 314 454-2341 Fax: 314 454-2445
E-mail: heller_c@kids.wustl.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 324-36-21-016

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Director: Jeffrey B Nemer, MD
Pediatric Emergency Medicine
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5312 Fax: 718 798-7485
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 324-36-21-019

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Pgm Director: Ellen F Crain, MD, PhD
1920 Jacobi Hospital
1490 Pelham Parkway South
Bronx, NY 10461
Tel: 718 918-6517 Fax: 718 918-7062
Length: 3 Yrs
ACGME Approved/Offered Positions: 7
Program ID: 324-35-81-020

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Women and Children's Corp of Buffalo)
Pgm Director: Neil Miele, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7109 Fax: 716 888-3874
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 324-35-81-022

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Pgm Director: Robert F Goehman, MD
Schneider Children's Hospital
209-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-4192 Fax: 718 962-9057
E-mail: rggoehman@optonline.net
Length: 3 Yrs
ACGME Approved/Offered Positions: 5
Program ID: 324-35-12-025

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Karin Sadow, MD
1 Gustave L Levy Place
Box 1140
New York, NY 10029
Tel: 212 241-7156 Fax: 212 427-0190
E-mail: ksdaw@medmail.com
Length: 3 Yrs
Program ID: 324-35-12-047

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Peter S Dayan, MD
622 W 168th Street, FH-137
New York, NY 10032
Tel: 212 396-8100 Fax: 212 305-7592
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 324-36-31-023

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgm Director: Robert van Amerogen, MD
666 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-5040 Fax: 718 780-3153
Length: 3 Yrs
Program ID: 324-35-31-024

New York University School of Medicine Program
Sponsor: New York University School of Medicine Bellevue Hospital Center
Pgm Director: Michael A Mojica, MD
New Bellevue Room 1-West 6
First Avenue & 27th Street
New York, NY 10016
Tel: 212 563-8147 Fax: 212 563-8148
E-mail: mamojica@yahoo.com
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 324-35-31-026

Ohio

Akron
Children's Hospital Medical Center of Akron/NEOUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Pgm Director: Maria L Ramundo, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-3160 Fax: 330 543-3761
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 324-36-21-027

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: Constance M McAneney, MD, MS
Division of Emergency Medicine
3333 Burnet Avenue, OB3-4
Cincinnati, OH 45229
Tel: 513 635-7966 Fax: 513 635-7967
Length: 3 Yrs
ACGME Approved/Offered Positions: 9
Program ID: 324-36-31-025

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Martha Wright, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8116 Fax: 216 844-8333
Length: 3 Yrs
Program ID: 324-36-31-049
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<th>Location</th>
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<td>Wisconsin</td>
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</tbody>
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**Columbus**
- **Children's Hospital/Ohio State University Program**
  - Sponsor: Children's Hospital (Columbus)
  - Program Director: Mary Jo A Bowman, MD
  - 700 Children's Drive
  - Columbus, OH 43206
  - Tel: 614 722-4386  Fax: 614 722-4380
  - Length: 3 Yrs  ACGME Approved/Offered Positions: 12
  - Program ID: 324-98-11029

**Pennsylvania**
- **Philadelphia**
  - **Children's Hospital of Philadelphia Program**
    - Sponsor: Children's Hospital of Philadelphia
    - Program Director: Jane M Lavelle, MD
    - 34th Street and Civic Center Blvd
    - Philadelphia, PA 19104
    - Tel: 215 590-1944  Fax: 215 590-4454
    - Length: 3 Yrs  ACGME Approved/Offered Positions: 9
    - Program ID: 324-41-21030

**Ohio**
- **Ohio State University**
  - **College of Medicine**
    - Sponsor: Ohio State University
    - Program Director: Michael J Boyer, MD
    - 400 W 10th Ave
    - Columbus, OH 43210
    - Tel: 614 292-0678  Fax: 614 292-0679
    - Length: 3 Yrs  ACGME Approved/Offered Positions: 12
    - Program ID: 324-56-21034

**Texas**
- **Dallas**
  - **University of Texas Southwestern Medical School Program**
    - Sponsor: University of Texas Southwestern Medical School
    - Children's Medical Center of Dallas
    - Program Director: Susan Scott, MD
    - 5233 Harry Hines Boulevard
    - Dallas, TX 75390
    - Tel: 214 456-8910  Fax: 214 456-7726
    - Length: 3 Yrs  ACGME Approved/Offered Positions: 9
    - Program ID: 324-48-21034

**Washington**
- **Seattle**
  - **University of Washington Program**
    - Sponsor: University of Washington School of Medicine
    - Children's Hospital and Regional Medical Center
    - Program Director: Eileen J Klein, MD, MPH
    - 4590 Sand Point Way NE
    - Mail Stop SD-1
    - Seattle, WA 98105
    - Tel: 206 598-3800  Fax: 206 726-3800
    - Length: 3 Yrs  ACGME Approved/Offered Positions: 6
    - Program ID: 324-54-21038

**Wisconsin**
- **Milwaukee**
  - **Medical College of Wisconsin Program**
    - Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
    - Program Director: Christine M Walsh-Kelly, MD
    - 9000 W Wisconsin Avenue
    - MS 677
    - Milwaukee, WI 53226
    - Tel: 414 266-2615  Fax: 414 266-2635
    - Length: 3 Yrs  ACGME Approved/Offered Positions: 5
    - Program ID: 324-56-21039
Pediatric Endocrinology (Pediatrics)

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Kenneth L McCormick, MD
1600 7th Avenue, South, ACC 606
Birmingham, AL 35229
Tel: 205 630-9107 Fax: 205 939-9821
Length: 3 Yrs Program ID: 326-01-31-073

Arizona

Phoenix
Phoenix Children's Hospital/Maricopa Medical Center Program
Sponsor: Phoenix Children's Hospital
Prgm Director: Khalid S Hasan, MD
1010 East Thomas Road
Phoenix, AZ 85016
Tel: 602 546-0035 Fax: 602 546-0610
E-mail: khasan@phoenixchildrens.com
Length: 3 Yrs Program ID: 326-03-12-073

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Prgm Director: J Paul Princik, MD
800 Marshall Street
Little Rock, AR 72202
Tel: 501 320-1430 Fax: 501 320-6296
Length: 3 Yrs Program ID: 326-04-21-040

California

Los Angeles
Children's Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles
Prgm Director: Mitchell E Gelfand, MD
Division of Endocrinology
4450 Sunset Boulevard MS 61
Los Angeles, CA 90027
Tel: 323 699-4066 Fax: 323 853-1340
Length: 3 Yrs Program ID: 326-05-11-001

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Pinchua Cohen, MD
22-315 MDCC
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-5844 Fax: 310 206-5843
Length: 3 Yrs Program ID: 326-09-21-003

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Michael E Gottschalk, MD, PhD
Dept of Ped, Div of Endocrinology
5050 Gilman Drive, 6S1
La Jolla, CA 92037
Tel: 858 966-4010 Fax: 858 966-6227
Length: 3 Yrs Program ID: 326-05-31-004

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Walter L Miller, MD
Department of Pediatrics
Bldg MRRV, Room 209
San Francisco, CA 94143
Tel: 415 476-2598 Fax: 415 476-6286
Length: 3 Yrs Program ID: 326-05-21-002

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucille Salter Packard Children's Hospital at Stanford
Prgm Director: Laura K Bachrach, MD
Dept of Pediatrics, Room S-392
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 722-7023 Fax: 650 722-3875
E-mail: lbach@stanford.edu
Length: 3 Yrs Program ID: 326-05-21-052

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Jo Anne Frazel, MD
1000 W Carson Street, Box 446
Torrance, CA 90509
Tel: 310 222-1791 Fax: 310 538-0627
Length: 3 Yrs Program ID: 326-06-11-006

Colorado

Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Prgm Director: Michael S Kappy, MD, PhD
1056 East 19th Avenue
Box B-265
Denver, CO 80218
Tel: 303 644-4128 Fax: 303 864-5629
Length: 3 Yrs Program ID: 326-07-21-007

Connecticut

Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Prgm Director: Karen B Rubin, MD
Div of Pediatric Endocrinology
252 Washington Street
Hartford, CT 06110
Tel: 860 546-9370 Fax: 860 546-9071
Length: 3 Yrs Program ID: 326-06-21-054

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Prgm Director: Thomas O Carpenter, MD
Department of Pediatrics
PO Box 208864
New Haven, CT 06520
Tel: 203 785-4646 Fax: 203 787-1998
Length: 3 Yrs Program ID: 326-06-21-053

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Jorge J Daaboul, MD
J Hillis Miller Health Center
Box 100206
Gainesville, FL 32610
Tel: 352 334-1300 Fax: 352 334-1325
Length: 3 Yrs Program ID: 326-11-31-008

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Gary D Berkovitz, MD
Division of Pediatric Endocrinology 3044A
1101 W 12th Avenue
Miami, FL 33136
Tel: 305 243-2929 Fax: 305 243-6009
E-mail: gberkovitz@med.miami.edu
Length: 3 Yrs Program ID: 326-11-21-067
Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Memorial Hospital
Prgm Director: John S Parks, MD, PhD
Department of Pediatrics
2640 Ridgewood Dr, NE
Atlanta, GA 30322
Tel: 404 737-5753 Fax: 404 737-3423
E-mail: jsparks@emory.edu
Length: 3 Yrs
Program ID: 326-12-21-042

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Donald Zimmerman, MD
2300 Children's Plaza # 54
Chicago, IL 60611
Tel: 773 835-4449 Fax: 773 835-4063
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-16-21-060

University of Chicago Program
Sponsor: University of Chicago Hospital
University of Chicago Children's Hospital
Prgm Director: Sally Radovick, MD
Children's Hospital
5841 S Maryland Avenue MC5053
Chicago, IL 60637
Tel: 773 702-6452 Fax: 773 702-0443
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-16-11-010

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Shongsu Yang, MD
Department of Pediatrics
840 S Wood Street, M/C 856
Chicago, IL 60612
Tel: 312 996-1796 Fax: 312 996-8318
Length: 3 Yrs
Program ID: 326-16-31-062

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Riley Hospital for Children
Prgm Director: John S Puqua, MD
Riley Hospital for Children
702 Barnhill Drive, Room 5960
Indianapolis, IN 46202
Tel: 317 274-9889 Fax: 317 274-3882
E-mail: jspuqua@iupui.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3.5
Program ID: 326-17-21-053

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Eva Tsaklan, MD
Department of Pediatrics
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1583 Fax: 319 356-8170
Length: 3 Yrs
Program ID: 326-16-11-011

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Prgm Director: Stuart A Chalow, MD
200 Henry Clay Avenue
New Orleans, LA 70118
Tel: 504 696-0392 Fax: 504 694-5109
Length: 3 Yrs
Program ID: 326-21-31-071

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: David W Cooke, MD
600 N Wolfe Street, Park 211
Baltimore, MD 21287
Tel: 410 955-6463 Fax: 410 955-9773
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-23-21-012

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Debra R Counts, MD
22 South Greene Street, Room NE113
University Center
Baltimore, MD 21201
Tel: 410 328-3410 Fax: 410 328-0769
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-23-21-013

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Naval Medical Research Institute
U.S. Army Medical Center
Washington, DC 20306
Prgm Director: Gary L Francis, MD, PhD
Department of Pediatrics
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-9716 Fax: 301 295-9716
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-10-11-041

NICHDI/Georgetown University Hospital Program
Sponsor: Clinical Center at the National Institutes of Health
Georgetown University Hospital
Prgm Director: Constantine A Stratakis, MD, ScD
10 Center Drive, Building 19
Room 10N252
Bethesda, MD 20892
Tel: 301 486-6886 Fax: 301 486-6874
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-23-21-056

Massachusetts
Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Prgm Director: Joseph A Majnouh, MD
300 Longwood Avenue
Enders 415
Boston, MA 02115
Tel: 617 555-6431 Fax: 617 720-0244
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 326-24-11-014

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm Director: Lynne L Levitsky, MD
WACC 709
15 Parkman Street
Boston, MA 02114
Tel: 617 726-5790 Fax: 617 726-3044
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-24-31-015

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Delia M Vanke, MD, PhD
CS Mott Children's Hospital
Room D105 Medical Professional Bldg
Ann Arbor, MI 48109
Tel: 734 704-0176 Fax: 734 616-3333
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-25-21-016

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Antoinette Moran, MD
MMIC 404 Mayo; 13-128 FWR
516 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-5409 Fax: 612 626-5902
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-26-21-043
Accredited Programs in Pediatric Endocrinology (Pediatrics)

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Pgm Director: W Frederick Schwenk II, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 284-2511 Fax: 507 284-0737
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-26-21-017

Missouri
Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Pgm Director: Jill D Jacobson, MD
3401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3070 Fax: 816 865-1919
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-26-11-018

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Pgm Director: Neil H White, MD
Division of Pediatric Endocrinology and Metabolism
One Children's Place, Box 8116
St Louis, MO 63110
Tel: 314 286-1157 Fax: 314 286-1187
E-mail: white_nh@kids.wustl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-26-11-019

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Pgm Director: Paul Sanger, MD
Division of Pediatric Endocrinology
111 East 210th Street
Bronx, NY 10467
Tel: 718 935-5812 Fax: 718 405-5609
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-35-21-020

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Montefiore Medical Center
Pgm Director: Henry Anhalt, DO
4802 Tenth Avenue
Brooklyn, NY 11210
Tel: 718 293-8143 Fax: 718 635-7546
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-35-21-022

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Woven and Children's Hosp of Buffalo)
Pgm Director: Teresa Quatrini, MD
210 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7588 Fax: 716 888-3827
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-35-21-021

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Pgm Director: Raphael David, MD
550 First Avenue
New York, NY 10016
Tel: 212 283-6462 Fax: 212 582-2273
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-35-21-024

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Pgm Director: Thomas A Wilson, MD
Department of Pediatrics
Stony Brook, NY 11794
Tel: 631 444-9429 Fax: 631 444-9465
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-35-21-061

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: Augustine J D'Erode, MD
Division of Pediatric Endocrinology
CB #7039, 3341 Biomolecular Building
Chapel Hill, NC 27599
Tel: 919 966-6425 Fax: 919 966-9423
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-36-21-025

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: Michael A Poomen, MD
Department of Pediatric Endocrinology
360 Bell Bldg, Box 2080
Durham, NC 27710
Tel: 919 668-3772 Fax: 919 668-8613
Length: 3 Yrs
Program ID: 326-36-21-026

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: Steven D Chernausek, MD
Division of Endocrinology
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 684-7558 Fax: 513 684-7556
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-35-21-072

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Leona Cuttler, MD
Division of Pediatric Endocrinology and Metabolism
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3861 Fax: 216 844-8900
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-35-21-028

Graduate Medical Education Directory 2004-2005
Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Department of Pediatrics
Prgm Director: Rachel Worthley, MD
12th and Macombs Avenue, Suite 6100
Oklahoma City, OK 73104
Tel: 405-271-2103 Fax: 405-271-3063
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-39-12-077

Oregon

Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Prgm Director: Kenneth A. Boston, MD
Department of Pediatrics
33rd & Civic Center Boulevard
Portland, OR 97239
Tel: 503-494-9287 Fax: 503-494-1953
E-mail: boston@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 326-40-12-061

Pennsylvania

Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Charles A. Stanley, MD
34th & Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215-590-3400 Fax: 215-590-1222
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 326-41-12-082

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Temple Health System)
Prgm Director: Francesco De Luca, MD
9th Avenue at Front Street
Philadelphia, PA 19134
Tel: 215-427-6100 Fax: 215-427-8105
E-mail: Francesco.deLuca@Drexel.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-41-31-078

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Dorothy Becker, MD
Children's Hospital of Pittsburgh
515 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412-602-5371 Fax: 412-602-5381
Length: 3 Yrs
Program ID: 326-42-12-083

Rhode Island

Providence
Brown University Program
Sponsor: Brown University Hospital-Lifespan
Prgm Director: Charlotte M. Bucey, MD
611 Blackstone Street
Providence, RI 02903
Tel: 401-444-5884 Fax: 401-444-2534
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-43-21-034

South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Steven M. Willi, MD
176 Jonathan Lucas Street
PO Box 250609
Charleston, SC 29425
Tel: 843-792-6870 Fax: 843-792-6548
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-49-12-076

Tennessee

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Prgm Director: George A. Bargen, MD
1441 Madison Avenue, Suite MSB
Memphis, TN 38103
Tel: 901-572-2292 Fax: 901-572-5198
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-47-31-035

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Prgm Director: William E. Roush, MD
1111 Broadway, Suite 1000
Nashville, TN 37232
Tel: 615-343-9477 Fax: 615-343-5348
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-47-21-036

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Perrin C. White, MD
5325 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214-648-3351 Fax: 214-648-9772
E-mail: Perrin.White@UTSouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 326-48-31-069

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch
Prgm Director: Joseph L. Gonzales, MD
1111 University Blvd
Galveston, TX 77555
Tel: 409-772-3956 Fax: 409-747-2213
E-mail: josgonza@utmb.edu
Length: 3 Yrs
Program ID: 326-48-11-037

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Murry W. Haymond, MD
6631 Fannin St, CCI020.05
Pediatrics Endocrinology & Metabolism
Houston, TX 77030
Tel: 713-798-8770 Fax: 713-798-7119
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 326-49-21-061

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lydien B. Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Patrick G. Bresnan, MD
5451 Fannin
Suite MSB 5.122
Houston, TX 77030
Tel: 713-500-0566 Fax: 713-500-0536
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-49-21-066

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Mary A. Murray, MD
615 Arapahoe Drive 8100
Salt Lake City, UT 84108
Tel: 801-587-2955 Fax: 801-587-9607
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 326-49-21-074

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: William L. Clarke, MD
PO Box 800388
Charlottesville, VA 22908
Tel: 434-924-5897 Fax: 434-924-9181
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 326-51-11-038
Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: David A Allen, MD
3459 Medical Science Center
1300 University Avenue
Madison, WI 53706
Tel: 608 263-6895 Fax: 608 260-0440
Length: 3 Yrs
Program ID: 226-56-21-059

Pediatric Gastroenterology (Pediatrics)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Program Director: Frank A Franklin, Jr, MD, PhD
1600 7th Avenue South — ACC Suite 618
Birmingham, AL 35233
Tel: 205 698-5004 Fax: 205 898-9819
Length: 3 Yrs
Program ID: 332-01-21-001

California
Los Angeles
Children's Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles
Program Director: Frank R Sinatra, MD
LAC/USC Medical Center
1540 Y Mission Road
Los Angeles, CA 90033
Tel: 213 232-6091 Fax: 213 232-4380
Length: 3 Yrs
Program ID: 332-01-21-001

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Marvin E Arent, MD
10833 Le Conte Avenue, MDOO 12-383
Los Angeles, CA 90095
Tel: 310 206-6134 Fax: 310 206-0203
Length: 3 Yrs
Program ID: 332-05-31-004

Oakland
Children's Hospital-Oakland Program
Sponsor: Children's Hospital-Oakland
Program Director: Elizabeth E Gleghorn, MD
747 52nd Street
Oakland, CA 94609
Tel: 510 438-3055 Fax: 510 450-5813
Length: 3 Yrs
Program ID: 332-05-18-083

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Program Director: Joel E Levine, MD
200 West Arbor Drive
MC 9456
San Diego, CA 92103
Tel: 619 543-7544 Fax: 619 543-7307
Length: 3 Yrs
Program ID: 332-05-11-005

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Melvin B Heyman, MD, MPH
1440 East, Room 406 UCSF
500 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-5892 Fax: 415 476-1343
Length: 3 Yrs
Program ID: 332-05-21-047

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Program Director: John Alan Kerner Jr, MD
Lucile Packard Children's Hospital
500 Welch Road, Suite 110
Palo Alto, CA 94304
Tel: 650 723-5970 Fax: 650 498-5608
Length: 3 Yrs
Program ID: 332-05-11-045

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Program Director: Ronald J Sokol, MD
1354 East 19th Avenue, 8520
Denver, CO 80218
Tel: 303 861-6669 Fax: 303 764-8025
E-mail: sokol.ronald@UCHsc.edu
Length: 3 Yrs
Program ID: 332-07-21-006

Connecticut
New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Norman Siegel, MD
333 Cedar Street, FMP 408
PO Box 208064
New Haven, CT 06503
Tel: 203 789-4649 Fax: 203 787-1384
E-mail: latctica.mewborn@yale.edu
Length: 3 Yrs
Program ID: 332-05-21-007

Delaware
Wilmington
Thomas Jefferson University/dupont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Affiliated dupont Hospital for Children
Program Director: Devendra Mehta, MD
1690 Rockland Road
Wilmington, DE 19883
Tel: 302 651-0629 Fax: 302 651-5838
Length: 3 Yrs
Program ID: 332-05-12-058
Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Regisio P Gonzales-Peralta, MD
PO Box 100356
Gainesville, FL 32610
Tel: 352-392-6410 Fax: 352-846-2147
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-11-21-011

Iowa

Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Warren F Bishop, MD
Department of Pediatrics
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-353-8867 Fax: 319-353-8967
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-18-21-033

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Rene Romero Jr, MD
2040 Ridgewood Drive, Annex
Atlanta, GA 30322
Tel: 404-727-4831 Fax: 404-727-2120
Length: 3 Yrs Program ID: 332-12-21-017

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Stefano Guaragnini, MD
5841 S Maryland Avenue, MC #0655
Chicago, IL 60637
Tel: 773-702-6418 Fax: 773-702-9666
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-16-21-012

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Marian D Pfefferkorn, MD
Indiana University School of Medicine
702 Barnhill Drive, Room BOC 421O
Indianapolis, IN 46202
Tel: 317-274-3174 Fax: 317-274-8521
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-17-21-013

Kentucky

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Kosei Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Thomas C Stephen, MD
Dept of Ped Gastroenterology
571 S Floyd Street, Room 325
Louisville, KY 40202
Tel: 502 852-3884 Fax: 502 852-4093
Length: 3 Yrs Program ID: 332-26-21-014

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Prgm Director: Eberhard Schmidt-Sommerfeld Jr, MD, PhD
1542 Tulane Avenue TB-1
New Orleans, LA 70112
Tel: 504 568-6224 Fax: 504 568-6330
Length: 3 Yrs Program ID: 332-21-21-015

Maryland

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Carmen Cuffari, MD
Brady 520, 600 North Wolfe Street
Baltimore, MD 21207
Tel: 410 955-8769 Fax: 410 955-1464
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-23-21-016

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Karylle Hunphreys, MD, PhD
22 S Greene Street, NW70
Baltimore, MD 21201
Tel: 410 328-0182 Fax: 410 328-1072
E-mail: kwhumphreys@pehs.umaryland.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-25-21-061

Massachusetts

Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Massachusetts General Hospital
Prgm Director: Wayne I Lencer, MD
Children's Hospital
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-8559 Fax: 617 730-0498
Length: 3 Yrs Program ID: 332-24-21-018

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: Aubrey Katz, MD
770 Washington Street, NICM #212
Boston, MA 02111
Tel: 617 638-0100 Fax: 617 638-8718
E-mail: skatz3@newton.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-24-21-017

Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Chris J Dickinson, BA, MD
1500 E Medical Center Dr
D8552 MF
Ann Arbor, MI 48109
Tel: 734 763-8650 Fax: 734 763-8750
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-25-21-019

Detroit
Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Vazundhara Tolis, MD
3001 Beaumont Boulevard
Detroit, MI 48201
Tel: 313 745-5555
Length: 3 Yrs Program ID: 332-25-21-020

E-mail: akatz3@tults-nemc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-23-21-061

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Chris J Dickinson, BA, MD
1500 E Medical Center Dr
D8552 MF
Ann Arbor, MI 48109
Tel: 734 763-8650 Fax: 734 763-8750
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-25-21-019

Detroit
Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Vazundhara Tolis, MD
3001 Beaumont Boulevard
Detroit, MI 48201
Tel: 313 745-5555
Length: 3 Yrs Program ID: 332-25-21-020
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Harvey L. Sharp, MD
MMC 185
220 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 624-1133 Fax: 612 626-0630
Length: 3 Yrs
Program ID: 332-26-21-048

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St. Mary's Hospital of Rochester
Program Director: Mounif El Youssef, MD
200 First Street, SP
Rochester, MN 55905
Tel: 507 266-0114 Fax: 507 266-5255
E-mail: el-youssef.mounif@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-26-21-021

Missouri
Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Program Director: James F. Daniel, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816-221-0106 Fax: 816-349-1328
E-mail: jfdaniel@cmo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-28-11-065

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Program Director: Phillip I. Tarr, MD
One Children's Place
St Louis, MO 63110
Tel: 314 286-3948 Fax: 314 286-3911
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-28-31-023

Minnesota
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Program Director: Harvey L. Sharp, MD
MMC 185
220 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 624-1133 Fax: 612 626-0630
Length: 3 Yrs
Program ID: 332-26-21-048

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St. Mary's Hospital of Rochester
Program Director: Mounif El Youssef, MD
200 First Street, SP
Rochester, MN 55905
Tel: 507 266-0114 Fax: 507 266-5255
E-mail: el-youssef.mounif@mayo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-26-21-021

Missouri
Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Program Director: James F. Daniel, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816-221-0106 Fax: 816-349-1328
E-mail: jfdaniel@cmo.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-28-11-065

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Program Director: Phillip I. Tarr, MD
One Children's Place
St Louis, MO 63110
Tel: 314 286-3948 Fax: 314 286-3911
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-28-31-023

Nebraska
Omaha
University of Nebraska Medical Center College of Medicine/Crèighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
The Nebraska Medical Center
Program Director: Jon A. Y undhord, MD
380110 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-3412 Fax: 402 559-9535
Length: 3 Yrs
Program ID: 332-35-21-024

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Barry K. Wenshl, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 515-2925 Fax: 718 515-5426
E-mail: bwenshl@aol.com
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-35-21-000

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Stanley S. Fischer, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11203
Tel: 718 270-3060 Fax: 718 276-1985
Length: 3 Yrs
Program ID: 332-35-21-025

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Women and Children's Hosp of Buffalo)
Program Director: Shawn S. Baker, MD, PhD
219 Bryant Street
Buffalo, NY 14223
Tel: 716 878-1188 Fax: 716 888-3642
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-35-33-060

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital
Program Director: Toba Weinzein, MD
160-01 76th Rd
New Hyde Park, NY 11040
Tel: 516 470-3400 Fax: 516 962-2908
Length: 3 Yrs
Program ID: 332-35-31-027

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Keith J. Bекkov, MD
One Gustave L. Levy Place
New York, NY 10029
Tel: 212 241-5145 Fax: 212 831-7974
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-35-11-028

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Richard J. Donolob, MD
651 West 168th Street
New York, NY 10032
Tel: 212 305-7083
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-35-21-030

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Dana U. Berezin, MD
205 E 58th Street, M-100
New York, NY 10021
Tel: 212 746-3550 Fax: 212 746-8577
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-35-22-029

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Thomas M. Rossi, MD
601 Elmwood Avenue
Box 667
Rochester, NY 14642
Tel: 585 275-2547 Fax: 585 275-0707
Length: 3 Yrs
Program ID: 332-35-21-064

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Stuart H. Berinn, MD
Department of Pediatrics
Division of Gastroenterology and Nutrition
Valhalla, NY 10595
Tel: 914 594-4610 Fax: 914 594-4392
Length: 3 Yrs
Program ID: 332-35-31-041
North Carolina

Chapel Hill
University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Katherine Freeman, MD
200 Mason Farm Road, CB# 7220
Bioinformatics Building
Chapel Hill, NC 27599
Tel: 919 966-3943 Fax: 919 966-8641
Length: 3 Yrs
Program ID: 332-34-21-032

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Mitchell B Cohen, MD
3333 Burnet Avenue
Bldg C, MLC 3919
Cincinnati, OH 45229
Tel: 513 636-4415 Fax: 513 636-5581
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 332-38-21-033

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Gisela Chellimsky, MD
Div of Pediatric Gastroenterology
2101 Adelbert Road
Cleveland, OH 44106
Tel: 216 844-1765 Fax: 216 844-8397
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-38-11-035

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Lori Mahajan, MD
900 Euclid Avenue, Desk A111
Cleveland, OH 44195
Tel: 216 443-1572 Fax: 216 443-2974
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-38-31-034

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Steven H Erdman, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3411 Fax: 614 722-3454
E-mail: erdmans@pediatrics.ohio-state.edu
Length: 3 Yrs
Program ID: 332-38-12-062

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Elizabeth B Brand, MD
946th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-5247 Fax: 215 590-3660
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 332-41-21-036

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Mark E Lowe, MD, MPH
3706 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5180 Fax: 412 692-7355
E-mail: mark.lowe@upmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-41-21-040

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Women and Infants Hospital of Rhode Island
Prgm Director: Neal S LeLeiko, MD, PhD
MP-126
593 Eddy Street
Providence, RI 02903
Tel: 401 444-4917 Fax: 401 444-8748
E-mail: rhlleiko1@lifespan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-43-21-041

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: D Brent Polk, MD
S-4222 Medical Center North
21st and Garland Ave
Nashville, TN 37232
Tel: 615 322-7449 Fax: 615 343-8915
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 332-47-21-042

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: John M Andersen, MD
1935 Motor Street
Dallas, TX 75235
Tel: 214 456-8003 Fax: 214 456-8006
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 332-48-11-045
Piedmont Hematology/Oncology (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Program Director: Roger L. Berkner, MD
Children’s Hospital of Alabama
1600 7th Avenue South, Ste 551
Birmingham, AL 35233
Tel: 205 934-5485 Fax: 205 975-8327
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-01-21-043

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Children's Hospital Los Angeles
Program Director: Walter L. Lam, MD
Division of Hematology-Oncology
4650 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 825-2075 Fax: 323 664-9455
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 227-05-11-001

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Stephen A. Feig, MD
Division of Hematology-Oncology
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-6708 Fax: 310 826-8099
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-05-21-008

Oakland

Children's Hospital-Oakland Program

Sponsor: Children’s Hospital-Oakland
Program Director: Caroline A. Hastings, MD
747 52nd Street
Oakland, CA 94609
Tel: 510 438-3931 Fax: 510 601-3916
Length: 3 Yrs
Program ID: 327-05-21-066

Orange

Children’s Hospital of Orange County Program

Sponsor: Children’s Hospital of Orange County
Program Director: Gay Young, MD
435 S Main Street
Orange, CA 92868
Tel: 714 532-8458 Fax: 714 532-8711
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-05-21-057

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Katherine K. Matshay, MD
505 Parnassus Ave
San Francisco, CA 94143
Tel: 415 476-5189 Fax: 415 288-3071
E-mail: matshayk@peda.ucsf.edu
Length: 3 Yrs
Program ID: 328-05-21-006

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Stephen P. Hunger, MD
Box 106296, HPSIE
Gainesville, FL 32610
Tel: 352 392-4789 Fax: 352 392-8725
Length: 3 Yrs
Program ID: 327-11-31-010

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children’s Healthcare of Atlanta at Egleston
Grady Memorial Hospital
Program Director: Thomas C. Abshire, MD
Department of Pediatrics
2040 Ridgewood Drive, NE - Ste 100
Atlanta, GA 30322
Tel: 404 727-4453 Fax: 404 727-4455
Length: 3 Yrs
Program ID: 327-12-21-041

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children’s Hospital at Northwestern University School of Medicine
Program Director: Robert L. Garcea, MD
1056 E 14th Avenue, Bldg 21
Denver, CO 80218
Tel: 303 861-6673 Fax: 303 837-2831
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 327-07-21-007

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Program Director: Diane S. Beardsley, MD, PhD
333 Cedar Street, LMP 4087
PO Box 280504
New Haven, CT 06590
Tel: 203 785-4640 Fax: 203 737-3226
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-08-21-008

District of Columbia

Washington

Children’s National Medical Center/George Washington University Program

Sponsor: Children’s National Medical Center
Program Director: Niki L. Seidel, MD
111 Michigan Avenue, NW
Suite 4W 600
Washington, DC 20010
Tel: 202 864-3144 Fax: 202 864-5865
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-10-21-009

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Program Director: Terry A. Fisher, MD
Clarian Riley Hospital for Children
720 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-6867 Fax: 317 278-0616
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-17-21-012
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>University or Hospital/Program Details</th>
</tr>
</thead>
</table>
| Iowa    | Iowa City                   | University of Iowa Hospitals and Clinics Program  
Sponsor: University of Iowa Hospitals and Clinics  
Prgm Director: Thomas W Low, MD  
Dept of Pediatrics, 3050 JP  
200 Hawkins Drive  
Iowa City, IA 52242  
Tel: 319 356-2437  
Fax: 319 356-7659  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 327-15-11-018 |
| Michigan| Ann Arbor                   | University of Michigan Program  
Sponsor: University of Michigan Hospitals and Health Centers  
Prgm Director: Lawrence A Boxer, MD  
3500 East Medical Center Drive  
L2110 Women's Hospital, Box 2028  
Ann Arbor, MI 48109  
Tel: 734 764-7172  
Fax: 734 615-0404  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 8  
Program ID: 327-25-21-018 |
| Louisiana|                          | University of Louisiana State University Program  
Sponsor: Louisiana State University School of Medicine  
Prgm Director: Rajeev Baran P. Warrier, MD  
Department of Pediatrics  
1542 Tulane Avenue  
New Orleans, LA 70112  
Tel: 504 568-4561  
Fax: 504 568-3078  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 327-21-21-045 |
| Maryland| Baltimore                   | Johns Hopkins University Program  
Sponsor: Johns Hopkins University School of Medicine  
Prgm Director: Kenneth J Cohen, MD  
600 N Wolfe Street, CMSC 800  
Baltimore, MD 21205  
Tel: 410 614-5565  
Fax: 410 615-0028  
E-mail: kcohen@jhmi.edu  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 18  
Program ID: 327-23-21-014 |
| Michigan|                          | Grand Rapids  
Grand Rapids Medical Education and Research Center/Michigan State University Program  
Prgm Director: Grand Rapids Medical Education and Research Center  
Spectrum Health-Butterworth Campus  
Prgm Director: Albert S Cornelius, MD  
100 Michigan Street NE  
Grand Rapids, MI 49506  
Tel: 616 391-9450  
Fax: 616 391-9450  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 327-25-21-017 |
| Maryland| Bethesda                   | National Capital Consortium Program  
Sponsor: National Capital Consortium  
Prgm Director: Kale Khoury Crouch, MD  
Department of Pediatrics  
300 Georgia Ave, NW  
Washington, DC 20007  
Tel: 202 783-0421  
Fax: 202 783-7029  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 327-10-21-044  
US Armed Services Program |
| Massachusetts|                      | University of New England Program  
Sponsor: University of New England Medical School  
Prgm Director: Joseph P Neglia, MD, MPH  
MMC 444  
420 Delaware Street, SE  
Minneapolis, MN 55455  
Tel: 612 620-2278  
Fax: 612 626-2816  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 327-26-21-018 |
| Michigan|                          | Rochester  
Mayo School of Graduate Medical Education (Rochester) Program  
Prgm Director: Shalik J. Khan, MD  
Department of Pediatrics  
200 First St, SW  
Rochester, MN 55905  
Tel: 507 284-9412  
Fax: 507 284-0277  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 327-21-21-019 |
| Mississippi|                         | Jackson University  
University of Mississippi Medical Center Program  
Prgm Director: Jeanette Sullivan, MD  
2500 North State Street  
Jackson, MS 39216  
Tel: 662 984-0271  
Fax: 662 984-5279  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 2  
Program ID: 327-27-11-055 |
| Missouri|                          | Missouri University at Kansas City Program  
Prgm Director: Thomas W Low, MD  
504 568-4561  
Fax: 504 568-3078  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 327-26-21-045 |
| New Mexico|                         | Albuquerque University  
University of New Mexico Program  
Prgm Director: Stuart S Winter, MD  
Department of Pediatrics, ACC 2nd Floor  
Albuquerque, NM 87131  
Tel: 505 272-4461  
Fax: 505 272-8109  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 327-34-21-070 |
| New York|                          | Bronx Albert Einstein College of Medicine Program  
Prgm Director: Eva Radel, MD  
Division of Pediatric Hematology Oncology  
3415 Bainbridge Avenue  
Bronx, NY 10467  
Tel: 718 926-8744  
Fax: 718 929-6506  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 327-35-21-071 |
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center University Hospital-SUNY Health Science Center at Brooklyn
Pgm Director: Sreedhar P Rao, MD
460 Clarkson Avenue, Box 48
Brooklyn, NY 11203
Tel: 718 270-1690  Fax: 718 270-1692
Length: 3 Yrs
Program ID: 327-35-21-022

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Pgm Director: Martin L Brecher, MD
210 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7310  Fax: 716 888-3801
E-mail: martin.brecher@roswellpark.org
Length: 3 Yrs
Program ID: 327-35-21-021

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System Schneider Children's Hospital at Long Island Jewish Med Ctr
Pgm Director: Jeffrey M Lipton, MD, PhD
Long Island Jewish Medical Center
New Hyde Park, NY 11040
Tel: 718 470-5460  Fax: 718 345-6843
Length: 3 Yrs
Program ID: 327-35-21-028

New York
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Columbia Campus)
Pgm Director: Mitchell S Cairo, MD
161 Fort Washington Avenue, Irving 7
New York, NY 10027
Tel: 212 305-8316  Fax: 212 305-8548
E-mail: mc1310@columbia.edu
Length: 3 Yrs
Program ID: 327-35-11-027

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital Memorial Sloan-Kettering Cancer Center Pgm Director: Paul A Meyers, MD Memorial Sloan Kettering Cancer Ctr
1275 York Avenue
New York, NY 10021
Tel: 212 636-5983  Fax: 212 717-3447
E-mail: wernerw@mskcc.org
Length: 3 Yrs
Program ID: 327-35-21-024

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Pgm Director: Margaret Karpukin, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-0438  Fax: 212 263-8109
Length: 3 Yrs
Program ID: 327-35-21-026

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Andrea S Hinkle, MD
601 Elmwood Avenue
Box 777
Rochester, NY 14642
Tel: 585 275-0515  Fax: 585 273-1639
E-mail: andrea_hinkle@urmc.rochester.edu
Length: 3 Yrs
Program ID: 327-35-21-049

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: Ronald L Dubowy, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-7576  Fax: 315 464-6300
Length: 3 Yrs
Program ID: 327-35-21-928

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Pgm Director: Julie Blatt, MD
Department of Pediatrics CB47220, Burnet-Womack Bldg
Chapel Hill, NC 27599
Tel: 919 966-0590  Fax: 919 966-7629
Length: 3 Yrs
Program ID: 327-36-21-058

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: Susan Kreissman, MD
Box 291800
Room 221, Bell Bldg Trent Drive
Durham, NC 27710
Tel: 919 684-3401  Fax: 919 681-7950
Length: 3 Yrs
Program ID: 327-36-21-029

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: David A Williams, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4241  Fax: 513 636-3549
E-mail: julia.castile@cchmc.org
Length: 3 Yrs
Program ID: 327-36-01-030

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Pgm Director: Sarah W Alexander, MD
Rainbow Babies and Children's Hospital
11100 Euclid Avenue
Cleveland, OH 44195
Tel: 216 844-3345  Fax: 216 844-5431
Length: 3 Yrs
Program ID: 327-35-21-031

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Pgm Director: Frederick B Baymann, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3969  Fax: 614 722-3909
Length: 3 Yrs
Program ID: 327-35-21-042

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Pgm Director: Linda C Stork, MD
3181 SW Sam Jackson Park Road
CORP
Portland, OR 97239
Tel: 503 494-1543  Fax: 503 494-0714
Length: 3 Yrs
Program ID: 327-40-21-072

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Pgm Director: John M Maris, MD
34th Street and Cirlc Center Blvd
Philadelphia, PA 19104
Tel: 215 590-2261  Fax: 215 590-3770
Length: 3 Yrs
Program ID: 327-41-21-092

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Pgm Director: Frank E Shader, MD
Section of Hematology/Oncology
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-4589  Fax: 215 427-6684
Length: 3 Yrs
Program ID: 327-41-12-051
Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Pgm Director: Arthur K Ritchey, MD
1375 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5065 Fax: 412 692-6000
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 327-41-21066

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Pgm Director: Pedro J Santiago-Borrero, MD
GP3 Box 365683
San Juan, PR 00936
Tel: 787 777-3535 Fax: 787 751-9812
E-mail: pjbsantiago@centennialpr.net
Length: 3 Yrs
Program ID: 327-42-21066

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifspan
Pgm Director: William S Ferguson, MD
Multiahesive Building, 1st Floor
565 Eddy Street
Providence, RI 02903
Tel: 401 444-5171 Fax: 401 444-8846
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-43-21068

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Pgm Director: Julio C Barredo, MD
Room 460 Rutledge Towers
135 Rutledge Avenue
Charleston, SC 29425
Tel: 843 792-2587 Fax: 843 792-8912
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-45-21068

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
St Jude Children's Research Hospital
Pgm Director: Jeffrey E Rubinstein, MD, PhD
Department of Hematology/Oncology
332 North Lauderdale
Memphis, TN 38105
Tel: 901 865-2388 Fax: 901 865-2960
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 327-47-31084

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Pgm Director: George B Buchanan, MD
Department of Pediatrics
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3866 Fax: 214 648-3122
E-mail: george.buchanan@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-49-21046

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Pgm Director: David M Virshup, MD
800 N Medical Drive
Salt Lake City, UT 84113
Tel: 801 588-2600 Fax: 801 588-2602
E-mail: david.virshup@uc.utah.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-49-21046

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Nancy L McDaniel, MD
University of Virginia Health System
PO Box 800388
Charlottesville, VA 22908
Tel: 434 924-5105 Fax: 434 923-1927
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-51-21069

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Fred Hutchinson Cancer Research Center
Pgm Director: Irwin D Bernstein, MD
1100 Fairview Avenue N, D2-373
Seattle, WA 98109
Tel: 206 667-4866 Fax: 206 667-6084
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 327-54-21040

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Pgm Director: Carol Diamond, MD
84525 CSO
600 Highland Avenue
Madison, WI 53792
Tel: 608 266-0369 Fax: 608 265-9721
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-56-21059

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Pgm Director: J Paul Scott, MD
MACC Pand Research Center
801 Watertown Plank Road
Milwaukee, WI 53222
Tel: 414 937-3233 Fax: 414 937-3894
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 327-56-21063
## Pediatric Infectious Diseases (Pediatrics)

### Alabama

**Birmingham**  
University of Alabama Medical Center Program  
**Sponsor:** University of Alabama Hospital  
**Pgm Director:** Pravin R Asami, MD  
**Telephone:** 205 429-3336  
**Fax:** 205 361-3551  
**Program ID:** 335-08-12-006

### Arkansas

**Little Rock**  
University of Arkansas for Medical Sciences Program  
**Sponsor:** University of Arkansas College of Medicine  
**Pgm Director:** Gordon E Schutte, MD  
**Telephone:** 501 364-1416  
**Fax:** 501 364-3551  
**Program ID:** 335-04-21-002

### California

**Los Angeles**  
Cedars-Sinai Medical Center Program  
**Sponsor:** Cedars-Sinai Medical Center  
**Pgm Director:** Moshe Arditis, MD  
**Telephone:** 213 476-8016  
**Fax:** 213 476-1343  
**Program ID:** 335-04-22-005

**Children's Hospital Los Angeles Program**  
**Sponsor:** Children's Hospital Los Angeles  
**Pgm Director:** Paul A Krosgstad, MD, MS  
**Telephone:** 310 206-5295  
**Fax:** 310 206-4764  
**Program ID:** 335-05-11-005

**UCLA Medical Center Program**  
**Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine  
**Telephone:** 310 206-5295  
**Fax:** 310 206-4764  
**Program ID:** 335-05-11-005

**San Francisco**  
University of California (San Francisco) Program  
**Sponsor:** University of California (San Francisco) School of Medicine  
**Telephone:** 415 723-5858  
**Fax:** 415 723-8040  
**Program ID:** 335-05-23-005

**Stanford**  
Stanford University Program  
**Sponsor:** Stanford University Hospital  
**Telephone:** 650 723-5858  
**Fax:** 650 723-8040  
**Program ID:** 335-05-23-005

**Torrance**  
Los Angeles County-Harbor-UCLA Medical Center Program  
**Sponsor:** Los Angeles County-Harbor-UCLA Medical Center  
**Pgm Director:** Margaret A Keller, MD  
**Telephone:** 310 222-4175  
**Fax:** 310 320-2271  
**Program ID:** 335-05-21-010

### Colorado

**Denver**  
University of Colorado Program  
**Sponsor:** University of Colorado School of Medicine  
**Telephone:** 303 315-4630  
**Fax:** 303 387-2707  
**Program ID:** 335-07-21-011

### Connecticut

**New Haven**  
Yale-New Haven Medical Center Program  
**Sponsor:** Yale-New Haven Hospital  
**Pgm Director:** George Miller, MD  
**Telephone:** 203 785-4758  
**Fax:** 203 785-4691  
**Program ID:** 335-08-21-012

### District of Columbia

**Washington**  
Children's National Medical Center/George Washington University Program  
**Sponsor:** Children's National Medical Center  
**Pgm Director:** Barbara A Jantausch, MD  
**Telephone:** 202 884-6151  
**Fax:** 202 884-3850  
**Program ID:** 335-10-21-013

### Florida

**Jacksonville**  
University of Florida Health Science Center/Jacksonville Program  
**Sponsor:** University of Florida College of Medicine at Jacksonville  
**Telephone:** 904 244-5341  
**Fax:** 904 244-5341  
**Program ID:** 335-11-21-015

**Miami**  
Jackson Memorial Hospital/Jackson Health System Program  
**Sponsor:** Jackson Memorial Hospital/Jackson Health System  
**Pgm Director:** Charles B Mitchell, MD  
**Telephone:** 305 234-2755  
**Fax:** 305 234-5662  
**Program ID:** 335-31-01-004
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<th>Program Name</th>
<th>Sponsor Information</th>
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<td>Georgia</td>
<td>Emory University Program</td>
<td>Emory University School of Medicine Children's Healthcare of Atlanta at Egleston Grady Memorial Hospital</td>
<td>3 Yrs</td>
<td>335-12-21-017</td>
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<td></td>
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<td>Prgm Director: Steven B Neheim, MD Department of Pediatrics</td>
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<td>2100 Ridgewood Road Atlanta, GA 30322</td>
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<tr>
<td></td>
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<td>Tel: 404 727-5642 Faz: 404 727-8249</td>
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<td>Illinois</td>
<td>Chicago McGaw Medical Center of Northwestern University Program</td>
<td>McGaw Medical Center of Northwestern University Children's Memorial Hospital</td>
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<td>Prgm Director: Stanford T Shulman, MD</td>
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<td>3300 Children's Plaza - Box 830</td>
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<td>Chicago, IL 60614</td>
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<td>Tel: 773 880-4187 Faz: 773 880-8256</td>
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<td>E-mail: <a href="mailto:sshulman@northwestern.edu">sshulman@northwestern.edu</a></td>
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<td>University of Chicago Program</td>
<td>University of Chicago Hospitals Children's Hospital</td>
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<td>Prgm Director: Robert S Daum, MD</td>
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<td>5541 South Maryland Avenue (MC 6044)</td>
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<td>Chicago, IL 60637</td>
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<td>E-mail: <a href="mailto:rdaum@peds.bu.edu">rdaum@peds.bu.edu</a></td>
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<td>Kentucky</td>
<td>Louisville University Program</td>
<td>University of Louisville School of Medicine Kosair Children's Hospital (Norton Healthcare, Inc)</td>
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<td>Prgm Director: Gary D Marshall, MD</td>
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<td>571 South Floyd Street, Suite 200</td>
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<td>Louisville, KY 40202</td>
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<td>Tel: 502 884-2744 Faz: 502 885-9889</td>
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<td>Louisiana</td>
<td>New Orleans Program</td>
<td>Tulane University School of Medicine Medical Center of Louisiana at New Orleans Tulane Hospital for Children Tulane University Hospital and Clinics</td>
<td>3 Yrs</td>
<td>335-21-21-022</td>
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<td>Prgm Director: James E !(ohanion, MD</td>
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<td>1430 Tulane Avenue</td>
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<td>New Orleans, LA 70112</td>
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<td>Tel: 504 886-5422 Faz: 504 584-2813</td>
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<td>Michigan</td>
<td>Ann Arbor University of Michigan Program</td>
<td>University of Michigan Hospitals and Health Centers</td>
<td>3 Yrs</td>
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<td>Prgm Director: Janet J Gilchrist, MD</td>
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<td></td>
<td></td>
<td>1500 East Medical Center Drive</td>
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<td>L2225, Women's/0244</td>
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<td>Ann Arbor, MI 48104</td>
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<td>Tel: 734 763-3440 Faz: 734 795-7685</td>
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<td>Missouri</td>
<td>Kansas City University of Missouri at Kansas City Program</td>
<td>University of Missouri-Kansas City School of Medicine Children's Mercy Hospital</td>
<td>3 Yrs</td>
<td>335-25-31-068</td>
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<td>Prgm Director: Denise Bratcher, DO</td>
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<td>2401 Gillham Road</td>
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<td>Kansas City, MO 64108</td>
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<td>Tel: 816 234-3061 Faz: 816 846-1928</td>
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<td>E-mail: <a href="mailto:dbbratcher@umb.edu">dbbratcher@umb.edu</a></td>
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<td>St Louis</td>
<td>Washington University/B-JH/SLCH Consortium Program</td>
<td>Washington University/B-JH/SLCH Consortium St Louis Children's Hospital</td>
<td>3 Yrs</td>
<td>335-25-21-030</td>
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<td>Prgm Director: Joseph W St Geme III, MD</td>
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<td>One Children's Place</td>
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<td>St Louis, MO 63110</td>
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<td>Tel: 314 396-3897 Faz: 314 396-2895</td>
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Graduate Medical Education Directory 2004-2005
Nebraska
Omaha
University of Nebraska Medical Center College of Medicine/Creighton University Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Tatum - SJH)
Program Director: José B Romero, MD
Department of Pediatrics
981865 Nebraska Medical Center
Omaha, NE 68198
Tel: 402-559-8883 Fax: 402-559-8933
E-mail: jmromero@ummc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-30-21-081

New Jersey
Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Program Director: Barry Dushofsky, MD
PO Box 1709, 185 S Orange Avenue
Newark, NJ 07101
Tel: 973-972-6066 Fax: 973-972-6443
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-33-21-062

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Monterosso Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiller Hospital
Program Director: Nathan Litman, MD
111 East 210 Street
New York, NY 10021
Tel: 212-741-2470 Fax: 718-664-6692
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-36-21-034

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Program Director: Margaret B Hamerschlag, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11203
Tel: 718-270-8907 Fax: 718-270-1956
E-mail: mhammerschlag@pol.net
Length: 3 Yrs
Program ID: 335-35-11-038

Great Neck
North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hospital
Program Director: Larry G Rubin, MD
299-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718-470-3490 Fax: 718-470-0887
Length: 3 Yrs
Program ID: 335-35-12-037

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Program Director: Sharon A Nachman, MD
Department of Pediatrics
HSC T11 060
Stony Brook, NY 11794
Tel: 631-444-7692 Fax: 631-444-7592
Length: 3 Yrs ACGME Approved/Offered Positions: 1
Program ID: 335-36-21-045

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Roberto Porada, MD
One Gustave L Levy Place, Box 1657
New York, NY 10029
Tel: 212-241-1468 Fax: 212-426-8113
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-36-35-038

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Lisa Saiman, MD, MPH
650 W 168th Street, (P1) 4 West Room 470
New York, NY 10032
Tel: 212-306-9446 Fax: 212-306-9401
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-35-21-040

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Joseph J Stavola, MD
505 East 68th Street
New York, NY 10021
Tel: 212-746-3230 Fax: 212-746-8716
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-31-22-039

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Program Director: Henry J Pollack, MD
350 First Avenue
New York, NY 10016
Tel: 212-263-8197 Fax: 212-263-7806
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-36-21-065

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Mary T Caserta, MD
601 Elmwood Avenue, Box 080
Rochester, NY 14642
Tel: 585-575-6944 Fax: 585-273-1104
E-mail: mary_caserta@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-36-91-041

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Grace A McConney, MD
11100 Euclid Avenue
Mail Stop 8A
Cleveland, OH 44106
Tel: 216-844-3645 Fax: 216-844-8562
E-mail: mcconney@case.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-38-31-046

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Johanna Goldfarb, MD
9000 Euclid Avenue - Desk A120
Cleveland, OH 44195
Tel: 216-445-6083 Fax: 216-445-7792
Length: 3 Yrs
Program ID: 335-38-18-067

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Colleen C Cunningham, MD
Box 3499, DUMC
2200 West Main St, Suite 200B
Durham, NC 27706
Tel: 919-668-6335 Fax: 919-416-0268
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-36-31-044

Ohio
Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Beverly L Connelly, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513-636-8402 Fax: 513-636-7698
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 335-36-21-045

Graduate Medical Education Directory 2004-2005
845
Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Paul A Mitchell, MD
4th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-2000 Fax: 215 590-2005
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-4-1-21-047

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children
Program Director: Sarah S Long, MD
Erie Avenue at Front Street, Suite 1112
Philadelphia, PA 19134
Tel: 215 427-2604 Fax: 215 427-8389
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-4-1-31-048

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
Program Director: Marian G Michaels, MD, MPH
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412-624-8300 Fax: 412-624-8499
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-4-1-11-049

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Program Director: David L Pugatch, MD
500 Eddy Street
Providence, RI 02903
Tel: 401-444-8830 Fax: 401-444-5650
E-mail: DPugatch@Lifespan.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-4-19-21-060

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
St Jude Children's Research Hospital
Program Director: Todd Condon, MD
332 N Lauderdale Street
Memphis, TN 38105
Tel: 901-448-3377 Fax: 901-448-3099
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 335-4-17-21-061

Virginia
Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Program Director: Stephen R. Rios, MD
855 W Brambleton Avenue
Norfolk, VA 23510
Tel: 757 668-6400 Fax: 757 668-9476
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-5-1-21-058

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Program Director: Stuart F Peiper, MD
1101 East Marshall Street
PO Box 906163
Richmond, VA 23285
Tel: 804-828-1807 Fax: 804-827-0676
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 335-5-1-31-059

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital Program and Regional Medical Center
Program Director: Craig F. Rubens, MD, PhD
4800 Sand Point Way NE, #600
Seattle, WA 98105
Tel: 206-987-2070 Fax: 206-987-3890
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 335-54-21-060
### Pediatric Nephrology (Pediatrics)

#### California

**Los Angeles**

**Cedars-Sinai Medical Center Program**

- **Sponsor:** Cedars-Sinai Medical Center
- **Program Director:** Elaine S Kamit, MD
- **Location:** 8700 Beverly Blvd Suite 1156 W
- **Tel:** 310 423-4747 Fax: 310 423-1676
- **E-mail:** elaine.kamit@csgh.org
- **Length:** 3 Yrs
- **Program ID:** 328-01-21-002

**UCLA Medical Center Program**

- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
- **Program Director:** Robert R Ettinger, MD Box 55122
- **Los Angeles, CA 90024-0005**
- **Tel:** 310 306-6917 Fax: 310 825-0442
- **Length:** 3 Yrs
- **Program ID:** 328-05-21-002

**San Diego**

**University of California (San Diego) Program**

- **Sponsor:** University of California (San Diego) Medical Center
- **Children's Hospital and Health Center**
- **Program Director:** Jacques M Lemieux, MD 9505 Gilman Dr, 92031
- **La Jolla, CA 92030**
- **Tel:** 619 543-5318 Fax: 619 543-3575
- **Length:** 3 Yrs
- **Program ID:** 328-05-11-092

**San Francisco**

**University of California (San Francisco) Program**

- **Sponsor:** University of California (San Francisco) School of Medicine
- **University of California (San Francisco) Medical Center**
- **Program Director:** Anthony A Portale, MD 533 Parnassus Avenue Room US85
- **San Francisco, CA 94143**
- **Tel:** 415 476-2023 Fax: 415 476-8976
- **Length:** 3 Yrs
- **Program ID:** 328-05-11-022

**Stanford**

**Stanford University Program**

- **Sponsor:** Stanford University Hospital
- **Program Director:** Peter D Torgin, MD
- **Department of Pediatrics, G606 350 Pasteur Drive Stanford, CA 94305**
- **Tel:** 650 723-7903 Fax: 650 498-6714
- **E-mail:** yelena@stanford.edu
- **Length:** 3 Yrs
- **Program ID:** 328-05-21-029

**Colorado**

**Denver**

**University of Colorado Program**

- **Sponsor:** University of Colorado School of Medicine Children's Hospital (The)
- **Program Director:** Douglas M Ford, MD 3056 East 19th Avenue, B338 Denver, CO 80218
- **Tel:** 303 831-6289 Fax: 303 837-2541
- **Length:** 3 Yrs
- **Program ID:** 328-07-21-003

**Connecticut**

**New Haven**

**Yale-New Haven Medical Center Program**

- **Sponsor:** Yale-New Haven Hospital
- **Program Director:** Norman J Siegel, MD
- **Department of Pediatrics 333 Cedar Street, PO Box 208064 New Haven, CT 06520**
- **Tel:** 203 785-4643 Fax: 203 785-3462
- **Length:** 3 Yrs
- **Program ID:** 328-06-21-004

**Florida**

**Gainesville**

**University of Florida Program**

- **Sponsor:** University of Florida College of Medicine Shands Hospital at the University of Florida
- **Program Director:** Robert S Pennell III, MD
- **Division of Pediatric Nephrology PO Box 100296, JHMHC Gainesville, FL 32610**
- **Tel:** 352 392-4434 Fax: 352 392-7107
- **Length:** 3 Yrs
- **Program ID:** 328-11-31-006

**Miami**

**Jackson Memorial Hospital/Jackson Health System Program**

- **Sponsor:** Jackson Memorial Hospital/Jackson Health System
- **Program Director:** Gaston E Zillenuelo, MD
- **Department of Pediatrics (M-714) PO Box 010692 Miami, FL 33101**
- **Tel:** 305 585-6472 Fax: 305 547-1709
- **E-mail:** zillenuelo@med.miami.edu
- **Length:** 3 Yrs
- **Program ID:** 328-11-21-002

**Illinois**

**Chicago**

**McGaw Medical Center of Northwestern University Program**

- **Sponsor:** McGaw Medical Center of Northwestern University
- **Program Director:** Craig B Longman, MD
- **3200 Children's Plaza, Box 37 Chicago, IL 60614**
- **Tel:** 773 880-4336 Fax: 773 880-6790
- **Length:** 3 Yrs
- **Program ID:** 328-16-21-000

**Louisiana**

**New Orleans**

**Tulane University Program**

- **Sponsor:** Tulane University School of Medicine
- **Program Director:** Frank G Boineau, MD 1430 Tulane Avenue Box SL-37 New Orleans, LA 70112
- **Tel:** 504 585-5377 Fax: 504 584-1852
- **Length:** 3 Yrs
- **Program ID:** 328-21-21-009

**Maryland**

**Baltimore**

**Johns Hopkins University Program**

- **Sponsor:** Johns Hopkins University School of Medicine
- **Program Director:** William R Harmon, MD 600 W Wolfe Street, Park 327 Baltimore, MD 21287
- **Tel:** 410 614-9367 Fax: 410 614-9360
- **Length:** 3 Yrs
- **Program ID:** 328-28-13-006

**Massachusetts**

**Boston**

**Children's Hospital/Boston Medical Center Program**

- **Sponsor:** Children's Hospital
- **Program Director:** William R Harmon, MD 300 Longwood Avenue Boston, MA 02115
- **Tel:** 617 266-6109 Fax: 617 730-0560
- **E-mail:** william.harmon@childrens.harvard.edu
- **Length:** 3 Yrs
- **Program ID:** 328-24-11-010

**Massachusetts General Hospital Program**

- **Sponsor:** Massachusetts General Hospital
- **Program Director:** Julie K D’Agostino, MD 620 Massachusetts Ave Boston, MA 02114
- **Tel:** 617 266-2008 Fax: 617 736-9944
- **E-mail:** julesdagger@partners.org
- **Length:** 3 Yrs
- **Program ID:** 328-24-21-048
Michigan

Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: David E Kernshaw, MD
Tel: 734-936-4210 Fax: 734-763-6997
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 328-29-21-034

Detroit
Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program
Sponsor: Wayne State University/Detroit Medical Center Children's Hospital of Michigan
Prgm Director: Tej K Mathoo, MD
Tel: 313-745-5604 Fax: 313-866-0000
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-26-21-045

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Prgm Director: Clifford K Kaskel, MD
Tel: 612-626-2822 Fax: 612-626-2701
Length: 3 Yrs
Program ID: 328-26-21-035

Missouri

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Prgm Director: Ira S Alon, MD
Tel: 816-234-3010 Fax: 816-234-3404
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-29-11-038

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Prgm Director: Stanley P Himmel, MD
Tel: 314-454-6040 Fax: 314-454-4283
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 328-26-21-031

New York

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Prgm Director: Lisa M Satlin, MD
Tel: 718-636-7407 Fax: 718-636-7406
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 328-33-21-011

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Morris J Schooneeman, MD
Tel: 718-270-1636
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-33-21-012

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Prgm Director: Wayne K Waz, MD
Tel: 716-641-1400 Fax: 716-641-1400
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-33-21-024

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Prgm Director: Lisa M Satlin, MD
Tel: 212-424-1974 Fax: 212-424-1972
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-33-31-051

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Prgm Director: Valerie L Johnson, MD, PhD
Tel: 212-746-3260 Fax: 212-746-8661
Length: 3 Yrs
Program ID: 328-33-31-049

Ohio

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: John J Busler, MD
Tel: 513-636-4631 Fax: 513-636-7407
E-mail: john.busler@cchmc.org
Length: 3 Yrs
Program ID: 328-33-21-015

Cleveland
Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Ira D Davis, MD
Tel: 216-644-8977 Fax: 216-644-8977
Length: 3 Yrs
Program ID: 328-33-21-054
Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Program Director: John D. Mahan, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4360 Fax: 614 722-6482
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-48-11-009

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Seth L. Schultz, MD
Division of Nephrology
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-2449 Fax: 215 590-3705
E-mail: schulzse@email.chop.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 1
Program ID: 328-41-21-025

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Program Director: Robert J. Wyatt, MD, MSc
50 N Dunlap, Room 301
Memphis, TN 38103
Tel: 901 572-5078 Fax: 901 572-5036
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-41-21-0118

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Program Director: Michele J. Baum, MD
5333 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9538 Fax: 214 648-2034
E-mail: michelle.baum@utsouthwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 328-49-21-019

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Alok Kalia, MD
Children's Hosp-Dept of Pediatrics
301 University Blvd
Galveston, TX 77555
Tel: 409 772-2500 Fax: 409 772-5283
Length: 3 Yrs
Program ID: 328-48-11-020

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Program Director: Eileen D. Brewer, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-1100 Fax: 713 798-3888
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-49-21-026

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Program Director: Ronald J. Porterman, MD
6431 Fannin Street, MBB 3.124
Houston, TX 77030
Tel: 713 697-5070 Fax: 713 500-5629
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-48-21-041

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Victoria F. Norwood, MD
Children's Medical Center
PO Box 80086
Charlottesville, VA 22908
Tel: 434 824-2006 Fax: 434 924-5505
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 328-51-11-027

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Program Director: Allison A. Eddy, MD
4800 Sand Point Way, NE, M1-5
PO Box 5372
Seattle, WA 98104
Tel: 206 987-2524 Fax: 206 987-3636
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 328-54-21-043

Pediatric Orthopaedics (Orthopaedic Surgery)

California
Los Angeles
Orthopedic Hospital Program
Sponsor: Orthopedic Hospital
Program Director: M. Mark Helfet, MD
2300 S Flower Street, Suite 200
Los Angeles, CA 90007
Tel: 213 742-2282
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 328-66-21-048

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Program Director: Jeffrey Thomson, MD
282 Washington Street
Hartford, CT 06110
Tel: 860 545-8643
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 328-66-21-020

Delaware
Wilmington
duPont Hospital for Children Program
Sponsor: Alfred I. duPont Hospital for Children
Program Director: William G. Mackenzie, MD
1600 Rockland Road
PO Box 260
Wilmington, DE 19899
Tel: 302 651-5980
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 328-69-31-004

Florida
Jacksonville
Nemours Children's Clinic Program
Sponsor: Nemours Children's Clinic
Program Director: R. Jay Cummings, MD
807 Children's Way
Jacksonville, FL 32207
Tel: 904 396-3670 Fax: 904 396-3300
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 328-65-21-026
### Accredited Programs in Pediatric Orthopaedics (Orthopaedic Surgery)

<table>
<thead>
<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Prgm Director</th>
<th>Length</th>
<th>Sponsor's Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orlando</strong></td>
<td>Orlando Regional Healthcare Program</td>
<td>Arnold Palmer Hospital for Children and Women</td>
<td>Raymond T. Morrissey, MD</td>
<td>1 Yr</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Kentucky</strong></td>
<td>Lexington Shriners Hospital for Children Program</td>
<td>University of Kentucky Hospital Pediatric Orthopaedics</td>
<td>Robert E. Baase, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:mbreese@.ukhealthcare.net">mbreese@.ukhealthcare.net</a></td>
</tr>
<tr>
<td><strong>Louisiana</strong></td>
<td>New Orleans Louisiana State University Program</td>
<td>Louisiana State University School of Medicine</td>
<td>N. Baumer Willis, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Massachusetts</strong></td>
<td>Boston Children's Hospital Program</td>
<td>Boston Children's Hospital</td>
<td>Martin B. Reckler, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Missouri</strong></td>
<td>St Louis Washington University/B-JH/SLCH Consortium Program</td>
<td>Washington University/B-JH/SLCH Consortium</td>
<td>David G. Schreiber, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td>New York Hospital for Special Surgery/Cornell Medical Center Program</td>
<td>New York Presbyterian Hospital, Cornell Campus</td>
<td>Stephen W. Burke, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Ohio</strong></td>
<td>Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program</td>
<td>University of Cincinnati</td>
<td>Charles R. Freeman, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Oklahoma</strong></td>
<td>Oklahoma Children's Hospital/University of Oklahoma Program</td>
<td>University of Oklahoma</td>
<td>Joseph A. Stump, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Pennsylvania</strong></td>
<td>Philadelphia Children's Hospital Program</td>
<td>Children's Hospital of Philadelphia</td>
<td>Stephen A. Rizzo, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Rhode Island</strong></td>
<td>Rhode Island Hospital Program</td>
<td>Rhode Island Hospital</td>
<td>Andrew J. Bissette, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>South Carolina</strong></td>
<td>Charleston Shriners Hospital for Children Program</td>
<td>University of South Carolina School of Medicine</td>
<td>Ankit P. Shah, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Tennessee</strong></td>
<td>Nashville Shriners Hospital for Children Program</td>
<td>Vanderbilt University School of Medicine</td>
<td>Stephen J. Chang, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td>Texas Children's Hospital Program</td>
<td>Texas Children's Hospital</td>
<td>Michael J. Sicard, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Utah</strong></td>
<td>Salt Lake Children's Hospital Program</td>
<td>University of Utah School of Medicine</td>
<td>Douglas A. Schmidt, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Virginia</strong></td>
<td>Virginia Children's Hospital Program</td>
<td>Virginia Commonwealth University</td>
<td>Tracey D. Morehouse, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td>Seattle Children's Hospital Program</td>
<td>University of Washington School of Medicine</td>
<td>Richard J. Hoving, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
<tr>
<td><strong>West Virginia</strong></td>
<td>Children's Hospital of West Virginia Program</td>
<td>West Virginia University School of Medicine</td>
<td>William J. Driscoll, MD</td>
<td>2 Yrs</td>
<td>E-mail: <a href="mailto:academictraining@hss.edu">academictraining@hss.edu</a></td>
</tr>
</tbody>
</table>

**Graduate Medical Education Directory 2004-2005**
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Accredited Program Details</th>
</tr>
</thead>
</table>
| Rhode Island | Providence | Brown University Program  
Sponsor: Rhode Island Hospital-LifeSpan  
Prgm Director: Michael Oehrlich, MD  
503 Eddy Street  
Providence, RI 02903  
Tel: 401 444-6518  
Fax: 401 444-6518  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 265-43-12-042 |
| Tennessee | Memphis | University of Tennessee Program  
Sponsor: University of Tennessee College of Medicine  
Campbell Clinic - University of Tennessee LeBonheur Children's Medical Center  
Prgm Director: James H Beaty, MD  
1211 Union Ave  
Suite 510  
Memphis, TN 38104  
Tel: 901 769-3274  
Fax: 901 769-3278  
Length: 1 Yr  
ACGME Approved/Offered Positions: 1  
Program ID: 265-47-24-034 |
| Texas | Dallas | University of Texas Southwestern Medical School Program  
Sponsor: University of Texas Southwestern Medical School  
Children's Medical Center of Dallas  
Texas Scottish Rite Hospital for Children  
Prgm Director: John A Herring, MD  
2225 Welborn Street  
Dallas, TX 75235  
Tel: 214 559-7556  
Fax: 214 559-7570  
Length: 1 Yr  
ACGME Approved/Offered Positions: 4  
Program ID: 265-48-21-013 |
| | Houston | Baylor College of Medicine Program  
Sponsor: Baylor College of Medicine  
Shriners Hospitals for Children (Houston)  
Texas Children's Hospital  
Prgm Director: Richard J Haynes, MD  
6077 Main Street  
Houston, TX 77030  
Tel: 713 793-3776  
Fax: 713 793-3779  
Length: 1 Yr  
ACGME Approved/Offered Positions: 3  
Program ID: 265-48-31-002 |
| Utah | Salt Lake City | University of Utah Program  
Sponsor: University of Utah Medical Center  
Primary Children's Medical Center  
Shriners Hospital for Children (Intermountain Unit)  
Prgm Director: Peter M Stevens, MD  
100 North Medical Drive, Suite 4550  
Salt Lake City, UT 84113  
Tel: 801 568-3900  
Fax: 801 568-3918  
Length: 1 Yr  
Program ID: 265-49-31-015 |

**Pediatric Otolaryngology (Otolaryngology)**

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Program Details</th>
</tr>
</thead>
</table>
| Iowa | Iowa City | University of Iowa Hospitals and Clinics Program  
Sponsor: University of Iowa Hospitals and Clinics  
Prgm Director: Richard J H Smith, MD  
Head and Neck Surgery 21155 FFP  
Iowa City, IA 52242  
Tel: 319 356-3616  
Fax: 319 356-4547  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 2  
Program ID: 285-18-21-005 |

**Ohio**

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Program Details</th>
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</table>
| Cincinnati | | Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program  
Sponsor: Cincinnati Children's Hospital Medical Center  
Prgm Director: Jay Paul Willing, MD  
5333 Burnet Avenue, Ml 2301  
Cincinnati, OH 45229  
Tel: 513 668-2287  
Fax: 513 668-8133  
E-mail: PedENTfellowship@cchmc.org  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 265-38-21-004 |

**Pennsylvania**

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Program Details</th>
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</table>
| Philadelphia | | Children's Hospital of Philadelphia Program  
Sponsor: Children's Hospital of Philadelphia  
University of Pennsylvania Health System  
Prgm Director: Ralph F Wetmore, MD  
24th Street Civic Center Boulevard  
ENT, 1 Wood Center  
Philadelphia, PA 19104  
Tel: 215 590-1582  
Fax: 215 590-3986  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 285-41-13-006 |

**Pittsburgh**

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Program Details</th>
</tr>
</thead>
</table>
| | | University of Pittsburgh Medical Center Medical Education Program  
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program  
Children's Hospital of Pittsburgh  
Prgm Director: Margarettha L Casselbrant, MD, PhD  
Department of Pediatric Otolaryngology  
3705 Fifth Avenue  
Pittsburgh, PA 15213  
Tel: 412 692-8577  
Fax: 412 692-0974  
Length: 2 Yrs  
ACGME Approved/Offered Positions: 4  
Program ID: 285-41-21-001 |
## Pediatric Pathology (Pathology)

### California

**Los Angeles**

**Children's Hospital Los Angeles Program**  
*Sponsor:* Children's Hospital Los Angeles  
*Program Director:* Paul Pattengale, MD  
*PO Box 1289*  
*2 Columbia Drive*  
*Tampa, FL 33606*  
*Tel:* 813-844-7566  
*Length:* 1 Yr  
*Program ID:* 316-11-21-015

### Colorado

**Denver**

**University of Colorado Program**  
*Sponsor:* University of Colorado School of Medicine  
*Children's Hospital (Bgh)*  
*Program Director:* Joel E Haas, MD  
*1050 East 18th Avenue*  
*Denver, CO 80218*  
*Tel:* 303 861-8718  
*Fax:* 303 881-4112  
*Length:* 1 Yr  
*Program ID:* 316-06-21-029

### Connecticut

**Hartford**

**Hartford Hospital Program**  
*Sponsor:* Hartford Hospital  
*Program Director:* Fabiola Balarezo, MD  
*89 Seymour Street*  
*PO Box 5037*  
*Hartford, CT 06102*  
*Tel:* 860 545-2249  
*Fax:* 860 545-2204  
*Length:* 1 Yr  
*Program ID:* 316-06-21-029

### Florida

**Miami**

**Jackson Memorial Hospital/Jackson Health System Program**  
*Sponsor:* Jackson Memorial Hospital/Jackson Health System  
*Program Director:* Maria M Rodriguez, MD  
*111 NW 12th Avenue*  
*Department of Pathology*  
*Miami, FL 33136*  
*Tel:* 305 866-8878  
*Fax:* 305 858-5311  
*Length:* 1 Yr  
*Program ID:* 316-11-21-020

### Illinois

**Chicago**

**McGaw Medical Center of Northwestern University Program**  
*Sponsor:* McGaw Medical Center of Northwestern University  
*Children's Memorial Hospital*  
*Program Director:* Pauline Chou, MD  
*Department of Pathology and Laboratory Medicine*  
*2300 Children's Plaza, Box 17*  
*Chicago, IL 60614*  
*Tel:* 773 888-4439  
*Fax:* 773 888-8127  
*E-mail:* pchou@childrensmemorial.org  
*Length:* 1 Yr  
*Program ID:* 316-16-21-024

### Indiana

**Indianapolis**

**Indiana University School of Medicine Program**  
*Sponsor:* Indiana University School of Medicine  
*Clarian Indiana University Hospital*  
*Clarian Riley Hospital for Children*  
*Program Director:* Mary M Davis, MD  
*700 Barnhill Drive, Room 4226*  
*Indianapolis, IN 46222*  
*Tel:* 317 274-2616  
*Fax:* 317 274-2810  
*Length:* 1 Yr  
*Program ID:* 316-17-21-002

### Louisiana

**New Orleans**

**Louisiana State University Program**  
*Sponsor:* Louisiana State University School of Medicine  
*Children's Hospital*  
*Program Director:* Randall Craver, MD  
*3901 Perdido Street*  
*New Orleans, LA 70112*  
*Tel:* 504 896-8915  
*E-mail:* rcrave@lsuhsc.edu  
*Length:* 1 Yr  
*Program ID:* 316-21-21-001

### Maryland

**Baltimore**

**Johns Hopkins University Program**  
*Sponsor:* Johns Hopkins University School of Medicine  
*Office of the Chief Medical Examiner*  
*Program Director:* Grover M Hutchins, MD  
*Pathology B-110*  
*600 North Wolfe Street*  
*Baltimore, MD 21287*  
*Tel:* 410 955-3765  
*Fax:* 410 614-2343  
*Length:* 1 Yr  
*Program ID:* 316-23-21-025

### Massachusetts

**Boston**

**Children's Hospital Program**  
*Sponsor:* Children's Hospital  
*Brigham and Women's Hospital*  
*Program Director:* Antonio & Perez-Atapane, MD  
*390 Longwood Avenue*  
*Boston, MA 02115*  
*Tel:* 617 355-7413  
*Length:* 1 Yr  
*ACGME Approved/Offered Positions:* 4  
*Program ID:* 316-24-21-017

### Michigan

**Detroit**

**Wayne State University/Detroit Medical Center Program**  
*Sponsor:* Wayne State University/Detroit Medical Center  
*Children's Hospital of Michigan*  
*Program Director:* David J Grigson, MD  
*Department of Pathology*  
*3901 Beaumien Boulevard*  
*Downtown, MI 48201*  
*Tel:* 313 745-5491  
*Length:* 1 Yr  
*ACGME Approved/Offered Positions:* 1  
*Program ID:* 316-25-21-004

### Missouri

**Kansas City**

**Children's Mercy Hospital Program**  
*Sponsor:* Children's Mercy Hospital  
*Program Director:* David J. Zwick, MD  
*3401 Gillham Road*  
*Kansas City, MO 64108*  
*Tel:* 816 234-3234  
*Fax:* 816 880-1492  
*Length:* 1 Yr  
*ACGME Approved/Offered Positions:* 1  
*Program ID:* 316-26-13-026

**St Louis**

**St Louis University School of Medicine Program**  
*Sponsor:* St Louis University School of Medicine  
*Cardinal Glennon Children's Hospital*  
*Program Director:* Cirilo Sotelo-Avila, MD  
*1465 South Grand Boulevard*  
*St Louis, MO 63104*  
*Tel:* 314 269-6424  
*Fax:* 314 269-6471  
*Length:* 1 Yr  
*Program ID:* 316-26-21-006
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Louis P Dehner, MD
One Barnes Hospital Plaza
St Louis, MO 63110
Tel: 314 362-0150 Fax: 314 362-5227
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-28-21-019

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Prgm Director: Sue Hammond, MD
700 Children's Drive
Anatomic Pathology
Columbus, OH 43205
Tel: 614 224-5460 Fax: 614 722-8999
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-28-21-010

New York
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Virginia M Anderson, MD
450 Clarkson, Box 25
Brooklyn, NY 11203
Tel: 718 270-1984 Fax: 718 378-33-3
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-35-31-018

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Eduardo D Itchel, MD
334 S 34th Street
Department of Pathology, Room 5306
Philadelphia, PA 19104
Tel: 215 569-1728 Fax: 215 569-1726
E-mail: ruchelli@email.chop.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-31-014

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children
(Therapeutics Program)
Prgm Director: Judy Mac Pascasio, MD
Eric Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5873 Fax: 215 427-4864
E-mail: judy.pascasio@ checo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-21-013

Ohio
Akron
Children's Hospital Medical Center of Akron/NEUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Prgm Director: Dimitris P Agamalis, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-8819
E-mail: dagamalis@chmca.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-38-31-012

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Margaret H Collins, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 556-4251 Fax: 513 569-3924
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-28-21-021

Rhode Island
Providence
Brown University Program
Sponsor: Women's and Infants Hospital of Rhode Island
Rhode Island Hospital-Lifepan
Prgm Director: M Halll Pinart, MD
101 Dudley Street
Providence, RI 02905
Tel: 401 274-1122 Fax: 401 463-7681
E-mail: Hallt_Pinart@brown.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-43-21-005

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Prgm Director: Sue Hammond, MD
700 Children's Drive
Anatomic Pathology
Columbus, OH 43205
Tel: 614 224-5460 Fax: 614 722-8999
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-28-21-010

New York
New York University School of Medicine Program
Sponsor: New York University School of Medicine
North Shore University Hospital
Prgm Director: M Luba Greco, MD
560 First Avenue
New York, NY 10016
Tel: 212 263-4443 Fax: 212 263-8994
E-mail: mg10@nyu.edu
Length: 1 Yr
Program ID: 316-35-31-007

Pennsylvania
Philadelphia
Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Prgm Director: Eduardo D Itche1, MD
334 S 34th Street
Department of Pathology, Room 5306
Philadelphia, PA 19104
Tel: 215 569-1728 Fax: 215 569-1726
E-mail: ruchelli@email.chop.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-31-014

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Therapeutics Program)
Prgm Director: Judy Mac Pascasio, MD
Eric Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5873 Fax: 215 427-4864
E-mail: judy.pascasio@ checo.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-21-013

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
Prgm Director: Ronald Jaffe, MD
2100 Brees Avenue
Pittsburgh, PA 15213
Tel: 412 667-5665 Fax: 412 667-6580
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-41-11-016

New York
New York University School of Medicine Program
Sponsor: New York University School of Medicine
North Shore University Hospital
Prgm Director: M Luba Greco, MD
560 First Avenue
New York, NY 10016
Tel: 212 263-4443 Fax: 212 263-8994
E-mail: mg10@nyu.edu
Length: 1 Yr
Program ID: 316-35-31-007

Ohio
Akron
Children's Hospital Medical Center of Akron/NEUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Prgm Director: Dimitris P Agamalis, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-8819
E-mail: dagamalis@chmca.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-38-31-012

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Margaret H Collins, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 556-4251 Fax: 513 569-3924
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-28-21-021

Rhode Island
Providence
Brown University Program
Sponsor: Women's and Infants Hospital of Rhode Island
Rhode Island Hospital-Lifepan
Prgm Director: M Halll Pinart, MD
101 Dudley Street
Providence, RI 02905
Tel: 401 274-1122 Fax: 401 463-7681
E-mail: Hallt_Pinart@brown.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-43-21-005

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Beverly B Rogers, MD
1955 Motor Street
Dallas, TX 75390
Tel: 214 655-0065 Fax: 214 655-0180
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-48-31-003

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Edmund J Fockel, DO
Department of Pathology, MCI 1-3301
6021 Fannin Street
Houston, TX 77030
Tel: 713 798-1970 Fax: 713 798-1032
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 316-48-31-009

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Christus Santa Rosa Health Care Corporation
Prgm Director: Victor A Saldarri, MD
333 N Santa Rosa Street
San Antonio, TX 78207
Tel: 210 704-5006
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-48-21-020

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Cheryl M Coffin, MD
100 North Medical Drive
Salt Lake City, UT 84133
Tel: 801 588-3185
Length: 1 Yr
Program ID: 316-49-22-032

Washington
Seattle
Children's Hospital and Medical Center (Seattle) Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Laura Finn, MD
4600 Sand Point Way, NE
Seattle, WA 98105
Tel: 206 987-2106
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 316-54-11-081

Graduate Medical Education Directory 2004-2005
83
Accredited Programs in Pediatric Pulmonology (Pediatrics)

**Alabama**

**Birmingham**

University of Alabama Medical Center Program

- **Sponsor:** University of Alabama Hospital
- **Children's Hospital of Alabama**
- **Program Director:** Raymond K Lyrene, MD
- **Address:** 1090 7th Avenue South, Suite 620, AOC
- **Birmingham, AL 35233**
- **Tel:** 205 693-0863, Fax: 205 975-5803
- **Length:** 3 Yrs
- **Program ID:** 330-01-21-001

**Arizona**

**Tucson**

University of Arizona Program

- **Sponsor:** University of Arizona College of Medicine
- **Tucson Medical Center**
- **Program Director:** John D Mark, MD
- **Address:** Box 24073, 1501 N Campbell Avenue
- **Tucson, AZ 85724**
- **Tel:** 520 626-7780, Fax: 520 625-9465
- **E-mail:** jmark@ahr.cca.az
- **Length:** 3 Yrs
- **Program ID:** 330-03-21-002

**California**

**Long Beach**

University of California (Irvine) Program

- **Sponsor:** University of California (Irvine) Medical Center
- **Long Beach Memorial Medical Center**
- **Program Director:** Elieser Nussbaum, MD
- **Address:** 2801 Atlantic Avenue
- **Long Beach, CA 90805**
- **Tel:** 562 933-8740, Fax: 562 933-8744
- **E-mail:** eiuusbaum@memorialcare.org
- **Length:** 3 Yrs
- **Program ID:** 330-05-21-003

**Los Angeles**

Children's Hospital Los Angeles Program

- **Sponsor:** Children's Hospital Los Angeles
- **Program Director:** Thomas G. Keens, MD
- **Division of Pediatric Pulmonology**
- **Address:** 4650 Sunset Blvd, Box #83
- **Los Angeles, CA 90027**
- **Tel:** 323 669-2101, Fax: 323 664-9758
- **Length:** 3 Yrs
- **Program ID:** 330-05-21-004

**Oakland**

Children's Hospital-Oakland Program

- **Sponsor:** Children's Hospital-Oakland
- **Program Director:** Karen A Hardy, MD
- **Address:** 747 32nd Street
- **Oakland, CA 94609**
- **Tel:** 510 438-3315, Fax: 510 987-7154
- **Length:** 3 Yrs
- **Program ID:** 330-05-13-1-055

**San Francisco**

University of California (San Francisco) Program

- **Sponsor:** University of California (San Francisco) School of Medicine
- **Program Director:** Deana W Nelson, MD, PhD
- **Address:** 511 Parnassus Avenue, C444, Box 0632
- **San Francisco, CA 94143**
- **Tel:** 415 476-1073, Fax: 415 476-8278
- **Length:** 3 Yrs
- **Program ID:** 330-05-21-005

**Colorado**

**Denver**

University of Colorado Program

- **Sponsor:** University of Colorado School of Medicine
- **Children's Hospital (The)**
- **Program Director:** Robin R Detert, MD, PhD
- **Address:** 1066 E 18th Avenue (G306)
- **Denver, CO 80218**
- **Tel:** 303 837-0522, Fax: 303 837-0924
- **E-mail:** rroskoski.michelle@uchsc.edu
- **Length:** 3 Yrs
- **Program ID:** 330-07-21-008

**Connecticut**

**Farmington**

University of Connecticut Program

- **Sponsor:** University of Connecticut School of Medicine
- **Connecticut Children's Medical Center**
- **Program Director:** Karen L Daigle, MD
- **Address:** 282 Washington Street
- **Farmington, CT 06030**
- **Tel:** 860 545-9450, Fax: 860 545-9445
- **Length:** 3 Yrs
- **Program ID:** 330-08-21-007

**Florida**

**Gainesville**

University of Florida Program

- **Sponsor:** University of Florida College of Medicine
- **Shands Hospital at the University of Florida**
- **Program Director:** Sarah E Chesrown, MD
- **Department of Pediatrics**
- **Address:** PO Box 10026, HSC
- **Gainesville, FL 32610**
- **Tel:** 352 392-4463, Fax: 352 392-4460
- **E-mail:** scsche@pedmed.ufl.edu
- **Length:** 3 Yrs
- **Program ID:** 330-11-21-017

**Miami**

Jackson Memorial Hospital/Jackson Health System Program

- **Sponsor:** Jackson Memorial Hospital/Jackson Health System
- **Program Director:** Katherine King, MD
- **Address:** Batchelor Children's Research Institute
- **1st Floor (1-820)
- **Miami, FL 33136**
- **Tel:** 305 243-6661, Fax: 305 243-6708
- **Length:** 3 Yrs
- **Program ID:** 330-11-21-054

**Illinois**

**Chicago**

McGaw Medical Center of Northwestern University Program

- **Sponsor:** McGaw Medical Center of Northwestern University
- **Children's Memorial Hospital**
- **Program Director:** Oren J Luker, MD
- **Div of Pulmonary/Critical Care #73**
- **200 Children's Plaza No 43
- **Chicago, IL 60614**
- **Tel:** 773 890-8150, Fax: 773 890-6300
- **Length:** 3 Yrs
- **Program ID:** 330-16-21-052

**University of Chicago Program**

- **Sponsor:** University of Chicago Hospitals
- **University of Chicago Children's Hospital**
- **Program Director:** Lucille A Lester, MD
- **5841 S Maryland Avenue (MV 404)**
- **Chicago, IL 60637**
- **Tel:** 773 702-9659, Fax: 773 702-4041
- **Length:** 3 Yrs
- **Program ID:** 330-16-21-048

**District of Columbia**

**Washington**

Children's National Medical Center/George Washington University Program

- **Sponsor:** Children's National Medical Center
- **Program Director:** Iman R Sami-Zakhari, MD
- **Address:** 111 Michigan Avenue, NW
- **Washington, DC 20010**
- **Tel:** 202 884-6718, Fax: 202 884-6664
- **E-mail:** isami@cmric.org
- **Length:** 3 Yrs
- **Program ID:** 330-10-21-049
Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine Clarion Riley Hospital for Children
Prgm Director: Howard Egan, MD
701 Barnhill Drive, Room 2750
Indianapolis, IN 46202
Tel: 317 274-3434 Fax: 317 274-3422
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-17-21-018

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Miles M Weinberger, MD
Pediatric Department-JCP
Iowa City, IA 52242
Tel: 319 356-9485 Fax: 319 356-7171
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-18-21-013

Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane Hospital for Children
Prgm Director: Robert C Beckerman, MD
Department of Pediatrics, SL97
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 588-5611 Fax: 504 588-5400
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-21-21-012

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Pamela L Zeitlin, MD, PhD
400 N Wolfe Street, Park 316
Baltimore, MD 21287
Tel: 410 955-4022 Fax: 410 955-1090
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-22-21-010

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Prgm Director: David A Nault, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6105 Fax: 617 730-0084
E-mail: donna.gironini@ch.harvard.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 330-21-21-009

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Prgm Director: Thomas R Kinane, MD
55 Fruit Street - VHBK8015
Boston, MA 02114
Tel: 617 724-8985 Fax: 617 724-4906
E-mail: edwina@partners.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-22-21-036

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Marc B Hershenson, MD
1500 E Medical Center Drive
L3221 Women’s Box 0112
Ann Arbor, MI 48109
Tel: 734 764-9280 Fax: 734 764-9289
Length: 3 Yrs Program ID: 330-25-21-010

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Warren E Regelmann, MD
MMG742
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 626-2191 Fax: 612 626-0413
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-26-21-018

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Prgm Director: Thomas Perkel, MD
St Louis Children’s Hospital
One Children’s Place
St Louis, MO 63110
Tel: 314 454-2694 Fax: 314 454-2695
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 330-25-21-020

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Prgm Director: Elizabeth A Perkel, MD
Pediatric Pulmonary MSCI10-5600
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-0900 Length: 3 Yrs Program ID: 330-24-21-039

New York

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital SUNY Health Science Center at Brooklyn
Prgm Director: Madhu Rao, MD
Pediatric Department Box 49
450 Clarkson Avenue
Brooklyn, NY 11201
Tel: 718 570-1634
E-mail: madhurao@pol.net
Length: 3 Yrs Program ID: 330-35-21-021

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Prgm Director: Scott Schroeder, MD
225 Station Plaza North, Suite 603
Mineola, NY 11501
Tel: 516 663-4857 Fax: 516 663-8256
Length: 3 Yrs Program ID: 330-35-21-000

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Meyer Kattan, MD
One Gustave L Levy Place
Box 1202B
New York, NY 10029
Tel: 212 241-7798 Fax: 212 876-2556
Length: 3 Yrs Program ID: 330-35-32-042

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Michael R Byer, MD
3500 Broadway, BHS 7
Children’s Lang Center
New York, NY 10027
Tel: 212 365-8111 Fax: 212 956-6108
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-35-21-040

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Gerald M Loughlin, MD, MS
525 East 68th Street, Box 506
New York, NY 10021
Tel: 212 746-4111 Fax: 212 746-8117
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 330-35-31-051

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Clement L Ben, MD
601 Elmwood Avenue, Box 057
Rochester, NY 14642
Tel: 585 275-2464 Fax: 585 275-8706
E-mail: shelley_weekes@urmc.rochester.edu
Length: 3 Yrs Program ID: 330-35-21-023

Graduate Medical Education Directory 2004-2005
### Valhalla
**New York Medical College at Westchester Medical Center Program**

**Sponsor:** New York Medical College  
Westchester Medical Center  
**Prgm Director:** Allen J. Donor, MD  
Munger Pavilion, Room 106  
Valhalla, NY 10595  
Tel: 914 448-7085  Fax: 914 584-6330  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 3  
Program ID: 330-35-31-041

### North Carolina
**Chapel Hill**

**University of North Carolina Hospitals Program**

**Sponsor:** University of North Carolina Hospitals  
**Prgm Director:** Terry L. Noah, MD  
Box 2994  
Chapel Hill, NC 27599  
Tel: 919 966-0585  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 6  
Program ID: 330-36-21-019

### Oregon
**Portland**

**Oregon Health & Science University Program**

**Sponsor:** Oregon Health & Science University Hospital  
**Prgm Director:** Michael R. Powers, MD  
701 SW Gaines Road  
Mail Code CBDCP  
Portland, OR 97239  
Tel: 503 494-8023  Fax: 503 494-8888  
Length: 3 Yrs  
Program ID: 330-40-21-025

### Pennsylvania
**Philadelphia**

**Children's Hospital of Philadelphia Program**

**Sponsor:** Children's Hospital of Philadelphia  
**Prgm Director:** Howard B. Panitch, MD  
34th Street & Civic Center Blvd  
Philadelphia, PA 19104  
Tel: 215 590-3749  Fax: 215 590-3500  
Length: 3 Yrs  
Program ID: 330-41-21-034

**St Christopher's Hospital for Children Program**

**Sponsor:** St Christopher's Hospital for Children (Temet Health System)  
**Prgm Director:** Suzanne E. Beck, MD  
3333 Burnet Avenue  
Cincinnati, OH 45229  
Tel: 513 568-6771  Fax: 513 568-4615  
Length: 3 Yrs  
Program ID: 330-36-21-926

### Ohio
**Cincinnati**

**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

**Sponsor:** Cincinnati Children's Hospital Medical Center  
**Prgm Director:** Barbara A. Child, MD  
3333 Burnet Avenue  
Cincinnati, OH 45229  
Tel: 513 568-6671  Fax: 513 568-4615  
Length: 3 Yrs  
Program ID: 330-36-21-926

### Cleveland
**Case Western Reserve University/University Hospitals of Cleveland Program**

**Sponsor:** University Hospitals of Cleveland  
**Prgm Director:** James F. Cimino, MD, MPH  
Pediatric Pulmonology - MS 8006  
1100 Euclid Avenue  
Cleveland, OH 44106  
Tel: 216 844-2627  Fax: 216 844-5916  
Length: 3 Yrs  
Program ID: 330-38-21-027

### Columbus
**Children's Hospital/Ohio State University Program**

**Sponsor:** Children's Hospital (Columbus)  
Ohio State University Hospital  
**Prgm Director:** Karen S. McCoy, MD  
700 Children's Drive, ED-442  
Columbus, OH 43206  
Tel: 614 722-4765  Fax: 614 722-4755  
Length: 3 Yrs  
Program ID: 330-38-21-049

### Texas
**Houston**

**Baylor College of Medicine Program**

**Sponsor:** Baylor College of Medicine  
**Prgm Director:** Christopher M. Gemann, MD  
Pediatric Pulmonology  
6521 Fannin, HC 104.00  
Houston, TX 77030  
Tel: 713 809-5600  Fax: 713 809-5653  
E-mail: Sheila.Donnell@bmc.tmc.edu  
Length: 3 Yrs  
Program ID: 330-40-21-025

### Virginia
**Charlottesville**

**University of Virginia Program**

**Sponsor:** University of Virginia Medical Center  
**Prgm Director:** Benjamin M. Gaston, MD  
Pediatric Respiratory Medicine  
**Prgm Director:** Gregory J. Redding, MD  
**Prgm Director:** Christopher M. Oermann, MD  
**Prgm Director:** Giuseppe N. Colasurdo, MD  
4441 Fannin, MSB 3.323  
Houston, TX 77030  
Tel: 713 500-5650  Fax: 713 500-0653  
E-mail: Sheila.Donnell@bmc.tmc.edu  
Length: 3 Yrs  
Program ID: 330-40-21-025

### Washington
**Seattle**

**University of Washington Program**

**Sponsor:** University of Washington School of Medicine  
Children's Hospital and Regional Medical Center  
University of Washington Medical Center  
**Prgm Director:** Gregory J. Redding, MD  
Department of Pediatrics  
Box 350990, 3D-4  
Seattle, WA 98195  
Tel: 206 987-2174  Fax: 206 987-3639  
E-mail: help@kaopuiki@seattlechildrens.org  
Length: 3 Yrs  
Program ID: 330-54-21-03

### Wisconsin
**Madison**

**University of Wisconsin Program**

**Sponsor:** University of Wisconsin Hospital and Clinics  
**Prgm Director:** Marzena E Krawiec, MD  
Room 54-9/46  
600 Highland Avenue  
Madison, WI 53792  
Tel: 608 263-8555  Fax: 608 263-0510  
Length: 3 Yrs  
Program ID: 330-56-21-030
Pediatric Radiology (Radiology-Diagnostic)

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
University Hospital of Arkansas
Prgm Director: Theodora Vanderrue, MD
900 Marshall Street, Slot 105
Little Rock, AR 72202
Tel: 501-364-9411 Fax: 501-364-1513
E-mail: lewis.michelle@uams.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-05-21-006

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: Lionel W Young, MD
11234 Anderson Street
Loma Linda, CA 92534
Tel: 909-558-4281 Fax: 909-558-0266
Length: 1 Yr
Program ID: 424-05-31-049

Los Angeles

Children’s Hospital Los Angeles Program
Sponsor: Children's Hospital Los Angeles
Prgm Director: Marvin D Nelson Jr, MD, MBA
4650 Sunset Boulevard, MS-81
Los Angeles, CA 90027
Tel: 323-669-4572 Fax: 323-666-4655
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 424-05-21-008

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Prgm Director: Maria I Boechat, MD
Department of Radiological Sciences
666 Charles E Young Drive South
Los Angeles, CA 90095
Tel: 310-283-6768 Fax: 310-267-2022
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-05-21-022

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Prgm Director: Charles M Gooding, MD
Department of Radiology
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415-476-1818 Fax: 415-476-0616
Length: 1 Yr
Program ID: 424-05-21-043

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children's Hospital at Stanford
Prgm Director: Michael A Burch, MD
Diagnostic Radiology-MC 5654
LPCH 1678, 725 Welch Road
Palo Alto, CA 94305
Tel: 650-497-8651 Fax: 650-497-8746
Length: 1 Yr
Program ID: 424-05-21-023

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
Prgm Director: Charles A Gooding, MD
825-6798

District of Columbia

Washington

Children's National Medical Center/ George Washington University Program
Sponsor: Children's National Medical Center
Prgm Director: David C Kandhai, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202-844-8597 Fax: 202-844-8644
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 424-10-21-024

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: George E Abdenour Jr, MD
1611 NW 12th Avenue
West Wing, Rm 279
Miami, FL 33136
Tel: 305-586-8594 Fax: 305-262-3644
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 424-11-21-006

Miami Children's Hospital Program
Sponsor: Miami Children's Hospital
Prgm Director: Donald H Altman, MD
Department of Radiology
305 SW 2nd Ave
Miami, FL 33135
Tel: 305-666-5451 Fax: 305-666-5850
E-mail: nolan.altman@mch.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 424-11-21-025
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<tr>
<td>Program Director: Paula N Dickson, MD</td>
<td>Program Director: James E Crowe, MD</td>
<td>Program Director: Gregory Mitton, MD</td>
</tr>
<tr>
<td>Tel: 404 325-6532 Fax: 404 325-2216</td>
<td>Tel: 410 855-6140 Fax: 410 502-3633</td>
<td>Tel: 716 877-7502 Fax: 716 878-7001</td>
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<td>Children's Memorial Hospital</td>
<td>Program Director: Carlo Buonomo, MD</td>
<td>Department of Radiology</td>
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<tr>
<td>Program Director: Tamar E Ben-Ami, MD</td>
<td>300 Longwood Avenue</td>
<td>370-07.76th Avenue</td>
</tr>
<tr>
<td>Tel: 773 880-3517 Fax: 773 880-3517</td>
<td>Boston, MA 02115</td>
<td>New Hyde Park, NY 11042</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:benami@childrensmemorial.org">benami@childrensmemorial.org</a></td>
<td>Tel: 617 355-6406 Fax: 617 738-1589</td>
<td>Tel: 718 570-5404 Fax: 718 343-7465</td>
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<td>Clarian Riley Hospital for Children</td>
<td>Program Director: Ramiro J Hernandez, MD, MS</td>
<td>Program Director: Carrie R Shapiro, MD</td>
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<td>Program Director: Richard B Gundersman, MD</td>
<td>C0 Mott Children’s Hospital</td>
<td>622 West 168th Street</td>
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<tr>
<td>Department of Radiology</td>
<td>1500 E Medical Center Drive</td>
<td>CHN-2-330</td>
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<tr>
<td>Barnhill Drive</td>
<td>Ann Arbor, MI 48109</td>
<td>New York, NY 10032</td>
</tr>
<tr>
<td>Indianapolis, IN 46202</td>
<td>Tel: 734 764-2570 Fax: 734 764-8551</td>
<td>Tel: 212 866-3820 Fax: 212 866-5777</td>
</tr>
<tr>
<td>Tel: 317 274-3551 Fax: 317 274-2939</td>
<td>E-mail: <a href="mailto:jhms@umich.edu">jhms@umich.edu</a></td>
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<td>St Louis</td>
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<td>Washington University/B-JH/SLCH Consortium Program</td>
<td>Program Director: Nina B Killings, MD</td>
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<tr>
<td>Program Director: Yotaka Sato, MD</td>
<td>Sponsor: Washington University/B-JH/SLCH Consortium</td>
<td>601 Elmwood Avenue, Box 646</td>
</tr>
<tr>
<td>200 Hawkins Drive</td>
<td>Barnes-Jewish Hospital</td>
<td>Rochester, NY 14642</td>
</tr>
<tr>
<td>Iowa City, IA 52242</td>
<td>Mallinckrodt Institute of Radiology</td>
<td>Tel: 716 273-1128 Fax: 716 273-3549</td>
</tr>
<tr>
<td>Tel: 319 356-1095 Fax: 319 356-2230</td>
<td>Program Director: William H McAlister, MD</td>
<td>E-mail: <a href="mailto:ioma_mackey@urmc.rochester.edu">ioma_mackey@urmc.rochester.edu</a></td>
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<tr>
<td>Length: 1 Yr</td>
<td>510 South Kingshighway Blvd</td>
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<td>St Louis, MO 63110</td>
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<tr>
<td>Tel: 314 454-6228 Fax: 314 454-2868</td>
<td>Tel: 716 454-2868 Fax: 716 454-2868</td>
<td>Program ID: 424-35-21-012</td>
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North Carolina

Durham

Duke University Hospital Program
Sponsor: Duke University Hospital
Pgm Director: Donald P Rush, MD
Box 3908
1905A McGuire-Davison Children's Health Center
Durham, NC 27710
Tel: 919 684-7253 Fax: 919 684-7151
Length: 1 Yr
Program ID: 424-36-21-001

Ohio

Akron

Children's Hospital Medical Center of Akron/NEOUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Pgm Director: Godfrey Guasie, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-8778 Fax: 330 543-3750
E-mail: gguasie@chmcu.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-58-31-020

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Pgm Director: Avarum N Pollock, MD
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-0400 Fax: 215 590-1345
E-mail: pollocka@email.chop.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-41-21-002

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tinet Health System)
Pgm Director: Eleanor M Smogor, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-0335 Fax: 215 427-8738
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-41-21-039

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Pgm Director: Manuel P Meza, MD
Department of Radiology
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 647-5515 Fax: 412 667-1134
E-mail: margie.jones@chp.edu
Length: 1 Yr  Program ID: 424-41-21-002

Tennessee

Nashville

Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Pgm Director: Richard M Holtz, MD
Dept of Radiology R-1184 MCN
21st Avenue S and Garland
Nashville, TN 37232
Tel: 615 322-3588 Fax: 615 322-3574
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-47-21-021

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Pgm Director: Nancy K Rollins, MD
1000 Motor Street
Dallas, TX 75330
Tel: 214 456-3808 Fax: 214 456-6015
Length: 1 Yr
Program ID: 424-48-21-015

Galveston

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Leonard E Eweisbuck, MD
Department of Radiology, G-69
301 University Blvd, Route 6708
Galveston, TX 77555
Tel: 409 747-2849
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 424-48-21-014

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Pgm Director: Bruce R Parker, MD
4801 Fannin St, MC2-2521
Houston, TX 77030
Tel: 713 825-0204 Fax: 832 824-5041
Length: 1 Yr  Program ID: 424-48-21-016

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Pgm Director: David K Brewer, MD
4800 Sand Point Way NE
Seattle, WA 98105
Tel: 206 898-2188 Fax: 206 898-2789
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 424-54-21-031

Wisconsin

Milwaukee

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Pgm Director: David G Gregg, MD
PO Box 1597/MS #71
9000 West Wisconsin Avenue
Milwaukee, WI 53201
Tel: 414 266-3110 Fax: 414 266-1525
E-mail: dgregg@chw.org
Length: 1 Yr
Program ID: 424-56-21-034
Pediatic Rheumatology (Pediatrics)

California

Los Angeles

Children's Hospital Los Angeles Program

Sponsor: Children's Hospital Los Angeles

Program Director: Bracha Shabram, MD

4650 Sunset Boulevard, MS 600
Los Angeles, CA 90027
Tel: 323-269-2111 Fax: 323-663-9694
Length: 3 Yrs
Program ID: 331-05-31-026

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

University of California (San Francisco) Medical Center

Program Director: Helen Emery, MD

Dept. of Pediatric Rheumatology-1127
505 Parnassus Avenue, Box 0107
San Francisco, CA 94143
Tel: 415-476-2461 Fax: 415-492-7540
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-05-31-002

Stanford

Stanford University Program

Sponsor: Stanford University Hospital

Lucile Salter Packard Children's Hospital at Stanford

Program Director: Christy Sandberg, MD

330 Pasteur Drive, Room 3G10
Stanford, CA 94305
Tel: 650 723-8286 Fax: 650 498-5560
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-05-31-024

Delaware

Wilmington

Thomas Jefferson University-duPont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital

Alfred I duPont Hospital for Children

Program Director: Baid H Abreya, MD

1000 Rockland Road
Wilmington, DE 19899
Tel: 302-651-5971 Fax: 302-651-5942
E-mail: bathreya@ Nemours.org
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-04-21-083

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital Rehabilitation Institute of Chicago

Program Director: Marisa S Klein-Gitelman, MD
Dir of Immunology/Rheumatology
3300 Children's Plaza #50
Chicago, IL 60614
Tel: 773-880-4390 Fax: 773-880-4179
E-mail: klein-gitelman@northwestern.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-16-21-004

University of Chicago Program

Sponsor: University of Chicago Hospitals

LaSalle Children's Hospital and Research Center

University of Chicago Children's Hospital

Program Director: Charles H Spencer, MD

3400 66th Street at Lake Michigan
Chicago, IL 60649
Tel: 773-753-8654 Fax: 773-736-0427
E-mail: cpencer@midway.uchicago.edu
Length: 3 Yrs
Program ID: 331-16-31-005

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital

Brigham and Women's Hospital

Program Director: Robert Sundel, MD

300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6224 Fax: 617 736-8842
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-24-21-007

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center

Program Director: Jorge M Lopez, MD

750 Washington Street, Box 306
Boston, MA 02111
Tel: 617 636-4188 Fax: 617 636-8388
E-mail: jlopez@brown.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-24-31-008

Massachusetts

New York

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System

Schneider Children's Hospital at Long Island Jewish Med Ctr

Schneider Children's Hospital at North Shore University Hosp

Program Director: Norman T Koslowe, MD

Long Island Jewish Medical Center

260-01 78th Avenue
New Hyde Park, NY 11040
Tel: 718-470-3530 Fax: 718-351-0192
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-35-21-011

New York

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital

New York Presbyterian Hospital (Columbia Campus)

Program Director: Lisa Imanido, MD

606 W 168th Street, BHN 106
New York, NY 10032
Tel: 212-305-9394 Fax: 212-365-3942
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 331-35-11-013

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital

Hospital for Special Surgery

New York Presbyterian Hospital (Cornell Campus)

Program Director: Thomas J A Lehman, MD

535 W 70th Street
New York, NY 10021
Tel: 212-606-1151 Fax: 212-606-1308
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 331-35-31-013
## North Carolina

**Durham**

**Duke University Hospital Program**

- **Sponsor:** Duke University Hospital
- **University of North Carolina Hospitals**
- **Program Director:** Laura E. Schanberg, MD
- **Box 3213**
- **Durham, NC 27710**
- **Tel:** 919 684-0575  **Fax:** 919 684-6616
- **Length:** 3 Yrs
- **Program ID:** 331-36-21-015

## Ohio

**Cincinnati**

**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

- **Sponsor:** Cincinnati Children's Hospital Medical Center
- **Program Director:** Murray N. Passo, MD
- **Box 3315**
- **Cincinnati, OH 45269**
- **Tel:** 513 636-7896  **Fax:** 513 636-4116
- **Length:** 3 Yrs
- **Program ID:** 331-36-21-016

## Pennsylvania

**Philadelphia**

**Children's Hospital of Philadelphia Program**

- **Sponsor:** Children's Hospital of Philadelphia
- **Program Director:** Terri E. Finkel, MD, PhD
- **Suite 1102 Abramson Research Center**
- **Philadelphia, PA 19104**
- **Tel:** 215 660-7780  **Fax:** 215 881-1258
- **E-mail:** fuchil@email.chop.edu
- **Length:** 3 Yrs
- **Program ID:** 331-41-21-025

## Pittsburgh

**University of Pittsburgh Medical Center Medical Education Program**

- **Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program
- **Children's Hospital of Pittsburgh**
- **Program Director:** Raphael Hersch, MD
- **5705 Fifth Avenue**
- **Pittsburgh, PA 15213**
- **Tel:** 412 692-9670  **Fax:** 412 692-5064
- **Length:** 3 Yrs
- **Program ID:** 331-41-13-026

## Tennessee

**Memphis**

**University of Tennessee Program**

- **Sponsor:** University of Tennessee College of Medicine
- **LeBonheur Children's Medical Center**
- **Regional Medical Center at Memphis**
- **Program Director:** Linda K Myers, MD
- **90 N Dunlap**
- **Rm 201 West Fl Tower**
- **Memphis, TN 38113**
- **Tel:** 901 572-3036  **Fax:** 901 572-9035
- **Length:** 3 Yrs
- **Program ID:** 331-41-21-017

## Texas

**Dallas**

**University of Texas Southwestern Medical School Program**

- **Sponsor:** University of Texas Southwestern Medical School
- **Children's Hospital of Dallas**
- **Program Director:** Maris V Pascoval, MD
- **Department of Pediatrics**
- **5333 Harry Hines Blvd**
- **Dallas, TX 75390**
- **Tel:** 214 648-3939  **Fax:** 214 648-7399
- **E-mail:** virginip@baylorhealth.edu
- **Length:** 3 Yrs
- **Program ID:** 331-48-31-021

## Wisconsin

**Milwaukee**

**Medical College of Wisconsin Program**

- **Sponsor:** Medical College of Wisconsin Affiliated Hospitals, Inc
- **Children's Hospital of Wisconsin**
- **Program Director:** Calvin B Williams, MD, PhD
- **Mayo Clinic Research Center**
- **6701 Wawasee Plank Road**
- **Milwaukee, WI 53226**
- **Tel:** 414 266-6700  **Fax:** 414 266-6665
- **E-mail:** cwilliam@mcw.edu
- **Length:** 3 Yrs
- **Program ID:** 331-56-22-027

## Pediatric Sports Medicine (Pediatrics)

### Massachusetts

**Boston**

**Children's Hospital/Boston Medical Center Program**

- **Sponsor:** Children's Hospital
- **Program Director:** Pierre d'Hemecourt, MD
- **319 Longwood Avenue**
- **Boston, MA 02115**
- **Tel:** 617 355-6689  **Fax:** 617 264-7320
- **Length:** 1 Yr
- **Program ID:** 333-24-31-009

### New Jersey

**Neptune**

**Jersey Shore University Medical Center Program**

- **Sponsor:** Jersey Shore University Medical Center
- **Program Director:** Stephen G Rice, MD, PhD
- **1245 State Route 33**, Box 397
- **Neptune, NJ 07750**
- **Tel:** 732 776-2884  **Fax:** 732 776-3161
- **Length:** 1 Yr
- **Program ID:** 333-32-21-001

### North Carolina

**Chapel Hill**

**University of North Carolina Hospitals Program**

- **Sponsor:** University of North Carolina Hospitals
- **Program Director:** Thomas F Brickner, MD
- **Children's Hospital**
- **Box 2140**
- **Chapel Hill, NC 27514**
- **Tel:** 919 966-9650  **Fax:** 919 966-9779
- **Length:** 1 Yr
- **Program ID:** 333-36-21-006

### Ohio

**Akron**

**Children's Hospital Medical Center of Akron/NEOHCOM Program**

- **Sponsor:** Children's Hospital Medical Center of Akron
- **Program Director:** Joseph A Congeni, MD
- **53226**
- **Akron, OH 44311**
- **Tel:** 614 583-8800  **Fax:** 330 543-3661
- **Length:** 1 Yr
- **Program ID:** 333-38-12-003
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<td>University of Wisconsin Program</td>
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<td>University of Colorado Program</td>
<td>University of Colorado School of Medicine</td>
<td>445-07-21-007</td>
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<td>McGaw Medical Center of Northwestern University Program</td>
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**Pediatric Surgery (General Surgery)**

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<td>University of Arkansas for Medical Sciences Program</td>
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<td>445-12-21-003</td>
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<td>California</td>
<td>Los Angeles</td>
<td>Children's Hospital Los Angeles Program</td>
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<td>445-06-21-001</td>
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<td>Illinois</td>
<td>Chicago</td>
<td>McGaw Medical Center of Northwestern University Program</td>
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<td>445-16-21-002</td>
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Indiana

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Chirman: William Lishard Memorial Hospital

Program Director: Jay L. Grossfield, MD

Indiana University Medical Center

702 Barnhill Drive, Suite 2500

Indianapolis, IN 46202

Tel: 317 274-4682 Fax: 317 274-9777

E-mail: jlgress@iu.edu

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-17-21-019

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine

Johns Hopkins Hospital

University of Maryland Medical System

Program Director: Paul M. Colombani, MD

600 North Wolfe Street, Rm CMSC 7-115

Baltimore, MD 21287

Tel: 410 955-2717 Fax: 410 662-3814

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-28-21-003

Massachusetts

Boston

Children's Hospital Program

Sponsor: University of Michigan Hospitals and Health Centers

Program Director: Robert C. Shamberger, MD

380 Longwood Ave

Department of Surgery

Boston, MA 02115

Tel: 617 353-3035 Fax: 617 710-0475

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-28-21-018

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers

Program Director: Arnold G. Coran, MD

1405 E Ann Street

RS870 Mott Children's Hospital

Ann Arbor, MI 48109

Tel: 734 764-6842 Fax: 734 936-9748

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-25-21-016

New York

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium

Kaleida Health System (Women and Children's Hospital of Buffalo)

Program Director: Michael C. Cady, MD

310 Bryant St

Buffalo, NY 14222

Tel: 716 478-7788 Fax: 716 888-3850

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-35-21-017

Ohio

Cincinnati

Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: University of Cincinnati School of Medicine

Program Director: George W. Hoelcomb, III, MD

2401 Gilham Rd

Kettering Medical Center

Cincinnati, OH 45223

Tel: 513 636-3171 Fax: 513 636-7657

E-mail: richard.lazniker@uchc.org

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-38-11-008

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Ohio State University Hospitals

Program Director: Donna A. Carano, MD

300 Children's Drive

Ed: 379

Columbus, OH 43205

Tel: 614 722-3900 Fax: 614 722-3903

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-38-21-012

Oklahoma

Oklahoma City

University of Oklahoma Health Science Center Program

Sponsor: University of Oklahoma College of Medicine

OU Medical Center - Children's Hospital Program

Program Director: David W. Tuggle, MD

PO Box 26307

Oklahoma City, OK 73102

Tel: 405 271-5922 Fax: 405 271-9278

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-39-11-009

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia

Program Director: Alan W. Flake, MD

94th Street and Civic Center Blvd

Philadelphia, PA 19104

Tel: 215 690-2217 Fax: 215 590-4875

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-41-11-014

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children

Program Director: B. K. Vinocour, MD

802 Market St

Philadelphia, PA 19104

Tel: 215 427-9240 Fax: 215 427-5555

Length: 2 Yrs ACGME Approved/Offered Positions: 2

Program ID: 445-41-21-010
Pittsburgh
University of Pittsburgh Medical Center
Medical Education Program
Sponsor: Univ. of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
Program Director: Henri R Ford, MD
3705 Fifth Avenue at De Soto Street
Pittsburgh, PA 15213
Tel: 412 692-7291  Fax: 412 692-5008
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 445-54-11-013

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Program Director: Thomas F Tracy Jr, MD
Hasbro Children’s Hospital, Rm 147
560 Eddy Street
Providence, RI 02903
Tel: 401 444-7505  Fax: 401 444-7529
Length: 2 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 445-54-11-031

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children’s Medical Center
St. Jude Children’s Research Hospital
University of Tennessee Medical Center
Program Director: Thom E Lobe, MD
777 Washington Avenue, Suite P-229
Memphis, TN 38105
Tel: 901 572-3300  Fax: 901 572-5191
E-mail: tlobe@utmem.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 445-47-21-025

Texas
Dallas
University of Texas Southwestern
Medical School Program
Sponsor: University of Texas Southwestern Medical School
Children’s Medical Center of Dallas
Program Director: Philip C Gunsetta Jr, MD
c/o CMN, 1835 Motor Street
3rd Floor West Tower Box 13110
Dallas, TX 75331
Tel: 214 456-6040  Fax: 214 456-6200
Length: 2 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 445-48-21-022

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Texas Children’s Hospital
Program Director: David E Wesson, MD
Clinical Care Center, Suite 660
6621 Fannin, MC-CC650
Houston, TX 77030
Tel: 713 822-0135  Fax: 713 822-0147
E-mail: lbarrett@texaschildrenshospital.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 445-48-21-029

Washington
Seattle
Children’s Hospital and Medical Center
(Seattle) Program
Sponsor: Children’s Hospital and Regional Medical Center
Program Director: Robert S Sosin, MD, MFA
4800 Sand Point Way NE
Pediatric Surgery, 6E-1
Seattle, WA 98105
Tel: 206 987-1210  Fax: 206 987-2257
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 445-54-11-011

Wisconsin
Milwaukee
Children’s Hospital of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children’s Hospital of Wisconsin
Program Director: Keith T Oldham, MD
6000 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-6527  Fax: 414 266-6799
E-mail: koldham@chw.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 1
Program ID: 445-56-81-036

Pediatric Urology
(Urology)
California
San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Children’s Hospital and Health Center
Program Director: George W Kaplan, MD, MS
2000 Pearl Street, Suite 407
San Diego, CA 92123
Tel: 619 279-8527  Fax: 619 279-8876
E-mail: gkaplan@chsd.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 485-86-21-004
US Armed Services Program
San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Laurence S Baskin, MD
A653, Box 0738
440 Parnassus Avenue A638
San Francisco, CA 94143
Tel: 415 476-1611  Fax: 415 476-8849
E-mail: ksawin@hsr.ucsf.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 485-86-21-011

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Children’s Healthcare of Atlanta
Children’s Healthcare of Atlanta at Egleston
Program Director: Edwin A Smith, MD
1901 Century Boulevard NE, Suite 14
Atlanta, GA 30345
Tel: 404 320-9179  Fax: 404 320-1912
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 485-12-21-017

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children’s Memorial Hospital
Program Director: William E Kaplan, MD
2300 Children’s Plaza
Division of Urology, Box 24
Chicago, IL 60614
Tel: 773 889-4428  Fax: 773 380-3389
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 485-16-12-018
Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Hill Hospital for Children
Pgm Director: Richard C. Book, MD
700 S. Pennsylvania Drive, Suite 6280
Indianapolis, IN 46202
Tel: 317-274-7172 Fax: 317-274-7180
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-17-21-018

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Pgm Director: Curtis A. Shelden, MD
3333 Burnet Avenue Mail Location 2037
Cincinnati, OH 45229
Tel: 513-636-7143 Fax: 513-636-8703
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-38-21-014

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: John P. Gearhart, MD
Marbon 149
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410-614-6910
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-23-21-009

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Pgm Director: Douglas A. Canning, MD
34th & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215-590-3769 Fax: 215-590-3853
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-41-21-002

Massachusetts

Boston

Children's Hospital/Harvard Medical School Program
Sponsor: Children's Hospital
Pgm Director: Alan B. Kass, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617-355-7788 Fax: 617-232-3467
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-24-21-006

Michigan

Detroit

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Deutsch Hospital
Pgm Director: Ivan J. Kass, MD
3000 Beaubien Boulevard
Detroit, MI 48201
Tel: 313-551-8001 Fax: 313-551-8107
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-35-21-010

New York

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Pgm Director: Selwyn B. Levitt, MD
855 Northern Boulevard
Great Neck, NY 11020
Tel: 516-466-6563 Fax: 516-466-5606
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-35-21-016

Texas

Houston

Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Texas Children's Hospital
Pgm Director: Edmund T. Gonzales Jr, MD
Clinical Care Center, Suite 690
6621 Fannin
Houston, TX 77030
Tel: 713-798-3172 Fax: 713-798-3179
E-mail: colleenk@www.uh.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-54-21-012

Tennessee

Memphis

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Pgm Director: Stephen E. Noe, MD
3705 Fifth Avenue
Memphis, TN 38139
Tel: 901-351-4000 Fax: 901-351-4080
Length: 1 Yr
Program ID: 485-47-21-007

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Pgm Director: Richard W. Grady, MD
PO Box 3580
Seattle, WA 98105
Tel: 206-222-3859 Fax: 206-222-3866
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 485-54-21-012
### Arkansas

#### Little Rock

**University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine

Program Director: Gordon E. Schutz, MD

Address: 800 Marshall Street

Little Rock, AR 72202

Tel: 501-364-1874  Fax: 501-364-3196

Length: 3 Yrs  
Subspecialties: CCP, DBP, NPM, PDE, PDI

Program ID: 320-04-21-022

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### California

#### Fresno

**University of California (San Francisco)/Fresno Program**

Sponsor: UCSF Fresno Medical Education Program

Program Director: Francesca Geertsma, MD

Address: 9300 Valley Children's Place

Madera, CA 93638

Tel: 559-353-5141  Fax: 559-353-5318

E-mail: fgeertsma@childrenscentral.org

Length: 3 Yrs  
Subspecialties: CCP, NPM

Program ID: 320-05-11-024

---

### Arizona

#### Phoenix

**Phoenix Children's Hospital/Maricopa Medical Center Program**

Sponsor: Phoenix Children's Hospital

Program Director: Grace L. Capeto, MD, MPH

Address: 1819 E Thomas St

Phoenix, AZ 85016

Tel: 602-344-5858  Fax: 602-344-5850

Length: 3 Yrs  
Subspecialties: PDR, PDM

Program ID: 320-05-33-029

---

### UCLA

#### UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine

Program Director: Leslie J. Boyd III, MD, MBA

Address: 20833 Le Conte Avenue

Los Angeles, CA 90095

Tel: 310 206-6750  Fax: 310 794-5290

Length: 3 Yrs  
Subspecialties: CCP, DBP, NPM, PDE, PDI, PG, PHO

Program ID: 320-05-21-032

---

### Oakland

**Children's Hospital-Oakland Program**

Sponsor: Children's Hospital Oakland

Program Director: Theodore J. Chaccon, MD

Address: 747 52nd Street

Oakland, CA 94609

Tel: 510-238-5786  Fax: 510-601-3879

Length: 3 Yrs  
Subspecialties: CCP, PDI, PDP, PDM, PG, PHO

Program ID: 320-05-31-034
Kaiser Permanente Medical Group (Northern California) Program
Sponsor: Kaiser Permanente Medical Group (Northern California)
Alta Bates Medical Center
Kaiser Permanente Medical Center (Oakland)
Program Director: Elizabeth Callen, MD
Department of Pediatrics
280 West MacArthur Blvd
Oakland, CA 94611
Tel: 510 755-0756 Fax: 510 755-1571
Length: 3 yrs ACGME Approved/Preferred Positions: 15
Program ID: 320-05-12-035

Orange
Children’s Hospital of Orange County Program
Sponsor: Children’s Hospital of Orange County
Program Director: James D. Kohr, MD
545 South Main Street
Orange, CA 92668
Tel: 714 532-8388 Fax: 714 329-4000
Length: 3 yrs ACGME Approved/Preferred Positions: 42
Subspecialties: TPM, PDC, PPR, PDE, PG, PPI, PN
Program ID: 320-05-21-390

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Program Director: David Fordyce, MD
101 The City Drive South
OC 4482, Bldg 2, 3rd Floor
Orange, CA 92668
Tel: 714 456-6891 Fax: 714 456-6650
Length: 3 yrs ACGME Approved/Preferred Positions: 48
Subspecialties: TPM, PN
Program ID: 320-05-21-025

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Daniel C West, MD
Department of Pediatrics
2515 Stockton Blvd
Sacramento, CA 95817
Tel: 916 734-2424 Fax: 916 734-0342
Email: PedResidency@ucdavis.edu
Length: 3 yrs ACGME Approved/Preferred Positions: 36
Subspecialties: DDP, PN
Program ID: 320-05-11-023

San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Program Director: Greg S Raschke, MD, MPH
34520 Bob Wilson Drive
Pediatrics Suite 100
San Diego, CA 92134
Tel: 619 532-6474 Fax: 619 532-6502
Length: 3 yrs ACGME Approved/Preferred Positions: 48
Subspecialties: CCP
Program ID: 320-05-11-012
US Armed Services Program

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children’s Hospital and Health Center
Program Director: Gary J. Guttman, MD, PhD
9210 Children’s Way
San Diego, CA 92120
Tel: 619 696-4700 Fax: 619 696-7966
Length: 3 yrs ACGME Approved/Preferred Positions: 60
Subspecialties: TPM, PDC, PPR, PDE, PG, PPI, PN
Program ID: 320-05-31-035

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Program Director: Robert K. Kanji, MD
865 Parnassus Avenue, M-801
San Francisco, CA 94143
Tel: 415 476-5001 Fax: 415 476-8008
Length: 3 yrs ACGME Approved/Preferred Positions: 54
Subspecialties: AHP, CCP, NPM, PDC, PDE, PG, PPI, PN
Program ID: 320-05-31-040

Stanford
Stanford University Program
Sponsor: Stanford University Medical Center
Lucile Packard Children’s Hospital Stanford at Stanford
Santa Clara Valley Medical Center
Program Director: Theodore C. Scottish, MD
c/o Lucile S Packard Children’s Hospital
725 Welch Road
Palo Alto, CA 94304
Tel: 650 497-8876 Fax: 650 497-8238
Length: 3 yrs ACGME Approved/Preferred Positions: 48
Subspecialties: ADL, CCP, NPM, PDE, PG, PPI, PN
Program ID: 320-05-21-041

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Monica Silvovenes, MD
1000 W Carson Street, Box 17
Torrance, CA 90009
Tel: 310 223-3903 Fax: 310 533-8579
Length: 3 yrs ACGME Approved/Preferred Positions: 30
Subspecialties: CCP, NPM, PDE, PPI
Program ID: 320-05-11-042

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
University of California (Davis) Medical Center
Program Director: Mary M. Paluszynski, MD
600 Medical Dr
101 Bodin Circle
Travis AFB, CA 94535
Tel: 707 423-7176 Fax: 707 423-7446
Length: 3 yrs ACGME Approved/Preferred Positions: 18
Program ID: 320-05-11-001
US Armed Services Program

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
Program Director: Adam A. Rosenberg, MD
1566 East 15th Avenue
Medical Education B158
Denver, CO 80218
Tel: 303 644-4758 Fax: 303 644-8180
Length: 3 yrs ACGME Approved/Preferred Positions: 72
Subspecialties: ADL, CCP, NPM, PDE, PPI, PN
Program ID: 320-07-21-043

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children’s Medical Center
Program Director: Edward L. Zinser, MD
Department of Pediatrics
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 545-6040 Fax: 860 545-9159
Email: awalsh@ccmckids.org
Length: 3 yrs ACGME Approved/Preferred Positions: 54
Subspecialties: NPM, PDE, PPI
Program ID: 320-08-21-045

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Alan L. Friedman, MD
Department of Pediatrics
333 Cedar Street, PO Box 201864
New Haven, CT 06510
Tel: 203 785-9886 Fax: 203 737-2461
Length: 3 yrs ACGME Approved/Preferred Positions: 59
Subspecialties: CCP, DBP, NPM, PDE, PPI, PEM, PG, PPI, PN
Program ID: 320-08-21-046

Delaware
Wilmington
Thomas Jefferson University/duPont Hospital for Children Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Steven M. Selbst, MD
1600 Rockland Road
PO Box 363
Wilmington, DE 19893
Tel: 302 651-5874 Fax: 302 651-0564
Length: 3 yrs ACGME Approved/Preferred Positions: 66
Subspecialties: CCP, NPM, PEM, PG, PPI
Program ID: 320-41-31-210
District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Howard University Hospital

Prgm Director: Bernhard L Wiedermann, MD

111 Michigan Avenue, NW
Suite W3.5-600
Washington, DC 20001
Tel: 202 368-3900 Fax: 202 884-4741
Length: 3 Yrs ACGME Approved/Offered Positions: 0
Subspecialties: Adolescent Medicine, CC, CEP, NPM, PDC, PDE, PDI, PEM, PPH
Program ID: 320-10-21-005

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Wolfgang P Krentzer, MD

Department of Pediatrics
3809 Reservoir Road, NW, 2 PHC
Washington, DC 20057
Tel: 202 444-8882 Fax: 202 444-1359
E-mail: gpedres@ginet.georgetown.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: NPM, PDE, PDP
Program ID: 320-11-21-000

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: James M Sherman, MD
PO Box 100086, UFHSC
Gainesville, FL 32610
Tel: 352 265-0451 Fax: 352 265-0621
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: CCP, NPM, PDC, PDE, PDP, PG, PH, PPH
Program ID: 320-11-31-053

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Baptist Medical Center
Prgm Director: James Kirk, DO
605 West 8th Street
Office of Medical Education
Jacksonville, FL 32209
Tel: 904 244-7260 Fax: 904 244-8454
E-mail: jkm.kirk@jax.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: PDI
Program ID: 320-11-21-055

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Barry Gelman, MD
Department of Pediatrics (B-131)
PO Box 019896
Miami, FL 33101
Tel: 305 586-6942 Fax: 305 540-6918
E-mail: pedres@mjm.org
Length: 3 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: CCE, CCP, NPM, PDC, PDE, PDI, PDP, PNE
Program ID: 320-11-31-068

Miami Children's Hospital Program

Sponsor: Miami Children's Hospital
Prgm Director: Christian C Patrick, MD, PhD
3100 SW 62nd Avenue
Miami, FL 33155
Tel: 305 666-6511 Fax: 305 669-6531
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: ADL, CUP
Program ID: 320-11-12-057

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Arnold Palmer Hospital for Children and Women
Prgm Director: Michael J Musznanski, MD

Medical Education Pediatrics
86 West Underwood Street, Suite 202
Orlando, FL 32806
Tel: 407 649-6876 Fax: 407 872-0544
E-mail: michaelm@orphas.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-11-21-000

Pensacola

University of Florida College of Medicine (Pensacola) Program

Sponsor: University of Florida College of Medicine
Sacred Heart Hospital of Pensacola
Prgm Director: Edward C Kohaut, MD
5101 North Ninth Avenue
Pensacola, FL 32504
Tel: 850 416-7658 Fax: 850 416-7677
E-mail: knwes@shhplans.org
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-11-21-000

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
Prgm Director: Lynn Bengtson, MD
801 6th Street South
St Petersburg, FL 33701
Tel: 727 882-4106 Fax: 727 882-8804
Length: 3 Yrs ACGME Approved/Offered Positions: 67
Subspecialties: NPM
Program ID: 320-11-21-060

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Memorial Hospital
Prgm Director: Susie Buchter, MD
Department of Pediatrics
65 Jesse Hill Jr Dr, NE
Atlanta, GA 30303
Tel: 404 616-5133 Fax: 404 625-2316
E-mail: residency@us пед. emory.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, PG, PHO
Program ID: 320-12-21-061

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Grady Memorial Hospital
Prgm Director: Jalal Zahabi, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 756-7319 Fax: 404 756-6853
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 320-12-21-041

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Prgm Director: Valera L Hudson, MD
1446 Harper Street
BG 2101A
Augusta, GA 30912
Tel: 706 721-0442 Fax: 706 721-9453
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: CCP, NPM, PDC
Program ID: 320-12-21-062

Macon

Mercer University School of Medicine Program

Sponsor: Mercer University School of Medicine
Program ID: 320-12-21-300

Savannah

Mercer University School of Medicine (Savannah) Program

Sponsor: Mercer University School of Medicine
Program ID: 320-12-21-000

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center For Women and Children
Prgm Director: Christopher Derrah, MD
1210 Punahou Street 7th Floor
Pediatrics
Honolulu, HI 96826
Tel: 808 883-8997 Fax: 808 883-8994
E-mail: mkmawes@hawaii.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: NPM
Program ID: 320-14-21-063

Tripler AMC

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: Robert C Pedersen, MD
1 Jarrett White Road, MCHR-PF
Tripler AMC, HI 96859
Tel: 808 433-6315 Fax: 808 433-6327
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Program ID: 320-14-21-007

US Armed Services Program

Graduate Medical Education Directory 2004-2005
Illinois

Chicago

Cook County Hospital Program

- Sponsor: John H Stroger Hospital of Cook County
- Program Director: Sudha Rao, MD
- Department of Pediatrics
- Address: 706 South Wood Street, Room 107
- Telephone: 312 572-9116
- Fax: 312 633-3670
- E-mail: sudharar@msn.com
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 30
- Subspecialties: NPM
- Program ID: 320-10-11-065

McGaw Medical Center of Northwestern University Program

- Sponsor: McGaw Medical Center of Northwestern University
- Program Director: Sharon M Umlt, MD
- Address: 2300 Children's Plaza #1
- Telephone: 773 899-3392
- Fax: 773 899-3067
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 8
- Subspecialties: CCP, NPM, PDC, PDE, PDP, P2M, PG, FHO, PN, PFR
- Program ID: 320-10-21-070

Mount Sinai Hospital Medical Center of Chicago Program

- Sponsor: Mount Sinai Hospital Medical Center of Chicago
- Program Director: Michael S Lutke, MD
- Department of Pediatrics, F-444
- Address: California Avenue at 15th Street
- Telephone: 773 257-6472
- Fax: 773 257-6198
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 15
- Program ID: 320-10-21-408

Rush University Medical Center Program

- Sponsor: Rush University Medical Center
- Program Director: Karen R Judy, MD
- Jones Building, Room 770
- Address: 1635 W Congress Parkway
- Telephone: 312 942-8928
- Fax: 312 942-2243
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 41
- Program ID: 320-10-31-069

University of Chicago Program

- Sponsor: University of Chicago Hospitals
- University of Chicago Children's Hospital
- Program Director: Madelyn Kahana, MD
- Department of Pediatrics
- Address: 5641 S Maryland Avenue, MC 6380
- Telephone: 773 702-5444
- Fax: 773 834-0448
- E-mail: recruitment@peds.bu.uchicago.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 48
- Subspecialties: CCP, NPM, PDC, PDE, PDP, PG, FHO, PFR
- Program ID: 320-11-11-073

University of Illinois College of Medicine at Chicago Program

- Sponsor: University of Illinois College of Medicine at Chicago
- Program Director: Madelyn Kahana, MD
- Department of Pediatrics
- Address: 5641 S Maryland Avenue, MC 6380
- Telephone: 773 702-5444
- Fax: 773 834-0448
- E-mail: recruitment@peds.bu.uchicago.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 48
- Subspecialties: CCP, NPM, PDC, PDE, PDP, PG, FHO, PFR
- Program ID: 320-11-11-073

Maywood

Loyola University Program

- Sponsor: Loyola University Medical Center
- Program Director: Miriam Bar-on, MD
- Address: 2160 S First Avenue
- Telephone: 708 327-9154
- Fax: 708 327-9102
- E-mail: mbaron@luc.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 37.5
- Subspecialties: NPM
- Program ID: 320-16-21-075

Oak Lawn

Advocate Christ Medical Center Program

- Sponsor: Advocate Christ Medical Center
- Program Director: Larry M Roy, MD
- Address: 4440 West 99th Street
- Telephone: 708 346-5682
- Fax: 708 346-3142
- E-mail: larry.roy@advocatehealth.com
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 39
- Subspecialties: CCP, PDC
- Program ID: 320-16-21-382

Park Ridge

Advocate Lutheran General Hospital Program

- Sponsor: Advocate Lutheran General Hospital
- Program Director: Kristi Lundblad, MD
- Address: 1775 Dempster Street, S South
- Telephone: 847 723-6990
- Fax: 847 723-2055
- E-mail: klundblad@advocatehealth.com
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 36
- Subspecialties: CCP, NPM
- Program ID: 320-16-12-077

Peoria

University of Illinois College of Medicine at Peoria Program

- Sponsor: University of Illinois College of Medicine at Peoria
- Program Director: John K Iannotti, MD
- Address: OSF St Francis Medical Center
- Telephone: 309 655-2274
- Fax: 309 655-3566
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 32.5
- Program ID: 320-16-21-078

Springfield

Southern Illinois University Program

- Sponsor: Southern Illinois University School of Medicine
- Program Director: Michael J Kiefer, MD
- Adrress: PO Box 19658
- Telephone: 217 545-4117
- Fax: 217 545-4117
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 1
- Program ID: 320-16-21-079

Indiana

Indianapolis

Indiana University School of Medicine Program

- Sponsor: Indiana University School of Medicine
- Program Director: Larry B. Huston, MD
- Address: 880 N Riley Hospital
- Telephone: 317 274-4094
- Fax: 317 274-1476
- E-mail: pmpr@iupui.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 107.5
- Subspecialties: ADL, NPM, PDC, PDE, PDP, PG, FHO
- Program ID: 320-17-11-080

Iowa

Des Moines

Central Iowa Health System (Iowa Methodist Medical Center) Program

- Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
- Program Director: David L. Cheyne, MD
- Address: 2542 Pleasant Street
- Telephone: 515 241-4017
- Fax: 515 241-4005
- E-mail: pedresis@bsi.org
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 18
- Program ID: 320-18-31-082

Iowa City

University of Iowa Hospitals and Clinics Program

- Sponsor: University of Iowa Hospitals and Clinics
- Program Director: Thomas N George, MD
- Department of Pediatrics
- Address: 200 Hawkins Drive
- Telephone: 319 356-3568
- Fax: 319 356-4858
- E-mail: pedi-res@uiowa.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 36
- Subspecialties: CCP, DBP, NPM, PDC, PDE, PDP, PG, PHO
- Program ID: 320-18-11-083

Kansas

Kansas City

University of Kansas Medical Center Program

- Sponsor: University of Kansas School of Medicine
- Program Director: Pamela K Shaw, MD
- Department of Pediatrics
- Address: 3901 Rainbow Blvd
- Telephone: 913 588-5714
- Fax: 913 588-5319
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 30
- Program ID: 320-11-11-084
Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Program Director: Wesley Medical Center
Length: 3 Yrs
Fax: 316 262-2689
Program ID: 320-19-21-066

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Program Director: Lynn B Campbell, MD
Length: 3 Yrs
Phone: 859 334-6456
Fax: 859 257-7706
Program ID: 320-20-21-067

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Program Director: John L Roberts, MD
Length: 3 Yrs
Fax: 502 829-8898
Program ID: 320-20-21-068

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Program Director: Barbara A Chilmonczyk, MD
Length: 3 Yrs
Fax: 207 781-2383
Program ID: 320-22-11-094

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Program Director: Julia A McMillan, MD
Length: 3 Yrs
Fax: 410 601-8766
Program ID: 320-23-31-696

Sinai Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
Program Director: Ina Stephens, MD
Length: 3 Yrs
Fax: 410 601-8766
Program ID: 320-24-11-099

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Carol Caraccio, MD
Length: 3 Yrs
Fax: 410 328-7010
Program ID: 320-23-21-100

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine Children's Hospital
Program Director: Bonnie Desselle, MD
Length: 3 Yrs
Fax: 504 986-9016
Program ID: 320-20-21-069

Tulane University Program
Sponsor: Tulane University School of Medicine
Program Director: Ochsner Clinic Foundation
Length: 3 Yrs
Fax: 919 986-9016
Program ID: 320-21-21-092

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Program Director: Joseph A Bocchini Jr, MD
Length: 3 Yrs
Fax: 318 675-0565
Program ID: 320-20-11-093

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Program Director: Clifton E Yu, MD
Department of Pediatrics/LTC Clifton E Yu
Washington, DC 20307
Fax: 202 782-1890
Program ID: 320-19-21-401

Massachusetts
Boston
Children's Hospital/Boston Medical Center Program
Sponsor: Children's Hospital
Program Director: Frederick H Lowy Jr, MD
Length: 3 Yrs
Fax: 617 739-0468
Program ID: 320-24-21-103

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Lynne Karlson, MD
Length: 3 Yrs
Fax: 617 636-7719
Program ID: 320-24-21-104

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: Barbara W Stechenberg, MD
Length: 3 Yrs
Fax: 413 794-5378
Program ID: 320-24-12-106

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Program Director: William J Durbin, MD
Length: 3 Yrs
Fax: 508 856-3590
Program ID: 320-24-21-107
<table>
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<tr>
<th>Michigan</th>
<th>Ann Arbor</th>
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<tbody>
<tr>
<td>University of Michigan Program</td>
<td>Sponsor: University of Michigan Hospitals and Health Centers</td>
</tr>
<tr>
<td>Program Director: Mary Ellen Renzynski, MD, MS</td>
<td>1500 E Medical Center Dr</td>
</tr>
<tr>
<td>DL022 MPF</td>
<td>Ann Arbor, MI 48109</td>
</tr>
<tr>
<td>Tel: 734 764-1258 Fax: 734 763-4108</td>
<td>Length: 3 Yrs</td>
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<tr>
<td>Subspecialties: CCP, NPM, PDC, PDI, PDP, PHO, PFM</td>
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<tr>
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<tr>
<td>Kalamazoo Center for Medical Studies/Michigan State University Program</td>
<td>Sponsor: Michigan State University/Kalamazoo Center for Medical Studies</td>
</tr>
<tr>
<td>Program Director: Donald E Greytansin, MD</td>
<td>1000 Oakland Drive</td>
</tr>
<tr>
<td>Kalamazoo, MI 49008</td>
<td>Tel: 269 337-6474</td>
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<tr>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 23</td>
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<td>Program ID: 320-25-21-391</td>
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</table>

| Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program | Sponsor: Wayne State University/Detroit Medical Center Children's Hospital of Michigan |
| Program Director: Katherine Ling-McGeorge, MD | 3901 Beaumien Boulevard |
| Office of Pediatric Education | Detroit, MI 48201 |
| Tel: 313 943-7970 Fax: 313 943-8939 | Length: 3 Yrs |
| ACGME Approved/Offered Positions: 81 | Program ID: 320-25-21-113 |

<table>
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<tr>
<th>Royal Oak</th>
<th>Minnesota</th>
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<tbody>
<tr>
<td>William Beaumont Hospital Program</td>
<td>Sponsor: William Beaumont Hospital</td>
</tr>
<tr>
<td>Program Director: Karl Doyle, MD</td>
<td>4565 W 13 Mile Road</td>
</tr>
<tr>
<td>Royal Oak, MI 48073</td>
<td>Tel: 248 551-0143 Fax: 248 551-5978</td>
</tr>
<tr>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 25</td>
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<tr>
<td>Program ID: 320-25-12-119</td>
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</table>

| Hurley Medical Center/Michigan State University Program | Sponsor: Hurley Medical Center |
| Program Director: Melissa Hamp, MD, MPH | 3W Pediatric Education |
| One Hurley Plaza | Flint, MI 48503 |
| Tel: 810 557-9288 Fax: 810 557-5786 | Length: 3 Yrs |
| ACGME Approved/Offered Positions: 15 | Program ID: 320-25-21-115 |

<table>
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<tr>
<th>Grand Rapids</th>
<th>Rochester</th>
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<tbody>
<tr>
<td>Grand Rapids Medical Education and Research Center/Michigan State University Program</td>
<td>Sponsor: Grand Rapids Medical Education and Research Center</td>
</tr>
<tr>
<td>Spectrum Health-Butterworth Campus</td>
<td>Program Director: Annamaria T Church, MD</td>
</tr>
<tr>
<td>100 Monroe Ave NW</td>
<td>1000 Monroe Ave NW</td>
</tr>
<tr>
<td>Grand Rapids, MI 49003</td>
<td>Tel: 616 301-4701 Fax: 616 901-3105</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:kimberly.longstreet@spectrum-health.org">kimberly.longstreet@spectrum-health.org</a></td>
<td>Length: 3 Yrs</td>
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<tr>
<td>ACGME Approved/Offered Positions: 38</td>
<td>Program ID: 320-25-21-116</td>
</tr>
</tbody>
</table>

| Mayo School of Graduate Medical Education (Rochester) Program | Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine |
| Program Director: Garth F Asay, MD | 200 First Street, SW |
| Rochester, MN 55905 | Tel: 507 266-5891 Fax: 507 266-5899 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 38 |
| Subspecialties: PDC, PDI, PHO | Program ID: 320-25-21-120 |

<table>
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<tr>
<th>Mississippi</th>
<th>Jackson</th>
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<tbody>
<tr>
<td>University of Mississippi Medical Center Program</td>
<td>Sponsor: University of Mississippi School of Medicine</td>
</tr>
<tr>
<td>Program Director: Gall C Megason, MD</td>
<td>3600 North State Street</td>
</tr>
<tr>
<td>Jackson, MS 39216</td>
<td>Tel: 601 664-3174 Fax: 601 984-5379</td>
</tr>
<tr>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 30</td>
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<td>Program ID: 320-27-12-122</td>
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<tr>
<th>Keesler AFB</th>
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<tbody>
<tr>
<td>Keesler Medical Center Program</td>
<td>Sponsor: Keesler Medical Center</td>
</tr>
<tr>
<td>Program Director: Lt Col Steven M Princicotta, MD</td>
<td>Department of Pediatrics (SGOC)</td>
</tr>
<tr>
<td>301 Fisher Street, Suite 1A132</td>
<td>Ann Arbor, MI 48109</td>
</tr>
<tr>
<td>Keesler AFB, MS 36934</td>
<td>Tel: 226 377-6651 Fax: 226 377-6657</td>
</tr>
<tr>
<td>Length: 3 Yrs</td>
<td>ACGME Approved/Offered Positions: 24</td>
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<tr>
<td>Program ID: 320-25-21-114</td>
<td>US Armed Services Program</td>
</tr>
</tbody>
</table>

| Missouri University of Missouri-Columbia Program | Sponsor: University of Missouri-Columbia School of Medicine |
| University Hospitals and Clinics | Program Director: Amy R Caudill, MD |
| 301 Hospital Drive | Columbia, MO 65212 |
| Tel: 573 882-4438 Fax: 573 882-5246 | Length: 3 Yrs |
| ACGME Approved/Offered Positions: 23 | Program ID: 320-25-21-119 |

| University of Missouri at Kansas City Program | Sponsor: University of Missouri-Kansas City School of Medicine |
| Children's Mercy Hospital | Program Director: Joanna Kennedy, MD |
| 2401 Gillham Road | Kansas City, MO 64108 |
| Tel: 816 324-3371 Fax: 816 324-1328 | Length: 3 Yrs |
| ACGME Approved/Offered Positions: 20 | Program ID: 320-25-21-120 |

| University of Missouri School of Medicine | Sponsor: University of Missouri School of Medicine |
| Program Director: Richard C Barry, MD | 1480 S Grand Blvd |
| St Louis, MO 63104 | Tel: 314 577-5634 Fax: 314 577-5616 |
| Length: 3 Yrs | ACGME Approved/Offered Positions: 20 |
| Program ID: 320-25-21-127 | |
New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: Andrew J White, MD
Length: 3 Years
ACGME Approved/Offered Positions: 69
Subspecialties: CCF, NFM, PDC, PDR, PID, PDP, PFM, FG, FHO, FPR
Program ID: 300-38-11-125

Florham Park

Atlantic Health System Program

Sponsor: Atlantic Health System Morristown Memorial Hospital
Program Director: Stephen W. Bowers, MD
Length: 3 Years
ACGME Approved/Offered Positions: 45
Subspecialties: PDI, FG
Program ID: 300-36-21-383

Jersey City

Mount Sinai School of Medicine (Jersey City) Program

Sponsor: Mount Sinai School of Medicine
Program Director: Richard J Bonforte, MD
Length: 3 Years
ACGME Approved/Offered Positions: 36
Program ID: 300-38-21-142

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: Benjamin D Hoffman, MD
Length: 3 Years
ACGME Approved/Offered Positions: 36
Subspecialties: NPM
Program ID: 300-38-32-136

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Program Director: Benjamin D Hoffman, MD
Department of Pediatrics
MSC10 0580
Albuquerque, NM 87131
Tel: 505 272-3650 Fax: 505 272-6845
E-mail: bfhoffman@salud.unm.edu
Length: 3 Years
ACGME Approved/Offered Positions: 33
Subspecialties: NFM, FDR, PHO
Program ID: 300-34-11-136
New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Pgm Director: Irene N Sils, MD
47 New Scotland Avenue Mail Code 88
Pediatric Housestaff Office
Albany, NY 12208
Tel: 518 262-5825 Fax: 518 262-6776
Length: 3 Yrs ACGME Approved/Offered Positions: 10
Subspecialties: N/A
Program ID: 320-36-21-129

Bronx

Albert Einstein College of Medicine (Jacobi) Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Pgm Director: Axford Burks, MD
1400 Pelham Parkway South
Bronx, NY 10461
Tel: 718 918-6215 Fax: 718 918-6210
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: PEM
Program ID: 320-35-21-140

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Pgm Director: Catherine C Skae, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 741-6490 Fax: 718 654-6602
Length: 3 Yrs ACGME Approved/Offered Positions: 69
Subspecialties: ACH, COP, IDBP, NPM, PDE, PEM
Program ID: 320-35-21-363

Bronx-Lebanon Hospital Center Program
Sponsor: Bronx-Lebanon Hospital Center
Pgm Director: Agnolo O Adeficy, MD
1450 Seward Avenue
Bronx, NY 10457
Tel: 718 960-1417 Fax: 718 518-5124
Length: 3 Yrs ACGME Approved/Offered Positions: 45
Program ID: 320-35-21-116

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Pgm Director: Hermann Mendez, MD
Department of Pediatrics
284 East 149th Street
Bronx, NY 10461
Tel: 718 579-5800 Fax: 718 579-4700
Length: 3 Yrs ACGME Approved/Offered Positions: 51
Program ID: 320-35-31-394

St Barnabas Hospital Program
Sponsor: St Barnabas Hospital
Pgm Director: David H Rubin, MD
4423 Third Avenue
Bronx, NY 10457
Tel: 718 960-6351 Fax: 718 960-3702
E-mail: dhrubin@hotmail.com
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 320-35-21-146

Brooklyn

Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Pgm Director: Myron Sokal, MD
One Brookdale Plaza
Room 300 GHC Bldg
Brooklyn, NY 11211
Tel: 718 249-5039 Fax: 718 249-6515
Length: 3 Yrs ACGME Approved/Offered Positions: 42
Program ID: 320-36-11-147

Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Wyckoff Heights Medical Center
Pgm Director: Sarah A Rawlston, MD
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 258-6595 Fax: 718 258-8735
Length: 3 Yrs ACGME Approved/Offered Positions: 37
Program ID: 320-35-11-148

Long Island College Hospital Program
Sponsor: Long Island College Hospital
Beth Israel Medical Center
Pgm Director: Uniti Emre, MD
339 Hicks Street
Brooklyn, NY 11201
Tel: 718 789-4892 Fax: 718 780-1490
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Program ID: 320-35-11-154

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Pgm Director: Henry A Schaefeer, MD
4802 Avenue X
Brooklyn, NY 11219
Tel: 718 263-6516 Fax: 718 655-4855
Length: 3 Yrs ACGME Approved/Offered Positions: 84
Program ID: 320-35-21-157

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Pgm Director: Pramod Narula, MD
800 Seventh Street
Brooklyn, NY 11215
Tel: 718 780-3500 Fax: 718 780-3506
Length: 3 Yrs ACGME Approved/Offered Positions: 27
Subspecialties: PEM
Program ID: 320-35-11-158

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
King's County Hospital Center
SUNY State University Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Pgm Director: Stephen Wadowski, MD
450 Clarkson Avenue, Box #49
Brooklyn, NY 11203
Tel: 718 270-3989 Fax: 718 270-1965
E-mail: pediatrics@downstate.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 111
Subspecialties: ACH, PDE, PEM
Program ID: 320-35-21-173

Woodhull Medical and Mental Health Center Program
Sponsor: Woodhull Medical and Mental Health Center
Pgm Director: John W Mooler, MD
Department of Pediatrics
790 Broadway
Brooklyn, NY 11206
Tel: 718 963-7966 Fax: 718 963-7967
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 320-35-32-397

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Women and Children's Hosp of Buffalo)
Pgm Director: Gerald E Daigler, MD
210 Bryant Street
Buffalo, NY 14222
Tel: 716 879-7855 Fax: 716 879-7165
Length: 3 Yrs ACGME Approved/Offered Positions: 46
Subspecialties: CCF, NPM, PEM, PEG, PHO, PPR
Program ID: 320-35-21-140

East Meadow

Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Pgm Director: Stephen P Katz, MD
2001 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6177 Fax: 516 572-5483
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 320-35-21-141

Elmhurst

Mount Sinai School of Medicine (Elmhurst) Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Pgm Director: Melvin Gartner, MD
70-01 Broadway
Elmhurst, NY 11373
Tel: 718 334-3380 Fax: 718 334-2862
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 320-35-21-103

Flushing

Flushing Hospital Medical Center Program
Sponsor: Flushing Hospital Medical Center
Jamaica Hospital Medical Center
Pgm Director: Susana Rapaport, MD
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-5535 Fax: 718 670-3091
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 320-35-31-201

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program
Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hsps
Pgm Director: Harvey W ages, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4690 Fax: 516 562-1518
Length: 3 Yrs ACGME Approved/Offered Positions: 123
Subspecialties: CCF, NPM, PEM, PEG, PHO, PPR
Program ID: 320-35-21-165
Minola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Pgyn Director: Jill Leavens Maurer, MD
50 First Street
Minola, NY 11501
Tel: 516-663-2288 Fax: 516-663-8955
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: PBE, PDP
Program ID: 320-35-11-143

New York
Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Pgyn Director: Stephen Nicholas, MD, BS
Harlem Hospital Center
580 Lenox Avenue
New York, NY 10037
Tel: 212-939-4012 Fax: 212-939-4015
E-mail: pgym@chp.nyc.gov
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 320-35-11-151

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgyn Director: Joel A Forman, MD
One Gustave L Levy Place, Box 1512
New York, NY 10029
Tel: 212-341-6941 Fax: 212-241-4099
Length: 3 Yrs ACGME Approved/Offered Positions: 59
Subspecialties: ADL, NPM, PDP, PDE, PDI, PDR, PEM, PG, PN
Program ID: 320-35-11-161

New York Medical College (Metropolitan) Program
Sponsor: New York Medical College
Metropolitan Hospital Center
Westchester Medical Center
Pgyn Director: Jason Mack, MD
1901 First Avenue
New York, NY 10029
Tel: 212-423-7854 Fax: 212-534-4830
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 320-35-21-353

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Pgyn Director: Samuel D Grahman, MD
103 West 111th Street
New York, NY 10011
Tel: 212-604-7005 Fax: 212-604-2154
E-mail: sgrahman@svrsvhc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Program ID: 320-35-11-170

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Pgyn Director: Susan B Bostwick, MD, MBA
525 East 65th Street, Box 139
New York, NY 10021
Tel: 212-746-3131 Fax: 212-746-3140
Length: 3 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: CCP, NPM, PDE, PDI, PFD, PG, PHO, PN, PFR
Program ID: 320-35-31-149

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Pgyn Director: Robert M Lember, MD
Department of Pediatrics
550 First Avenue
New York, NY 10016
Tel: 212-395-8485 Fax: 212-395-8172
E-mail: pedprog@med.nyu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 57
Subspecialties: CCP, NPM, PDE, PDI, PEM, PHO
Program ID: 320-35-21-166

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Pgyn Director: J Feiler Harris, MD
Gehlmann Children's Hospital at Strong
601 Elmwood Ave, Box 777-B
Rochester, NY 14642
Tel: 585-275-6918 Fax: 585-442-6580
E-mail: chiappedefm@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: ADL, CCP, NPM, PDI, PDR, PEM, PHO
Program ID: 320-35-21-174

Syracuse
New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Pgyn Director: Susan B Bostwick, MD, MBA
525 East 65th Street, Box 139
New York, NY 10021
Tel: 212-746-3131 Fax: 212-746-3140
Length: 3 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: CCP, NPM, PDE, PDI, PFD, PG, PHO, PN, PFR
Program ID: 320-35-31-149

NewYork Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Pgyn Director: John S Anderaka, MD
Department of Pediatrics
750 E Adams Street
Syracuse, NY 13210
Tel: 315-464-6986 Fax: 315-464-7564
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: PDE, PDI, PHO
Program ID: 320-35-21-176

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Pgyn Director: Paul K Wolfl, MD
Department of Pediatrics
Munger Pavilion - Room 129
Valhalla, NY 10595
Tel: 914-903-1166 Fax: 914-904-3400
Length: 3 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: NPM, PDP, PG
Program ID: 320-35-11-176

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Wake Medical Center
Pgyn Director: Harvey C Hamrick, MD
Pediatrics Education Office
UNC School of Medicine CB #7593
Chapel Hill, NC 27599
Tel: 919-966-3176 Fax: 919-966-8419
Length: 3 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: CCP, NPM, PDE, PDI, PG, PHO, PFS
Program ID: 320-36-21-178

Charlotte
Carolina's Medical Center Program
Sponsor: Carolina's Medical Center
Pgyn Director: Szucette S Cardele, MD
Department of Pediatrics
PO Box 32861
Charlotte, NC 28223
Tel: 704-355-3156 Fax: 704-355-5429
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 320-36-11-179

Duke
Durham University Hospital Program
Sponsor: Duke University Hospital
Pgyn Director: Joseph M Majure, MD
Box 3137, DUMC
Durham, NC 27710
Tel: 919-681-2366 Fax: 919-681-3825
E-mail: dukes pytutsms@duke.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 54
Subspecialties: CCP, NPM, PDE, PDI, PD, PDP, PHO, FN, PFR
Program ID: 320-36-21-180
Graduate Medical Education Directory 2004-2005

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: Lorraine Jasinski, MD
751-125 Brady
Greenville, NC 27858
Tel: 252-778-6413 Fax: 252-778-698
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Subspecialties: NPM
Program ID: 320-36-1-128

Weston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Marcia M Walkoff, MD
Dept of Pediatrics
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-406 Fax: 336-716-225
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: PEM, PSM
Program ID: 320-38-1-183

Ohio
Akron
Children's Hospital Medical Center of Akron/NEOUCOM Program
Sponsor: Children's Hospital Medical Center of Akron
Program Director: Jeffrey A Kempf, DO
One Perkins Square
Akron, OH 44308
Tel: 330-543-882 Fax: 330-543-8157
E-mail: jkempf@uohmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: PEM, PSM
Program ID: 320-38-11-184

Cincinnati
Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Sponsor: Cincinnati Children's Hospital Medical Center
Program Director: Javier A Gonzalez del Rey, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513-638-485 Fax: 513-638-790
Length: 3 Yrs ACGME Approved/Offered Positions: 12.5
Subspecialties: ADL, CCP, DOF, PNM, PDC, PDE, PDI, PDP, PEM, PDI, PSN
Program ID: 320-38-21-185

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Michael L Nieder, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-644-713 Fax: 216-644-7136
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: CCR, NPM, PDC, PDE, PDI, PEM, PEM, PG, PHO, PN
Program ID: 320-38-20-007

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Gary D Williams, MD
6000 Euclid Avenue
Cleveland, OH 44106
Tel: 216-444-510 Fax: 216-445-834
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: PDC, PDI, PG
Program ID: 320-38-31-189

Columbus
Children's Hospital/Ohio State University Program
Sponsor: Children's Hospital (Columbus)
Program Director: John D Mahan Jr, MD
700 Children's Drive - Room E060S
Columbus, OH 43210
Tel: 614-722-4419 Fax: 614-722-6132
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: CCP, DBP, NPM, PDC, PDP, PEM, PHO, PN
Program ID: 320-38-21-192

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Children's Medical Center
Wright - Patterson Medical Center
Program Director: Anna Burke, MD
One Children's Plaza
Dayton, OH 45404
Tel: 937-641-3433 Fax: 937-641-5941
Length: 3 Yrs ACGME Approved/Offered Positions: 36
Program ID: 320-38-21-193

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Program Director: Rosalyn C McCoy, MD
536 2nd Suite 1100
Toledo, OH 43608
Tel: 419-251-805 Fax: 419-251-3878
Length: 3 Yrs ACGME Approved/Offered Positions: 34
Program ID: 320-38-21-194

Youngstown
Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Program Director: Douglas E Moses, MD
500 Gypsy Lane
Youngstown, OH 44501
Tel: 330-854-3832 Fax: 330-854-5177
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 320-38-21-180

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center - Children's Hospital
Program Director: Jean P Cain, MD
Department of Pediatrics
406 NE 13th, Rd 3465-N
Oklahoma City, OK 73104
Tel: 405-271-4417 Fax: 405-271-2850
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Subspecialties: NPM, PEM
Program ID: 320-38-11-196

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine
Saint Francis Health System
Program Director: Robert W Block, MD
4002 E 41st Street
Tulsa, OK 74136
Tel: 918-660-3416 Fax: 918-660-3426
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 320-38-21-197

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program Director: Joseph T Gilhooley, MD
Department of Pediatrics
1811 SW Sam Jackson Park Road, DC105
Portland, OR 97239
Tel: 503-418-5170 Fax: 503-418-5199
E-mail: pedreses@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: NPM, POD, PDC, PEM, PHO
Program ID: 320-40-1-129

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Paul Bellino, MD
100 N Academy Ave
Danville, PA 17822
Tel: 570-271-596 Fax: 570-271-5885
Length: 3 Yrs ACGME Approved/Offered Positions: 30
Program ID: 320-41-1-200

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Steven J Warren, MD
Department of Pediatrics
P0 Box 950, Mail Code 0805
Hershey, PA 17033
Tel: 717-531-800 Fax: 717-531-858
E-mail: scknorr@psu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 33
Program ID: 320-41-2-372
Accredited Programs in Pediatrics

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
St Christopher's Hospital for Children (Tenet Health System)
Program Director: Robert S Wimmer, MD
Department of Pediatrics
5001 Old York Road
Philadelphia, PA 19141
Tel: 215 446-5506 Fax: 215 446-3486
Length: 3 yrs ACGME Approved/Offered Positions: 155
Program ID: 320-41-11-204

Children's Hospital of Philadelphia Program
Sponsor: Children's Hospital of Philadelphia
Program Director: Stephen Ludwig, MD
Pediatric Residency Program
34th Street & Civic Center Boulevard, Room 9557
Philadelphia, PA 19140
Tel: 215 590-2162 Fax: 215 590-2768
E-mail: pediatrics@email.chop.edu
Length: 3 yrs ACGME Approved/Offered Positions: 111
Subspecialties: ADL, CCF, DBB, NPM, PDC, PDE, PFR, PDF, PEM, PG, PHO, PFR
Program ID: 320-41-11-205

St Christopher's Hospital for Children Program
Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Program Director: Robert McGregor, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5127 Fax: 215 427-4805
Length: 3 yrs ACGME Approved/Offered Positions: 72
Subspecialties: NPM, PDC, PDE, PFI, PDF, PHO
Program ID: 320-41-11-206

Puerto Rico
Bayamon
Universidad Central del Caribe Program
Sponsor: Universidad Central del Caribe School of Medicine
Hospital Universitario Dr. Ramos Ruiz Arnau
Program Director: Fermin Sanchez, MD
Av Antonio, 22, Casa Blanca
Bayamon, PR 00690
Tel: 787-767-5151 Fax: 787-584-2490
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 320-43-11-256

Caguas
San Juan Bautista Medical Center Program
Sponsor: San Juan Bautista Medical Center/Caguas Regional Hospital
Program Director: Myrna L Borges, MD
Department of Pediatrics
PO Box 4954
Caguas, PR 00706
Tel: 787 744-0111 Fax: 787 704-0275
Length: 3 yrs ACGME Approved/Offered Positions: 13
Program ID: 320-43-11-216

Ponce
Hospital Episcopan San Lucas/Ponce School of Medicine Program
Sponsor: Hospital Episcopal San Lucas
Program Director: Luisa L Alvarez, MD
217 Hato Castro Ave
PO Box 358910
Ponce, PR 00735
Tel: 787 844-2389 Fax: 787 844-1372
E-mail: potel@hotmail.com
Length: 3 yrs ACGME Approved/Offered Positions: 18
Program ID: 320-43-11-216

San Juan
San Juan City Hospital Program
Sponsor: San Juan City Hospital
Program Director: Mario Molina, MD
PMB #70
PO Box 70344
San Juan, PR 00905
Tel: 787 765-7616 Fax: 787 765-7618
E-mail: maimo@csupri.net
Length: 3 yrs ACGME Approved/Offered Positions: 27
Program ID: 320-43-11-216

University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Program Director: Antonio Del Valle, MD
GPO Box 360067
San Juan, PR 00905
Tel: 787 756-4039 Fax: 787 777-3227
Length: 3 yrs ACGME Approved/Offered Positions: 38
Subspecialties: CCF, NPM, PHO
Program ID: 320-43-11-217

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital/Lifespan
Women and Infants Hospital of Rhode Island
Program Director: Adam D Pallant, MD, PhD
563 Eddy Street
Providence, RI 02903
Tel: 401-444-8805 Fax: 401-444-8845
E-mail: apallant@lifespan.org
Length: 3 yrs ACGME Approved/Offered Positions: 48
Subspecialties: DBP, NPM, PDC, PDE, PHO
Program ID: 320-43-21-218

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: George M Johnson, MD
Department of Pediatrics
165 Ashley Avenue Room 641CH
Charleston, SC 29425
Tel: 843 792-2385 Fax: 843 792-8653
E-mail: gjohnson2@comcast.net
Length: 3 yrs ACGME Approved/Offered Positions: 40
Subspecialties: DBP, NPM, PDC, PDE, PHO
Program ID: 320-45-11-219

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
Program Director: B Caughman Taylor, MD
14 Medical Park, Suite 203
Columbia, SC 29203
Tel: 803 434-7836 Fax: 803 434-3635
Length: 3 yrs ACGME Approved/Offered Positions: 27
Program ID: 320-45-21-200

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Program Director: Paul V Catalana, MD, MPH
701 Grove Road, Balcony Suite 4
Greenville, SC 29605
Tel: 864 455-7879 Fax: 864 455-3884
E-mail: pcatlana@ghs.org
Length: 3 yrs ACGME Approved/Offered Positions: 30
Program ID: 320-48-12-221

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
T C Thompson Children's Hospital Medical Center
Program Director: Janara J Huff, MD
Department of Pediatrics
910 Blackford Street
Chattanooga, TN 37403
Tel: 423 778-6177 Fax: 423 778-6020
E-mail: mitchepl@erlanger.org
Length: 3 yrs ACGME Approved/Offered Positions: 24
Program ID: 320-47-11-222
Johns Hopkins

College of Medicine

Megadale Medical Center Hospital

Program Director: David T Price, MD

East Tennessee State University

P.O. Box 75078

Johnson City, TN 37604

Tel: 423-439-8771 Fax: 423-430-8066

Length: 2 Yrs AGAMEM Approved/Offered Positions: 60

Program ID: 320-47-1-002

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine

Leuvenheur Children's Medical Center

Program Director: Mark C Bugnitz, MD

Nashville, TN 37232

Tel: 615-342-3303 Fax: 615-322-3302

Length: 3 Yrs AGAMEM Approved/Offered Positions: 90

Subspecialties: CPP, NPM, PDC, PDE, PEM, PG, PNM, PPR

Program ID: 320-47-1-223

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center

Program Director: Rebecca S Swan, MD

950 North Nashville

Nashville, TN 37232

Tel: 615-342-3303 Fax: 615-322-3302

Length: 3 Yrs AGAMEM Approved/Offered Positions: 90

Subspecialties: CPP, NPM, PDC, PDE, PEM, PG, PNM, PPR

Program ID: 320-47-1-223

Texas

Amarillo

Texas Tech University (Amarillo) Program

Sponsor: Texas Tech University Health Sciences Center

Northwest Texas Health Care System

Program Director: Fred A McDougal, MD, PhD

Department of Pediatrics

1400 Coulter

Amarillo, TX 79106

Tel: 806-354-5432 Fax: 806-354-5536

Length: 3 Yrs AGAMEM Approved/Offered Positions: 15

Program ID: 320-48-1-370

Amarillo

Texas Tech University (Amarillo) Program

Sponsor: Texas Tech University Health Sciences Center

Northwest Texas Health Care System

Program Director: Fred A McDougal, MD, PhD

Department of Pediatrics

1400 Coulter

Amarillo, TX 79106

Tel: 806-354-5432 Fax: 806-354-5536

Length: 3 Yrs AGAMEM Approved/Offered Positions: 15

Program ID: 320-48-1-370

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network

Brackenridge Hospital

Program Director: George A Edwards, MD

1400 N IH 35

Austin, TX 78701

Tel: 512-224-8656 Fax: 512-224-8654

Length: 3 Yrs AGAMEM Approved/Offered Positions: 30

Program ID: 320-48-31-225

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals

Program Director: Ann L Gonzalez, MD

Department of Pediatrics

301 University Blvd

Galveston, TX 77555

Tel: 409-757-1934 Fax: 409-772-6500

E-mail: caasro@tamu.edu

Length: 3 Yrs AGAMEM Approved/Offered Positions: 36

Subspecialties: NPM, PDE, PID, PPM

Program ID: 320-48-1-131

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General Hospital

Texas Children's Hospital

Program Director: Ralph D Peigin, MD

One Baylor Plaza

Houston, TX 77030

Tel: 713-798-5911 Fax: 713-798-5911

Length: 3 Yrs AGAMEM Approved/Offered Positions: 14

Subspecialties: ADE, CCC, NPM, PDE, PID, PPM

Program ID: 320-48-2-232

Corpus Christi

Driscoll Children's Hospital Program

Sponsor: Driscoll Children's Hospital

Program Director: Guadalupe J. Riley, MD

Lubbock, TX 79430

Tel: 806-468-5566 Fax: 806-468-5566

E-mail: careers@driscollchildrens.org

Length: 3 Yrs AGAMEM Approved/Offered Positions: 42

Program ID: 320-48-1-829

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium

Brooke Army Medical Center

Wilford Hall Medical Center (AETC)

Program Director: Julia A Lynch, MD

4200 Ben White Blvd

San Antonio, TX 78236

Tel: 210-292-5097 Fax: 210-292-5238

Length: 3 Yrs AGAMEM Approved/Offered Positions: 42

Subspecialties: ADL, NPM, PID, PPM

Program ID: 320-48-1-246

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Health Science Center at San Antonio

Christus Santa Rosa Health Care Corporation

University Health System

Program Director: Robert J Nolan Jr, MD

Department of Pediatrics

7708 Floyd Curl Drive MC 1761

San Antonio, TX 78229

Tel: 210-457-6181 Fax: 210-457-6184

Length: 3 Yrs AGAMEM Approved/Offered Positions: 44

Subspecialties: CCC, NPM, PPM

Program ID: 320-48-21-235

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital

Program Director: Michael Weit, MD

2401 South 31st Street

Tempe, TX 75608

Tel: 480-794-8000 Fax: 480-794-8274

Length: 3 Yrs AGAMEM Approved/Offered Positions: 18

Program ID: 320-48-21-236

University of Texas of Houston Program

Sponsor: University of Texas Medical School at Houston

Houston

Texas A&M College of Medicine-Scott and White Program

Program Director: Michael Weit, MD

2401 South 31st Street

Tempe, TX 75608

Tel: 480-794-8000 Fax: 480-794-8274

Length: 3 Yrs AGAMEM Approved/Offered Positions: 18

Program ID: 320-48-21-236
Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Ronald S Bloom, MD
50 North Medical Drive
Dept of Pediatrics - SA152
Salt Lake City, UT 84132
Tel: 801 585-7577 Fax: 801 585-0580
E-mail: peda residency@hsc.utah.edu
Length: 3 yrs ACGME Approved/Offered Positions: 51
Subspecialties: CCP, NPM, PDC, PDE, PEM, PHO
Program ID: 320-51-21-237

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Prgm Director: Ann P Guilford, MD
Vermont Children's Hospital at FHHC
111 Colchester Avenue Modular B Room 113
Burlington, VT 05401.
Tel: 802 847-5544 Fax: 802 847-5557
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: NPM
Program ID: 320-50-11-238

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Linda Wagoner-Fountain, MD
PO Box 803896
Charlottesville, VA 22908
Tel: 434 924-6146 Fax: 434 924-6244
E-mail: nag@virginia.edu
Length: 3 yrs ACGME Approved/Offered Positions: 33
Subspecialties: CCP, DBP, NPM, PDC, PDE, PEM, PHO, PN, PNR
Program ID: 320-51-11-239

Falls Church
Fairfax Hospital Program
Sponsor: Inova Fairfax Hospital
Prgm Director: Michael F Alliert, MD
3300 Gallows Road
Falls Church, VA 22042
Tel: 703 204-6041 Fax: 703 204-6078
Length: 3 yrs ACGME Approved/Offered Positions: 27
Subspecialties: PEM
Program ID: 320-51-21-239

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Prgm Director: Clarence W Givens Jr, MD
Eastern Virginia Medical School
100 Children's Lane
Norfolk, VA 23507
Tel: 757 688-1285 Fax: 757 688-9766
Length: 3 yrs ACGME Approved/Offered Positions: 48
Subspecialties: PDI, PEM
Program ID: 320-51-21-240

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Gretchen Meyer, MD
Department of Pediatrics
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 565-2685 Fax: 757 565-6858
Length: 3 yrs ACGME Approved/Offered Positions: 34
Program ID: 320-51-21-014
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Suzanne B Lavoie, MD
1001 East Marshall Street
Box 890964
Richmond, VA 23298
Tel: 804 288-9711 Fax: 804 288-2435
Length: 3 yrs ACGME Approved/Offered Positions: 45
Subspecialties: CCP, NPM, PDC, PEM, PHO, PN, PNR
Program ID: 320-51-21-241

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Richard F Shugerman, MD
4500 Sand Point Way NE, SH-1
PO Box 11217
Seattle, WA 98108
Tel: 206 687-2825 Fax: 206 687-2943
Length: 3 yrs ACGME Approved/Offered Positions: 27
Subspecialties: APL, CCP, DBP, NPM, PDC, PEM, PHO, PN, PNR
Program ID: 320-51-21-258

Tacoa
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Prgm Director: Mary Fairchild, MD
Department of Pediatrics
MCHL-P
Tacoa, WA 98431
Tel: 253 996-1381 Fax: 253 996-0384
Length: 3 yrs ACGME Approved/Offered Positions: 18
Subspecialties: DBP
Program ID: 320-51-21-010
US Armed Services Program

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Rakesh B Khan, MD
830 Pennsylvania Avenue - Suite 104
Charleston, WV 25302
Tel: 304 348-1540 Fax: 304 348-1577
Length: 3 yrs ACGME Approved/Offered Positions: 17.5
Program ID: 320-51-21-243

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Prgm Director: James M Waldeck, MD
Department of Pediatrics
1600 Medical Center Dr, Suite 2500
Huntington, WV 25707
Tel: 304 525-1374 Fax: 304 691-1275
Length: 3 yrs ACGME Approved/Offered Positions: 15
Program ID: 320-55-21-280

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: Martin E Waisel, MD
Robert C Byrd Health Sciences Ctr
PO Box 0214
Morgantown, WV 26505
Tel: 304 285-1189 Fax: 304 285-2126
Length: 3 yrs ACGME Approved/Offered Positions: 20
Subspecialties: APL
Program ID: 320-55-11-245

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: David B Allen, MD
Department of Pediatrics H4444H CSC
600 Highland Ave
Madison, WI 53792
Tel: 608 263-8577 Fax: 608 263-0440
Length: 3 yrs ACGME Approved/Offered Positions: 39
Subspecialties: CCP, NPM, PDC, PEM, PHO, PN, PNR
Program ID: 320-56-21-247

Marshallfield
Marshallfield Clinic-St Joseph's Hospital Program
Sponsor: Marshallfield Clinic-St Joseph's Hospital
Prgm Director: Alan J VanReen, MD
1000 North Oak Avenue
Marshallfield, WI 54449
Tel: 715 337-5208 Fax: 715 337-5240
E-mail: schauer.christine@mfclin.edu
Length: 3 yrs ACGME Approved/Offered Positions: 16
Program ID: 320-56-21-248

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Prgm Director: James J Nocton, MD
801 East Watertown Plank Road
PO Box 26596
Milwaukee, WI 53225
Tel: 414 266-6900
Length: 3 yrs ACGME Approved/Offered Positions: 68
Subspecialties: CCP, NPM, PDC, PEM, PHO, PN, PNR
Program ID: 320-56-21-249
Accredited Programs in Physical Medicine and Rehabilitation

Physical Medicine and Rehabilitation

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Program Director: Laura B Knor, MD
129 South 15th Street, SRC/100
Birmingham, AL 35249
Tel: 205-394-4390 Fax: 205-975-9754
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Subspecialties: SCI
Program ID: 340-01-21-002

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Baptist Rehabilitation Institute of Arkansas
Central Arkansas Veterans Health Center

Program Director: Kevin M Means, MD
Department of Physical Medicine and Rehabilitation
401 West Main, Slot 602
Little Rock, AR 72205
Tel: 501-257-6492 Fax: 501-257-6429
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 340-04-21-083

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Sponsor: Loma Linda University Medical Center
Sponsor: Loma Linda University Medical Center
Sponsor: Loma Linda University Medical Center

Program Director: Murray E Brandstater, MB, PhD
Program Director: Murray E Brandstater, MB, PhD
Program Director: Murray E Brandstater, MB, PhD
Program Director: Murray E Brandstater, MB, PhD

Department of Physical Medicine & Rehabilitation
11254 Anderson St PO Box 2000
Loma Linda, CA 92354
Tel: 909-588-0008 Fax: 909-588-4133
E-mail: mbrandstater@pli.net
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 340-05-21-007

Los Angeles

VA Greater Los Angeles Healthcare System Program

Sponsor: VA Greater Los Angeles Healthcare System

Program Director: Gwynn G Pham, MD
Department of PR&R W-177
11011 Wilshire Boulevards
Los Angeles, CA 90073
Tel: 310-368-3343
Length: 3 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: PMP
Program ID: 340-06-21-007

District of Columbia

Washington

Georgetown University Hospital/National Rehabilitation Hospital Program

Sponsor: National Rehabilitation Hospital
Washington Hospital Center

Program Director: Susan M Miller, MD
102 Irving Street, NW
Washington, DC 20010
Tel: 202-877-1457 Fax: 202-877-1416
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-10-21-007

Florida

Tampa

James A Haley Veterans Hospital/University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Shriners Hospitals for Children (Tampa)
Tampa General Hospital

Program Director: Naomi Abel, MD
Department of Internal Medicine
4200 East Fowler Avenue
Tampa, FL 33612
Tel: 813-259-0984 Fax: 813-259-0964
E-mail: laura.manore@med.usf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 340-11-13-106

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)

Program Director: Dale C Strasser, MD
Department of Rehabilitation Medicine
1441 Clifton Road, NE Room 118
Atlanta, GA 30322
Tel: 404 712-5507 Fax: 404 712-5805
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Subspecialties: PMD
Program ID: 340-12-21-011

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Northwestern Memorial Hospital
Rehabilitation Institute of Chicago

Program Director: James A Silkow, DO
Department of Rehabilitation Medicine
345 E Euston Street
Chicago, IL 60611
Tel: 312-926-4193 Fax: 312-926-9484
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Subspecialties: SCI
Program ID: 340-14-21-009

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Marianjoy Rehabilitation Hospital

Program Director: Christopher Reget, MD
Department of PM&R
1000 West Congress Parkway
Chicago, IL 60612
Tel: 312-942-3675 Fax: 312-942-4234
Length: 4 Yrs
Program ID: 340-16-21-082

Schwab Rehabilitation Hospital and Care Network/University of Chicago Program

Sponsor: Schwab Rehabilitation Hospital and Care Network

Program Director: Michelle S Glitter, MD
1401 S California Boulevard
Chicago, IL 60608
Tel: 773-332-5832
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 340-16-21-012

Graduate Medical Education Directory 2004-2005 879
Accredited Programs in Physical Medicine and Rehabilitation

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Marianjoy Rehabilitation Hospital
Prgm Director: Monica L Steiner, MD
2150 S Pruss Avenue
Maywood, IL 60153
Tel: 708 267-4990 Fax: 708 267-9348
Length: 4 Yrs ACGME Approved/Offered Positions: 13 Subspecialties: SCI
Program ID: 340-10-31-016

Wheaton
Marianjoy Rehabilitation Hospital Program
Sponsor: Marianojoy Rehabilitation Hospital
Prgm Director: Noel Rau, MD
38411 Roosevelt Road
Wheaton, IL 60187
Tel: 630 462-4180 Fax: 630 462-4521
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-10-21-097

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Community Hospitals of Indianapolis
Richard L. Roudebush Veterans Affairs Medical Center
Prgm Director: Ralph M Buschbacher, MD
Clinical Building 366
541 N Clinical Drive
Indianapolis, IN 46202
Tel: 317 278-0200 Fax: 317 278-0206
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-17-21-098

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Cardinal Hill Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Robert B Nickerson, MD
Dept of Physical Medicine & Rehab
C345 Kentucky Clinic
Lexington, KY 40536
Tel: 859 257-4860 Fax: 859 223-1123
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-20-21-079

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Franzier Rehabilitation Institute
Prgm Director: Karen K Bloom, MD
220 Abraham Flexner Way
Louisville, KY 40202
Tel: 502 588-7465 Fax: 502 588-7477
E-mail: teri.kiper@jh.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 340-20-11-019

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Louisiana Rehabilitation Institute
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Stephen Khirdner, MD
Section of PM&R, Box TCM-3
1545 Tulane Avenue
New Orleans, LA 70113
Tel: 504 568-3888 Fax: 504 568-7839
E-mail: shider@lumc.edu
Length: 4 Yrs
Program ID: 340-21-21-020

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Good Samaritan Hospital of Maryland
Johns Hopkins Hospital
Prgm Director: Barbara J de Lateur, MD
3001 Loch Raven Boulevard
Professional Office Building, Rm 406
Baltimore, MD 21231
Tel: 410 532-4717 Fax: 410 532-4770
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-23-21-110

 Sinai Hospital of Baltimore Program
Sponsor: Sinai Hospital of Baltimore
University of Maryland - Kernan Hospital
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Melanie C Brown, MD
Dept of Rehabilitation Medicine
2401 W Belvedere Ave
Baltimore, MD 21215
Tel: 410 601-6585 Fax: 410 601-9992
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: PMF
Program ID: 340-23-22-021

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: M Catherine Spites, MD
Department of FM&R, Box 01718
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-7881 Fax: 734 615-0713
Length: 3 Yrs ACGME Approved/Offered Positions: 19
Subspecialties: PMF
Program ID: 340-25-21-025

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Paul F Pasquino, MD
National Capital Consortium
Physical Medicine Service
Washington, DC 20017
Tel: 202 782-2747 Fax: 202 783-0970
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-10-21-074
US Armed Services Program

Boston
Boston University Medical Center Program
Sponsor: Boston University Center
Prgm Director: David T Burke, MD, MA
135 Nashua Street
Boston, MA 02114
Tel: 617 537-2779 Fax: 617 537-2769
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 340-24-11-024

Harvard Medical School Program
Sponsor: Spaulding Rehabilitation Hospital
Prgm Director: David T Burke, MD, MA
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-7881 Fax: 734 615-0713
Length: 3 Yrs ACGME Approved/Offered Positions: 21
Subspecialties: SCI
Program ID: 340-24-21-094

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
HealthSouth New England Rehabilitation Hospital
New England Sinai Hospital and Rehabilitation Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Parminder Phul, MD
Department of FM&R
750 Washington Street
Boston, MA 02111
Tel: 617 636-5622 Fax: 617 636-4240
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 340-24-21-023

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston University Center
Prgm Director: David T Burke, MD, MA
135 Nashua Street
Boston, MA 02114
Tel: 617 537-2779 Fax: 617 537-2769
Length: 3 Yrs ACGME Approved/Offered Positions: 14
Program ID: 340-24-11-024
<table>
<thead>
<tr>
<th>Accredited Programs in Physical Medicine and Rehabilitation</th>
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### Detroit
- **Wayne State University/Detroit Medical Center Program**
  - **Sponsor:** Wayne State University/Detroit Medical Center Rehabilitation Institute
  - **Program Director:** Maury R Ellenberg, MD
  - **Tel:** 313 866-3581
  - **Length:** 3 Yrs
  - **Program ID:** 340-55-21-027

### Rochester
- **Mayo School of Graduate Medical Education (Rochester) Program**
  - **Sponsor:** Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
  - **Program Director:** Margaret A Moutvic, MD
  - **Length:** 3 Yrs
  - **Program ID:** 340-56-21-030

### Missouri
- **Columbia**
  - **University of Missouri-Columbia Program**
  - **Sponsor:** University of Missouri-Columbia School of Medicine
  - **Program Director:** Robert Conway, MD
  - **Tel:** 816 584-3340
  - **Length:** 3 Yrs
  - **Program ID:** 340-58-21-031

### New York
- **Albany**
  - **Albany Medical Center Program**
    - **Sponsor:** Albany Medical Center Veterans Affairs Medical Center (Albany)
    - **Program Director:** Andrew H Dublin, MD
    - **Length:** 3 Yrs
    - **Program ID:** 340-35-21-036

### Lansing
- **Michigan State University Program**
  - **Sponsor:** Michigan State University College of Human Medicine
  - **Program Director:** Michael T Andary, MD
  - **Tel:** 517 353-0713
  - **Length:** 3 Yrs
  - **Program ID:** 340-35-21-100

### Royal Oak
- **William Beaumont Hospital Program**
  - **Sponsor:** William Beaumont Hospital - Troy
  - **Program Director:** Margaret A Moutvic, MD
  - **Tel:** 313 866-3581
  - **Length:** 3 Yrs
  - **Program ID:** 340-35-21-076

### Minnesota
- **Minneapolis**
  - **University of Minnesota Program**
    - **Sponsor:** University of Minnesota Medical School
    - **Program Director:** Dennis D Dykstra, MD
    - **Tel:** 612 626-4913
    - **Length:** 3 Yrs
    - **Program ID:** 340-56-21-028

### New Jersey
- **Edison**
  - **JFK Medical Center Program**
    - **Sponsor:** JFK Medical Center
    - **Program Director:** Sara J Cacavero, MD
    - **Tel:** 732 231-7000
    - **Length:** 3 Yrs
    - **Program ID:** 340-58-33-21-033

### Newark
- **UMDNJ-New Jersey Medical School Program**
  - **Sponsor:** UMDNJ-New Jersey Medical School
  - **Program Director:** Joel A DeLisa, MD
  - **Tel:** 732 231-7000
  - **Length:** 3 Yrs
  - **Program ID:** 340-58-33-21-034

### SUNY Health Science Center at Brooklyn Program**
  - **Sponsor:** SUNY Health Science Center at Brooklyn
    - **Program Director:** Kevin Weiner, MD
    - **Tel:** 718 864-3581
    - **Length:** 3 Yrs
    - **Program ID:** 340-35-21-041

### Buffalo
- **SUNY at Buffalo Graduate Medical-Dental Education Consortium Program**
  - **Sponsor:** SUNY at Buffalo Graduate Medical-Dental Education Consortium
    - **Program Director:** Thomas D Polisosto, MD
    - **Tel:** 716 898-3218
    - **Length:** 3 Yrs
    - **Program ID:** 340-35-21-048
Accredited Programs in Physical Medicine and Rehabilitation

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Lyn Weiss, MD
Department of PM&R
2201 Hempstead Tpke., 5th Floor
East Meadow, NY 11554
Tel: 516 572-8625 Fax: 516 572-3170
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 340-35-11-037

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Southside Hospital
Program Director: Jason Lipetz, MD
270-75 78th Ave, Suite CH006
New Hyde Park, NY 11040
Tel: 516.365-8456 Fax: 516 365-8128
E-mail: charnez@albanymed.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 340-35-21-042

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center/Mount Sinai Services
Mount Sinai Medical Center
Program Director: Adam B Stein, MD
1425 Madison Avenue, Box 1240
4th Floor - Dept of Rehabilitation Medicine
New York, NY 10029
Tel: 212 658-9351 Fax: 212 345-9991
Length: 3 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: SCI
Program ID: 340-35-21-044

New York Medical College (Metropolitan) Program
Sponsor: New York Medical College
Metroplex Hospital Center
Our Lady of Mercy Medical Center
Program Director: Maria P da Araujo, MD
300 G67, 5th Avenue
Valhalla, NY 10595
Tel: 914 594-4275 Fax: 914 594-4276
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 340-35-21-045

New York Medical College at St Vincent’s Hospital and Medical Center Program
Sponsor: New York Medical College
St Vincent’s Catholic Medical Centers (Manhattan)
Program Director: Lakshmi Murari, MD
Medical Center
135 West 118th Street
New York, NY 10011
Tel: 212 604-8501 Fax: 212 604-2572
E-mail: lmurari@svcmc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 11
Program ID: 340-35-11-047

New York Presbyterian Hospital (Columbia and Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Program Director: Nancy B Strauss, MD
180 Fort Washington Avenue
Har衷心s Pavilion Room 184
New York, NY 10025
Tel: 212 345-8292 Fax: 212 365-4258
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 340-35-21-039

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Boulevard Hospital Center
Bank Institute of Rehabilitation Medicine
Program Director: Howard G Thistle, MD
400 East 34th Street
Suite 699
New York, NY 10016
Tel: 212 263-8110 Fax: 212 263-8185
Length: 4 Yrs ACGME Approved/Offered Positions: 41
Program ID: 340-35-21-046

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
St Mary’s Hospital (Unity Health System)
Program Director: R P D’Alo, MD
PO Box 664
601 Elmwood Avenue
Rochester, NY 14620
Tel: 585 276-3993 Fax: 585 442-2049
E-mail: kr.poduri@urmc.rochester.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 340-35-21-061

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
St Charles Hospital and Rehabilitation Center
Veterans Affairs Medical Center (Northport)
Program Director: Susan M Stickewears, MD
Northport VA Med Ctr and St Charles Rehab Ctr
70 Middlefield Rd
Northport, NY 11768
Tel: 631 261-4400 Fax: 631 266-6222
E-mail: stickewears@hotmail.com
Length: 2 Yrs ACGME Approved/Offered Positions: 13
Program ID: 340-35-21-108

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Robert J Weber, MD
700 Adams Street
Syracuse, NY 13210
Tel: 315 464-5920 Fax: 315 464-8999
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-35-21-063

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: John Oh, MD
Main Hospital Room 1144, (CB# 7200)
Chapel Hill, NC 27514
Tel: 919 966-5155 Fax: 919 842-4146
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-35-21-104

Charlotte
Carolina Medical Center Program
Sponsor: Carolina Medical Center
Charlotte Institute of Rehabilitation
Program Director: William L Bockenek, MD
Department of PM&R
1100 Bylche Boulevard
Charlotte, NC 28203
Tel: 704 355-1540 Fax: 704 355-0706
Length: 3 Yrs ACGME Approved/Offered Positions: 5
Program ID: 340-36-21-005

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: Raymond V Millian, MD
Department of Physical Med & Rehab
600 Moore Boulevard
Greenville, NC 27858
Tel: 252 847-2007 Fax: 252 847-2108
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 340-36-21-091

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: Austin I Nobenaga, MD, MPH
PO Box 255220
231 Albert Sabin Way
Cincinnati, OH 45220
Tel: 513 588-7683 Fax: 513 588-4458
E-mail: dakemp@uc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 340-36-21-076

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Gary C Clark, MD
2550 MetroHealth Drive
Department of Physical Medicine & Rehabilitation
Cleveland, OH 44109
Tel: 216 778-3205 Fax: 216 778-7298
E-mail: rkarim@metrohealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 340-38-31-063

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children’s Hospital (Columbus)
Mount Carmel
Riverside Methodist Hospitals (OhioHealth)
Program Director: Daniel M Clachet, MD
1015 Dodd Hall
480 West Ninth Avenue
Columbus, OH 43210
Tel: 614 283-3061 Fax: 614 283-3698
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 340-38-21-004
Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine HealthSouth Rehabilitation Hospital University Medical School

Program Director: William F. Minnebo, MD

Department of Physical Medicine and Rehabilitation

PO Box 360007
San Juan, PR 00936

Tel: 787 761-6035 Fax: 787 754-1478

E-mail: workflow@upuma.net

Length: 4 yrs ACGME Approved/Offered Positions: 12

Program ID: 340-42-31-062

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine

HealthSouth Rehabilitation Hospital of Charleston

Program Director: Mary N. Herring, MD

Department of Physical Medicine and Rehabilitation

96 Jonathan Lucas Street, Suite 307
Charleston, SC 29425

Tel: 843-799-5034 Fax: 843-792-8126

E-mail: mwherring@umc.edu

Length: 3 yrs ACGME Approved/Offered Positions: 6

Program ID: 340-45-21-092

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center

Baylor Institute for Rehabilitation

Program Director: Barry S. Smith, MD

Department of Physical Medicine and Rehabilitation

2500 Gaston Avenue
Dallas, TX 75235

Tel: 214-820-7192 Fax: 214-820-8812

E-mail: barys@baylorhealth.edu

Length: 3 yrs ACGME Approved/Offered Positions: 9

Subspecialties: SCI

Program ID: 340-45-31-064

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center

Veterans Affairs Medical Center (Salt Lake City)

Program Director: Stuart E. Willick, MD

Department of Physical Medicine and Rehabilitation

30 N 1900 E
Salt Lake City, UT 84112

Tel: 801-581-5953 Fax: 801-587-9465

Length: 3 yrs ACGME Approved/Offered Positions: 9

Program ID: 340-49-21-068
Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Dr. Casey C. Kerrigan, MD
PO Box 801904
545 Ray C Hunt Drive, Suite 340
Charlottesville, VA 22908
Tel: 434 544-0700 Fax: 434 248-5639
Length: 4 Yrs AGGME Approved/Offered Positions: 14
Program ID: 340-51-21-089

Norfolk

Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Program Director: Cynthia L. Flick, MD
Dept of Physical Medicine & Rehab
955 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 445-5915 Fax: 757 446-5089
Length: 3 Yrs AGGME Approved/Offered Positions: 10
Program ID: 340-51-21-081

Richmond

Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: William O. McKinley, MD
1221 East Marshall Street
Box 89077
Richmond, VA 23298
Tel: 804 828-4235 Fax: 804 828-5974
Length: 3 Yrs AGGME Approved/Offered Positions: 15
Subspecialties: PMR, SCI
Program ID: 340-51-21-069

Washington

Seattle

University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Teresa L. Massagli, MD
Department of Rehabilitation Medicine
Box 356490, 1985 NE Pacific
Seattle, WA 98195
Tel: 206 685-6936 Fax: 206 685-3244
E-mail: klr@washington.edu
Length: 4 Yrs AGGME Approved/Offered Positions: 31
Subspecialties: SCI
Program ID: 340-54-21-070

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Program Director: Deborah L. McLeish, MD, MS
600 University Avenue
Middleton, WI 53562
Tel: 608 283-8640 Fax: 608 263-8271
Length: 4 Yrs AGGME Approved/Offered Positions: 12
Program ID: 340-56-21-072

Plastic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)
Program Director: Luis Vacconen, MD
510 20th Street, South (POT-1102)
 Birmingham, AL 35294-0411
Tel: 205 334-5045 Fax: 205 975-6105
Length: 2 Yrs AGGME Approved/Offered Positions: 4
Program ID: 360-01-21-121

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)
Riverside County Regional Medical Center
Program Director: Robert A. Hardesty, MD
1175 Campus Street
Coleman Pavilion, Suite 21126
Loma Linda, CA 92354
Tel: 909 558-4175 Fax: 909 558-4175
Length: 6 Yrs AGGME Approved/Offered Positions: 12
Program ID: 360-05-21-133
Integrated model

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County- Harbor-UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Timothy A. Miller, MD
200 UCLA Medical Plaza, Suite 465
Los Angeles, CA 90033
Tel: 310 205-5858 Fax: 310 794-7093
Length: 2 Yrs AGGME Approved/Offered Positions: 6
Program ID: 360-05-21-069

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Program Director: Randolph Sherman, MD
1450 San Pablo Street, Suite 5000
Los Angeles, CA 90033
Tel: 213 442-6488 Fax: 213 442-6481
E-mail: tjpek@usc.edu
Length: 3 Yrs AGGME Approved/Offered Positions: 9
Subspecialties: USP
Program ID: 360-05-21-118
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<th>State</th>
<th>City</th>
<th>Program Name</th>
<th>Sponsor</th>
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<tr>
<td>Orange</td>
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<td>University of California (Irvine) Program</td>
<td>Sponsor: University of California (Irvine) Medical Center</td>
<td>Prgm Director: Gregory R Evans, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
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<td>University of California (Davis) Health System Program</td>
<td>Sponsor: UC Davis Health System University of California (Davis) Medical Center</td>
<td>Prgm Director: Thomas H Stevenson, MD</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions</td>
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<td>University of California (San Diego) Program</td>
<td>Sponsor: University of California (San Diego) Medical Center</td>
<td>Prgm Director: Mark K Debe, MD, PhD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
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<td>San Francisco</td>
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<td>Sponsor: University of California (San Francisco) School of Medicine</td>
<td>Prgm Director: Stephen J Mathes, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
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<td>Stanford</td>
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<td>Stanford University Program</td>
<td>Sponsor: Stanford University Hospital Kaiser Permanente Medical Center (Santa Clara)</td>
<td>Prgm Director: James Chang, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
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<td>Colorado</td>
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<td>University of Colorado Program</td>
<td>Sponsor: University of Colorado School of Medicine Children's Hospital (The) Denver Health Medical Center Veterans Affairs Medical Center (Denver)</td>
<td>Prgm Director: Lawrence L Ketch, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
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<td>Connecticut</td>
<td>New Haven</td>
<td>Yale-New Haven Medical Center Program</td>
<td>Sponsor: Yale-New Haven Hospital Hospital of St Raphael Veterans Affairs Medical Center (West Haven)</td>
<td>Prgm Director: John A Persing, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-05-21-015</td>
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<td>District of Columbia</td>
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<td>Georgetown University Hospital Program</td>
<td>Sponsor: Georgetown University Hospital Inova Fairfax Hospital Suburban Hospital Health System Union Memorial Hospital Veterans Affairs Medical Center (Washington, DC)</td>
<td>Prgm Director: Scott L Spear, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-05-21-017</td>
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<td>Florida</td>
<td>Gainesville</td>
<td>University of Florida Program</td>
<td>Sponsor: University of Florida College of Medicine North Florida/South Georgia Veterans Health System Shands Hospital at the University of Florida</td>
<td>Prgm Director: Henry H Caffee, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-11-21-019</td>
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<td>Miami</td>
<td>Jackson Memorial Hospital/Jackson Health System Program</td>
<td>Sponsor: Jackson Memorial Hospital/Jackson Health System</td>
<td>Prgm Director: Seth R Thaller, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-11-21-022</td>
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<td>Georgia</td>
<td>Atlanta</td>
<td>Emory University Program</td>
<td>Sponsor: Emory University School of Medicine Children's Healthcare of Atlanta Emory University Hospital Grady Memorial Hospital</td>
<td>Prgm Director: Thomas R Hester Jr, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-12-21-024</td>
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<td>Augusta</td>
<td>Medical College of Georgia Program</td>
<td>Sponsor: Medical College of Georgia Medical College of Georgia School of Medicine Veterans Affairs Medical Center (Augusta)</td>
<td>Prgm Director: Jack C Yu, MD, MS</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-12-21-111</td>
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<td>Illinois</td>
<td>Chicago</td>
<td>McGaw Medical Center of Northwestern University Program</td>
<td>Sponsor: McGaw Medical Center of Northwestern University Children's Memorial Hospital Evanston Hospital Northwestern Memorial Hospital Shriners Hospitals for Children (Chicago)</td>
<td>Prgm Director: Thomas A Mustoe, MD</td>
<td>3 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-16-21-025</td>
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<td>Rush University Medical Center Program</td>
<td>Sponsor: Rush University Medical Center</td>
<td>Prgm Director: John W Polley, MD</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions</td>
<td>360-16-11-026</td>
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</table>
Accredited Programs in Plastic Surgery

University of Chicago Program

Sponsor: University of Chicago Hospitals
Advocate Lutheran General Hospital

Prgram Director: Robert L. Walton, MD
8441 S Maryland Avenue, MC0305
Chicago, IL 60637
Tel: 773 707-4111
Length: 3 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 360-16-11-027

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

Prgram Director: Mimis Cohen, MD
540 E 65th Street, 615 CHN
820 South Wood Street
Chicago, IL 60612
Tel: 312 996-6031 Fax: 312 413-0496
E-mail: mncohen@uic.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 360-16-21-028

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Children's Memorial Hospital

Edwin F. Cope, Jr., Veterans Affairs Hospital

John B. Stronger Hospital of Cook County
University of Illinois Hospital and Clinics

Prgram Director: Diane V. Iudo, MD
820 South Stetl Avenue
Maywood, IL 60153
Tel: 708 327-2810 Fax: 708 327-3810
E-mail: surg.res@lumc.edu
Length: 3 Yrs
ACGME Approved/Offered Positions: 3
Program ID: 360-16-21-029

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine Memorial Medical Center

St John's Hospital

Prgram Director: Michael W. Neatmead, MD
PO Box 18683
747 North Rutledge Street
Springfield, IL 62702
Tel: 217 545-7018 Fax: 217 545-2588
Length: 3 Yrs
ACGME Approved/Offered Positions: 12
Subspecialties: HSP
Program ID: 360-16-21-030

Integrated model

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clariian Indianpolis University Hospital
Clariian Riley Hospital for Children
Richard L. Roudebush Veterans Affairs Medical Center
William N. Wilkard Memorial Hospital

Prgram Director: Charles J. Coleman III, MD
Emerson Hall 234
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-8106 Fax: 317 274-7612
Length: 2 Yrs
ACGME Approved/Offered Positions: 5
Program ID: 360-17-11-031

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine

University of Kansas Medical Center Veterans Affairs Medical Center (Kansas City)

Prgram Director: Walter T. Lawrence, MPH, MD
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-2067 Fax: 913 588-9901
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 360-19-11-032

Kentucky

Lexington

University of Kentucky Medical Center Program

Sponsor: University of Kentucky & A B Chandler Medical Center

Veterans Affairs Medical Center (Lexington)

Prgram Director: Henry C. Vasquez, MD
Kentucky Clinic - Suite K454
Lexington, KY 40586
Tel: 859 323-5823 Fax: 859 323-5823
E-mail: jcide@uky.edu
Length: 6 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 360-20-21-033

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine

Jewish Hospital
University of Louisville Hospital

Prgram Director: Gordon R. Tobin, MD
Department of Surgery, Division of Plastic Surgery
500 South Jackson Street, ACH-2nd Floor
Louisville, KY 40292
Tel: 502 852-8859 Fax: 502 852-8845
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 360-20-21-034

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine

Medicai Center of Louisiana at New Orleans Veterans Affairs Medical Center (New Orleans)

Prgram Director: Charles I. Dupin, MD
1542 Tulane Avenue
Room 701
New Orleans, LA 70112
Tel: 504 568-7683 Fax: 504 568-7600
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 360-21-11-035

Maryland

Baltimore

Johns Hopkins University/University of Maryland Program

Sponsor: Johns Hopkins University School of Medicine

Johns Hopkins Bayview Medical Center

Prgram Director: Douglas M. Rothkopf, MD
601 N Caroline Street, Room 8152
Baltimore, MD 21287
Tel: 410 827-9470 Fax: 410 827-9406
Length: 3 Yrs
ACGME Approved/Offered Positions: 14 Subspecialties: CPS
Program ID: 360-23-21-037

Integrated model

Massachusetts

Boston

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital

Beth Israel Deaconess Medical Center
Massachusetts General Hospital

Prgram Director: Michael J. Fribas, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6380 Fax: 617 732-2855
E-mail: surgery@partners.org
Length: 6 Yrs
ACGME Approved/Offered Positions: 24 Subspecialties: HSP
Program ID: 360-34-21-135

Burlington

Lahey Clinic Program

Sponsor: Lahey Clinic

Brigham and Women's Hospital

Children's Hospital

Prgram Director: Brooke R. Seckel, MD
Lahey Clinic
41 Mall Road
Burlington, MA 01803
Tel: 781 744-8940 Fax: 781 744-1052
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 360-24-21-125

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School

UMass Memorial Health Care (University Campus)

Prgram Director: Michael M. Rothkopf, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-9442 Fax: 508 856-7000
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 360-24-21-117

886

Graduate Medical Education Directory 2004-2005
Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
St Joseph Mercy Health System
Veterans Affairs Medical Center (Ann Arbor)
Program Director: William M Kinne Jr, MD, PhD
3130 Taubman Center
1600 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-0880 Fax: 734 763-5134
Length: 6 Yr(s) ACGME Approved/Offered Positions: 18
Program ID: 360-25-21-042
Integrated model

Detroit

Wayne State University/Detroit Medical Education Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Blodgett Hospital
Program Director: Eliz Gurnel, MD
3860 John R Street
Detroit, MI 48201
Tel: 313 745-8773 Fax: 313 993-0585
Length: 2 Yr(s) ACGME Approved/Offered Positions: 6
Program ID: 360-25-21-043

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health Blodgett Campus
Spectrum Health-Butterworth Campus
Program Director: Steven J Ringler, MD
221 Michigan Street, NE
Suite 200A
Grand Rapids, MI 49503
Tel: 616 291-1009 Fax: 616 291-8011
Length: 2 Yr(s) ACGME Approved/Offered Positions: 4
Program ID: 360-25-25-044

Southfield

Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
St Joseph Grace Hospital
Program Director: Ian T Jackson, MD
1601 W 9 Mile Road
Fisher Bldg - 3rd Floor
Southfield, MI 48075
Tel: 313 849-3405 Fax: 313 849-5380
Length: 2 Yr(s) ACGME Approved/Offered Positions: 4
Program ID: 360-25-31-046

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
North Memorial Health Care
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: Bruce L Curfenthal, MD, MS
Mayo Mail Code 121
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 684-6697 Fax: 612 684-4441
Length: 3 Yr(s) ACGME Approved/Offered Positions: 3
Program ID: 360-25-21-131

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med-Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Program Director: Ulinda Brite, MD
200 First Street S W
Rochester, MN 55905
Tel: 507 284-4084 Fax: 507 284-5894
Length: 2 Yr(s) ACGME Approved/Offered Positions: 8
Program ID: 360-25-21-047

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Michael F Angel, MD
5200 North State Street
Jackson, MS 39216
Tel: 601 894-5180 Fax: 601 894-5183
Length: 2 Yr(s) ACGME Approved/Offered Positions: 4
Program ID: 360-25-27-128

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital University Hospitals and Clinics
Program Director: Matthew J Concannon, MD
Plastic Surgery M-349
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-3273 Fax: 573 884-4788
Length: 5 Yr(s) ACGME Approved/Offered Positions: 12
Program ID: 360-30-31-049
Integrated model

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Program Director: Christian E Pauleit, MD
3550 Vista Avenue at Grand Blvd
PO Box 12056
St Louis, MO 63110
Tel: 314 577-8793 Fax: 314 209-5062
Length: 2 Yr(s) ACGME Approved/Offered Positions: 6
Program ID: 360-28-21-051

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Program Director: Keith E Buntid, MD
East Pavilion, Suite 17424
One Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314 747-4541 Fax: 314 367-0225
Length: 2 Yr(s) ACGME Approved/Offered Positions: 6
Subspecialties: IEPS
Program ID: 360-28-21-052

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Tenet - SIH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Program Director: Ronald B Holler, MD
98305 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-8363 Fax: 402 559-8613
Length: 2 Yr(s) ACGME Approved/Offered Positions: 2
Program ID: 360-30-13-194

Nevada

Las Vegas

University of Nevada School of Medicine Program
Sponsor: University of Nevada School of Medicine
VA Southern Nevada Healthcare System
Valley View Surgery Center
Program Director: William A Zamboni, MD
2040 West Charleston, Suite 301
Las Vegas, NV 89102
Tel: 702 671-2278 Fax: 702 671-2245
Length: 5 Yr(s) ACGME Approved/Offered Positions: 5
Program ID: 360-31-21-138
Integrated model
New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

- Sponsor: Mary Hitchcock Memorial Hospital
- Program Director: Carolyn L. Kerrigan, MD
- Section of Plastic Surgery
- One Medical Center Drive
- Lebanon, NH 03756
- Tel: 603-650-5847 Fax: 603-650-5869
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 3
- Program ID: 360-32-21-128

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

- Sponsor: Cooper Hospital-University Medical Center
- Program Director: Mathias A. Matthews, MD
- Department of Surgery
- 3 Cooper Plaza, Suite 411
- Camden, NJ 08103
- Tel: 856-342-9011 Fax: 856-365-7282
- E-mail: surgery_camden@umdnj.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 2
- Program ID: 360-38-21-132

Newark

UMDNJ-New Jersey Medical School Program

- Sponsor: UMDNJ-New Jersey Medical School
- Hackensack University Medical Center
- UMDNJ-Einstein College of Medicine
- Program Director: Mark S. Granick, MD
- 90 Bergen Street, Suite 7200
- Newark, NJ 07103
- Tel: 973-972-8000 Fax: 973-972-8268
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 4
- Program ID: 360-38-21-119

New York

Albany

Albany Medical Center Program

- Sponsor: Albany Medical Center
- Albany Medical Center South Clinical Campus
- St Peter’s Hospital
- Veterans Affairs Medical Center (Albany)
- Program Director: James G Hoehn, MD
- 47 New Scotland Avenue
- Albany, NY 12208
- Tel: 518-263-5703 Fax: 518-385-5662
- Length: 6 Yrs
- ACGME Approved/Offered Positions: 8
- Program ID: 360-38-21-105
- Integrated model

Bronx

Albert Einstein College of Medicine Program

- Sponsor: Albert Einstein College of Medicine of Yeshiva University
- Jacob Blaustein Institute for Molecular Research
- Mount Sinai Medical Center
- Program Director: Berard Strachan, MD
- 160 E 68th Street
- New York, NY 10021
- Tel: 212-655-3000 Fax: 212-655-3010
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 4
- Program ID: 360-35-21-064

East Meadow

Nassau University Medical Center Program

- Sponsor: Nassau University Medical Center
- North Shore University Hospital
- Winthrop-University Hospital
- Program Director: Roger L. Simpson, MD, MBA
- Long Island Plastic Surgical Group
- 999 Franklin Avenue
- Garden City, NY 11530
- Tel: 516-742-1944 Fax: 516-742-0267
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 6
- Program ID: 360-35-21-005

New York

Harlem Hospital Center Program

- Sponsor: Harlem Hospital Center
- Program Director: Roland A Offodile, MD
- 113 Lenox Avenue
- Room 12-121
- New York, NY 10037
- Tel: 212-299-8988 Fax: 212-299-3599
- E-mail: sarah@hsp.columbia.edu
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 2
- Program ID: 360-35-21-120

Mount Sinai School of Medicine Program

- Sponsor: Mount Sinai School of Medicine
- Mount Sinai Hospital/Division of Medicine
- Mount Sinai Medical Center
- Program Director: Samuel B Ikenberry, MD
- 111 E 21st St
- New York, NY 10037
- Tel: 212-241-6798 Fax: 212-241-6254
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 6
- Program ID: 360-35-21-062

New York Presbyterian Hospital (Cornell Campus) Program

- Sponsor: New York Presbyterian Hospital
- Memorial Sloan-Kettering Cancer Center
- New York Presbyterian Hospital (Cornell Campus)
- Program Director: Robert T. Grant, MD
- 611 W 50th Street
- New York, NY 10032
- Tel: 212-343-5600 Fax: 212-343-5600
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 6
- Program ID: 360-35-21-060

New York University School of Medicine Program

- Sponsor: New York University School of Medicine
- Bellevue Hospital Center
- Program Director: Geoffrey C. Gurtner, MD
- Institute of Reconstructive Plastic Surgery
- 555 First Avenue
- New York, NY 10016
- Tel: 512-383-8270 Fax: 212-383-2879
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 9
- Subspecialties: HSP
- Program ID: 360-35-21-064

Rochester

University of Rochester Program

- Sponsor: Strong Memorial School of Medicine
- Rochester General Hospital
- Program Director: Joseph M. Serletti, MD
- 601 Elmwood Avenue. Box 001
- Rochester, NY 14642
- Tel: 585-276-6518 Fax: 585-609-1985
- E-mail: joseph_serletti@urmc.rochester.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 4
- Program ID: 360-35-12-070

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

- Sponsor: University of North Carolina Hospitals
- Chapel Hill, NC
- Program Director: Charles S. Fields, MD
- 2121 Bioinformatics Building
- CB 7106
- Chapel Hill, NC 27599
- Tel: 919-966-4446 Fax: 919-966-3814
- Length: 2 Yrs
- ACGME Approved/Offered Positions: 4
- Program ID: 360-36-11-072

Durham

Duke University Hospital Program

- Sponsor: Duke University Hospital
- Durham Regional Hospital
- Program Director: Larry L. Kozin, MD
- 5001 Club Drive
- Durham, NC 27715
- Tel: 919-616-2877 Fax: 919-616-2877
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 9
- Program ID: 360-35-21-073

Winston-Salem

Wake Forest University School of Medicine Program

- Sponsor: Wake Forest University Baptist Medical Center
- Program Director: Leslie C. Fernandez, MD
- Medical Center Boulevard
- Winston-Salem, NC 27157
- Tel: 336-716-6433 Fax: 336-716-7773
- E-mail: lmccabe@wfubmc.edu
- Length: 3 Yrs
- ACGME Approved/Offered Positions: 12
- Program ID: 360-36-11-074
- Integrated model
Ohio

Akron

Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Akron General Medical Center
Children's Hospital Medical Center of Akron
Pgm Director: Douglas S Wagner, MD
525 East Market Street
Akron, OH 44308
Tel: 330 375-3783 Fax: 330 376-3751
E-mail: martom@summa-health.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-075

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Pgm Director: W John Kitzmiller, MD
231 Albert Sabin Way
PO Box 670058
Cincinnati, OH 45267
Tel: 513 558-4203 Fax: 513 558-6070
Length: 5 Yrs ACGME Approved/Offered Positions: 7
Program ID: 360-38-21-112
Integrated model

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Randall J Yetman, MD
950 East 9th Avenue, Dept A-69
Cleveland, OH 44195
Tel: 216 448-6000 Fax: 216 444-9149
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-079

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Children's Hospital of Columbus
Mount Carmel Riverside Methodist Hospitals (OhioHealth)
Pgm Director: Brentley A Bachele, MD
N 325 Meigs Hall
1645 Upham Drive
Columbus, OH 43210
Tel: 614 293-9566 Fax: 614 293-3381
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-081

Toledo

Medical College of Ohio Program
Sponsor: Medical College of Ohio
St Luke's Medical Center
St Vincent Mercy Medical Center
Pgm Director: Michael A Yanik, MD
2213 Cherry Street
Toledo, OH 43609
Tel: 419 351-4613 Fax: 419 351-3856
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-084

Ohio City

University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Pgm Director: Jayesh Panchal, MD, MBA
220 Stanton L Young Boulevard
WY2200 - Box 9501
Oklahoma City, OK 73110
Tel: 405 271-4864 Fax: 405 271-3737
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-38-21-095

Oregon

Portland

Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Pgm Director: Julian E Hansen, MD
3111 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-1834 Fax: 503 494-0441
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Subspecialties: ISP
Program ID: 360-40-21-116

Pennsylvania

Allentown

Lehigh Valley Hospital Program
Sponsor: Lehigh Valley Hospital
Pgm Director: Walter J Okunski, MD
Department of Surgery
Cedar Crest & I-78, PO Box 689
Allentown, PA 18105
Tel: 610 402-9666 Fax: 610 402-1687
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 360-41-22-086

Hershey

Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
PinnacleHealth Hospitals
York Hospital
Pgm Director: Donald R Mackay, MSChB, DDS
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-4372 Fax: 717 531-4339
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-41-21-087

Philadelphia

Temple University Program
Sponsor: Temple University Hospital
Abington Memorial Hospital
St Christopher's Hospital for Children (Tenet Health System)
Pgm Director: Amitabh Mitra, MD
3322 North Broad Street
3rd Floor
Philadelphia, PA 19140
Tel: 215 707-2531 Fax: 215 707-2531
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-41-21-088

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Cerner-Vanderbilt Medical Center
Pennsylvania Hospital (UPHS)
Pgm Director: Linton A Whitaker, MD
3400 Spruce Street
10 Penn Tower
Philadelphia, PA 19104
Tel: 215 662-7075 Fax: 215 662-3172
E-mail: veronica.bradley@uphs.upenn.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 360-41-21-099

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Allegheny General Hospital
Children's Hospital of Pittsburgh
The Western Pennsylvania Hospital
UPMC Presbyterian Shadyside
Pgm Director: Ernest K Manders, MD
3500 Terrace Street
6th Scale Hall
Pittsburgh, PA 15261
Tel: 412 648-8100 Fax: 412 648-1087
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Subspecialties: ISP
Program ID: 360-41-21-090

Rhode Island

Providence

Brown University Program
Sponsor: Rhode Island Hospital Lifespan
Veterans Affairs Medical Center (Providence)
Pgm Director: Li Lee Edstrom, MD
2 Dudley Street
Medical Office Center, Suite 410
Providence, RI 02905
Tel: 401 444-4188 Fax: 401 444-8863
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-43-21-002

South Carolina

Charleston

Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Randall R Graham Medical Center (Charleston)
Pgm Director: Patrick J O'Neill, MD
Division of Plastic Surgery
200 Ellis Oak Avenue
Charleston, SC 29412
Tel: 843 792-4882 Fax: 843 792-3800
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 360-45-22-093
Tennessee

Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
 Erlanger Medical Center
 Program Director: Larry A Sargent, MD
 Department of Plastic Surgery
 970 East Third Street, Suite C-920
 Chattanooga, TN 37403
 Tel: 423-778-8947 Fax: 423-778-9984
 Length: 3 Yrs  ACQME Approved/Offered Positions: 4
 Program ID: 360-47-11-094

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare - Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
 Program Director: Robert D Wallace, MD
 956 Court Avenue
 Suite A212
 Memphis, TN 38163
 Tel: 901-448-1350 Fax: 901-347-8295
 Length: 2 Yrs  ACQME Approved/Offered Positions: 4
 Program ID: 360-47-31-005

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Hepatitis Hospital
Veterans Affairs Medical Center (Nashville)
 Program Director: R Bruce Shank, MD
 Suite 320 Medical Center South
 3100 Pierce Avenue
 Nashville, TN 37232
 Tel: 615-934-3136 Fax: 615-934-0167
 Length: 5 Yrs  ACQME Approved/Offered Positions: 6
 Program ID: 360-47-21-006

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Baylor University Medical Center
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale Lipshy University Hospital
 Program Director: Rod J Rohrich, MD
 5323 Harry Hines Boulevard
 Department of Plastic Surgery
 Dallas, TX 75390
 Tel: 214-648-3571 Fax: 214-648-5778
 E-mail: Rod.Rohrich@UTSouthwestern.edu
 Length: 5 Yrs  ACQME Approved/Offered Positions: 17
 Subspecialties: HSP
 Program ID: 360-48-21-097
 Integrated model

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Shriners Hospitals for Children (Galveston Burn Institute)
 Program Director: Linda G Phillips, MD
 301 University Boulevard
 Galveston, TX 77556
 Tel: 409-772-1257 Fax: 409-772-1872
 Length: 5 Yrs  ACQME Approved/Offered Positions: 15
 Program ID: 360-49-11-098
 Integrated model

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
St Luke's Episcopal Hospital
Texas Children's Hospital
University of Texas MD Anderson Cancer Center
 Program Director: Saleh M Shenag, MD
 6560 Fannin Street, Suite 810
 Houston, TX 77030
 Tel: 713-798-6369 Fax: 713-798-9966
 E-mail: sshenaq@bcm.tmc.edu
 Length: 6 Yrs  ACQME Approved/Offered Positions: 18
 Subspecialties: HSP
 Program ID: 360-48-31-009
 Integrated model

Christus St Joseph Hospital Program
Sponsor: Christus St Joseph Hospital
 Program Director: Benjamin E Cohen, MD
 1401 St Joseph Parkway
 3rd Floor GWS
 Houston, TX 77002
 Tel: 713-961-0000 Fax: 713-961-0914
 Length: 2 Yrs  ACQME Approved/Offered Positions: 4
 Program ID: 360-48-12-100

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
 Program Director: Donald H Parks, MD, BA
 6431 Fannin, Suite 4156
 Houston, TX 77030
 Tel: 713-500-7181 Fax: 713-500-0716
 Length: 2 Yrs  ACQME Approved/Offered Positions: 4
 Program ID: 360-48-31-101

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Christus Santa Rosa Health Care Corporation
University Health System
Wilford Hall Medical Center (AEFC)
 Program Director: Jaime K Guza, MD, DUSB
 7703 Floyd Curl Drive, Room 223L
 San Antonio, TX 78239
 Tel: 210-597-6969 Fax: 210-597-6990
 Length: 2 Yrs  ACQME Approved/Offered Positions: 6
 Program ID: 360-48-91-134

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
 Program Director: Peter C Grothaus, MD, CMB
 2401 South 31st Street
 Temple, TX 76508
 Tel: 254-724-1685 Fax: 254-724-0345
 Length: 3 Yrs  ACQME Approved/Offered Positions: 3
 Program ID: 360-48-21-130

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
 Program Director: W Bradford Rockwell, MD
 3301 North 900 East, VAMC
 Salt Lake City, UT 84192
 Tel: 801-585-2350 Fax: 801-581-5764
 Length: 2 Yrs  ACQME Approved/Offered Positions: 4
 Program ID: 360-48-31-103

Virginia

Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
 Program Director: Raymond F Morgan, MD
 Box 605075
 Charlottesville, VA 22908
 Tel: 434-243-1234 Fax: 434-243-8112
 Length: 6 Yrs  ACQME Approved/Offered Positions: 8
 Subspecialties: HSP
 Program ID: 360-51-11-104
 Integrated model

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Box 980154, MCV Station
401 N 11th Street, Suite 520
Richmond, VA 23298
 Tel: 804-828-3993 Fax: 804-288-3945
 Length: 3 Yrs  ACQME Approved/Offered Positions: 4
 Program ID: 360-51-21-108
## Washington

### Seattle

#### University of Washington Program

**Sponsor:** University of Washington School of Medicine  
Children's Hospital and Regional Medical Center  
Harborview Medical Center  
University of Washington Medical Center  
VAMC Puget Sound Health Care System  
Valley Medical Center  

**Program Director:** Nicholas B Vedder, MD  
**Box:** 359766  
**354 9th Avenue**  
**Seattle, WA 98104**  
**Tel:** 206 731-3209  
**Fax:** 206 731-3655  
**E-mail:** hillard@u.washington.edu  

**Length:** 3 Yrs  
**Program ID:** 380-54-21-123  
**ACGME Approved/Offered Positions:** 6

## Wisconsin

### Madison

#### University of Wisconsin Program

**Sponsor:** University of Wisconsin Hospital and Clinics  
Madison  
Madison  

**Program Director:** Michael L Bentz, MD  
**Box:** 6596  
**600 Highland Avenue**  
**Madison, WI 53792**  
**Tel:** 608 283-8397  
**Fax:** 608 255-0695  

**Length:** 5 Yrs  
**Program ID:** 380-55-21-109  
**ACGME Approved/Offered Positions:** 10

## Milwaukee

#### Medical College of Wisconsin Program

**Sponsor:** Medical College of Wisconsin Affiliated Hospitals, Inc  
Children's Hospital of Wisconsin  
Clayton J Zablocki Veterans Affairs Medical Center  
Medical College of Wisconsin  

**Program Director:** David L Larson, MD  
**Box:** 9200 West Wisconsin Avenue  
**Milwaukee, WI 53226**  
**Tel:** 414 265-5485  
**Fax:** 414 265-0901  

**Length:** 5 Yrs  
**Program ID:** 380-55-21-110  
**ACGME Approved/Offered Positions:** 10

## Florida

### Pensacola

#### Naval Operational Medicine Institute Program

**Sponsor:** Naval Operational Medicine Institute  
**Program Director:** Michael B Valdez, MD, MPH  
**Box:** 229 Howey Road  
**Pensacola, FL 32508**  
**Tel:** 850 462-8136  
**Fax:** 850 462-5164  

**Length:** 1 Yr  
**Program ID:** 380-11-66-051  
**US Armed Services Program**

## Ohio

### Dayton

#### Wright State University Program

**Sponsor:** Wright State University School of Medicine  
**Program Director:** Robin E Dodge, MD  
**Department of Community Health**  
**Box:** 807  
**Dayton, OH 45401**  
**Tel:** 937 376-8338  
**Fax:** 937 376-5420  

**Length:** 2 Yrs  
**Program ID:** 380-35-66-652  
**ACGME Approved/Offered Positions:** 6

## Texas

### Brooks City-Base

#### USAF School of Aerospace Medicine Program

**Sponsor:** USAF School of Aerospace Medicine  
**Program Director:** Ronn N Richardson, DO, MPH  
**3801 Louis Bauer Drive**  
**Brooks City-Base, TX 78235**  
**Tel:** 210 536-2020  
**Fax:** 210 536-1779  

**Length:** 1 Yr  
**Program ID:** 380-48-66-653  
**ACGME Approved/Offered Positions:** 21

## California

### Berkeley

#### University of California School of Public Health Program

**Sponsor:** University of California School of Public Health  
**Program Director:** Richard T Jennings, MD  
**1110 E Barker Street**  
**Berkeley, CA 94704**  
**Tel:** 510 644-5588  
**Fax:** 510 644-5599  

**Length:** 8 Yrs  
**Program ID:** 380-05-32-008

## Los Angeles

#### UCLA Medical Center Program

**Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine  
**UCLA School of Public Health**  
**Program Director:** Karen Duvall, MD, MPH  
**Box:** 051983  
**Los Angeles, CA 90095**  
**Tel:** 310 825-8591  

**Length:** 5 Yrs  
**Program ID:** 380-05-21-010

## San Diego

#### University of California (San Diego)/San Diego State University Program

**Sponsor:** University of California (San Diego) Medical Center  
**Graduate School of Public Health**  
**Program Director:** Linda L Hill, MD, MPH  
**Box:** 8525  
**La Jolla, CA 92037**  
**Tel:** 858 557-7257  
**Fax:** 858 622-1973  

**Length:** 2 Yrs  
**Program ID:** 380-05-21-038

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**Preventive Medicine: General Preventive Medicine**

**General Preventive Medicine**

**Programs**

**Subspecialties:**

- General Preventive Medicine
- Preventive Medicine: Aerospace Medicine
Accredited Programs in Preventive Medicine: General Preventive Medicine

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Pgm Director: Carolyn G Diefes-Dssepi, MD, PhD
Campus Box B 110
4200 East Ninth Avenue
Denver, CO 80262
Tel: 303 338-6800 Fax: 303 315-1010 E-mail: Kendra.burghardt@ucdenver.edu
Length: 2 yrs ACHEME Approved/Offered Positions: 6
Program ID: 389-07-31-041

Illinois
Chicago
Cook County Hospital Program
Sponsor: John B Stroger Hospital of Cook County
University of Illinois School of Public Health
Pgm Director: David N Goldberg, MD
1801 West 8th Street
Chicago, IL 60612
Tel: 312 633-8333 Fax: 312 633-8333 E-mail: David_Goldberg@rush.edu
Length: 2 yrs ACHEME Approved/Offered Positions: 4
Program ID: 389-16-21-050

Louisiana
New Orleans
Tulane University School of Public Health and Tropical Medicine Program
Sponsor: Tulane University School of Medicine
Tulane University School of Public Health and Tropical Medicine
Veterans Affairs Medical Center (New Orleans)
Pgm Director: MacRae Grose-wool, MD, MPH
Preventive Medicine Residency Pgm
1400 Tulane Avenue, 8th Floor
New Orleans, LA 70112
Tel: 888-989-5765 Fax: 504 888-9718
Length: 2 yrs ACHEME Approved/Offered Positions: 8
Program ID: 389-21-21-014

Maryland
Baltimore
Johns Hopkins Bloomberg School of Public Health Program
Sponsor: Johns Hopkins Bloomberg School of Public Health
Pgm Director: Miriam Bl Alexander, MD
615 North Wolfe Street
Baltimore, MD 21205
Tel: 410 614-4840 Fax: 410 614-8126
Length: 2 yrs ACHEME Approved/Offered Positions: 29
Program ID: 389-22-11-015

University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: Judith D Rubin, MD, MPH
1025 Howard Hall
660 W Redwood Street
Baltimore, MD 21205
Tel: 410 706-2884 Fax: 410 706-8013
Length: 2 yrs ACHEME Approved/Offered Positions: 10
Program ID: 389-23-11-016

Bethesda
National Capital Consortium (USUHS) Program
Sponsor: National Capital Consortium
USUHS P Edward Hébert School of Medicine
Pgm Director: Robert D Bradshaw, MD, MPH
PMS Room A140A
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 285-3711 Fax: 301 285-0335 E-mail: dbradshaw@usuhs.mil
Length: 2 yrs ACHEME Approved/Offered Positions: 10
Program ID: 386-23-21-044

US Armed Services Program

Silver Spring
Walter Reed Army Institute of Research Program
Sponsor: Walter Reed Army Institute of Research
Pgm Director: Robert L Mott, MD, MPH
Division of Preventive Medicine
625 Robert Grant Road, Room 2A21
Silver Spring, MD 20910
Tel: 301 319-9535 Fax: 301 319-9104
Length: 2 yrs ACHEME Approved/Offered Positions: 12
Program ID: 389-10-21-002

US Armed Services Program

Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Boston University School of Public Health
Edith Nourse Rogers Memorial Veterans Hospital (Bedford)
Veterans Affairs Medical Center (Boston)
Pgm Director: Jane M Liebschutz, MD, MPH
31 East Concord Street, Suite 200
Boston, MA 02118
Tel: 617 414-7590 Fax: 617 414-4676
Length: 2 yrs ACHEME Approved/Offered Positions: 10
Program ID: 389-23-21-037

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Umass Memorial Health Care (Umass Medical Campus)
Pgm Director: Jaclyn Coghlin-Strum, MD, MPH
Dept of Family/Community Medicine
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-9515 Fax: 508 856-1212
Length: 2 yrs ACHEME Approved/Offered Positions: 7
Program ID: 389-34-21-018

Michigan
Ann Arbor
University of Michigan School of Public Health Program A
Sponsor: University of Michigan School of Public Health
Pgm Director: Matthew L Ebele, MD, MPH
Dept of Epidemiology — 5505 SPPH
106 S Observatory Street
Ann Arbor, MI 48109
Tel: 734 764-6478 Fax: 734 764-3102
Length: 2 yrs ACHEME Approved/Offered Positions: 8
Program ID: 389-35-21-139

Ann Arbor
University of Michigan School of Public Health Program B
Sponsor: University of Michigan School of Public Health
Pgm Director: Matthew L Ebele, MD, MPH
Dept of Epidemiology — 5505 SPPH
106 S Observatory Street
Ann Arbor, MI 48109
Tel: 734 764-6478 Fax: 734 764-3102
Length: 2 yrs ACHEME Approved/Offered Positions: 8
Program ID: 389-35-21-139

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
University of Minnesota School of Public Health
Pgm Director: Philip T Hagen, MD
200 First Street, SW
Mayo Clinic, RAGA
Rochester, MN 55905
Tel: 507 268-5980 Fax: 507 268-4251 E-mail: prevmed@mayo.edu
Length: 2 yrs ACHEME Approved/Offered Positions: 3
Program ID: 386-23-21-020

New Hampshire
Lebanon
Dartmouth-Hitchcock Leadership in Preventive Medicine Program
Sponsor: Mary Hitchcock Memorial Hospital
Concord Hospital
New Hampshire Hospital
Pgm Director: Paul B Radalski, MD
One Medical Center Drive
Lebanon, NH 03766
Tel: 603 650-6518 Fax: 603 650-6525 E-mail: DHPMPEd@Hitchcock.org
Length: 2 yrs ACHEME Approved/Offered Positions: 40
Program ID: 389-32-18-126

New York
Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Pgm Director: Michael P Noe, MD, MPH
School of Public Health and Health Professions
435 Kilmall Tower 355 Main Street
Buffalo, NY 14214
Tel: 716 829-3141 Fax: 716 829-3137
Length: 2 yrs ACHEME Approved/Offered Positions: 4
Program ID: 389-35-21-045

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Pgm Director: Elizabeth J Garland, MD, MS
One Gustave L Levy Place
Box 1043
New York, NY 10029
Tel: 212 541-6412 Fax: 212 360-6965
Length: 2 yrs ACHEME Approved/Offered Positions: 6
Program ID: 389-35-21-024

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Cornell University Medical College
Pgm Director: Lewis M Drusin, MD, MPH
New York Weill Cornell Center
525 E 68th Street, WP 398
New York, NY 10021
Tel: 212 746-1754 Fax: 212 746-8833
Length: 2 yrs ACHEME Approved/Offered Positions: 2
Program ID: 389-35-21-025
North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals Monroe Community Hospital
University of North Carolina School of Medicine
University of North Carolina School of Public Health
Pgm Director: Deborah S. Porterfield, MD, MPH
Wing D, CBH 7240
School of Medicine
Chapel Hill, NC 27599
Tel: 919 986-7409
Email: blessings@mcw.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 380-96-21-026

Tennessee
Nashville
 Meharry Medical College Program
Sponsor: Meharry Medical College School of Medicine
Alvin C York Veterans Affairs Medical Center
Pgm Director: Stephen M. Kinzro, MD, MPH
1005 D B Todd, Jr Boulevard
Nashville, TN 37208
Tel: 615 267-6168 Fax: 615 267-6131
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 380-47-21-026

Texas
Brooks City-Base
USAf School of Aerospace Medicine Program B
Sponsor: USAF School of Aerospace Medicine
Pgm Director: Stephen M. Kinzro, MD, MPH
2601 Louis Bauer Drive
Brooks City-Base, TX 78235
Tel: 210 586-4656 Fax: 210 586-1779
Length: 1 Yr ACGME Approved/Offered Positions: 10
Program ID: 380-48-21-122
US Armed Services Program

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Tafsh Q Shafik, MD, MPH
501 University Boulevard
Galveston, TX 77555
Tel: 409 772-1128 Fax: 409 772-5272
Email: rychaba@uthmb.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-48-21-049

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California School of Public Health
Pgm Director: Robert L. Goldstick, MD
Dept of Occupational Medicine
Box 0842
San Francisco, CA 94143
Tel: 415 354-8880 Fax: 415 354-8849
Length: 2 Yrs ACGME Approved/Offered Positions: 7
Subspecialities: PTX
Program ID: 380-05-77-059

Colorado
Denver
University of Colorado Program A
Sponsor: University of Colorado School of Medicine
National Jewish Ctr for Immunology and Respiratory Medicine
Pgm Director: Kathryn Moeller, MD, MPH
4200 East 9th Avenue, Box B - 119
Dr Kathryn Mueller
Denver, CO 80206
Tel: 303 315-7665 Fax: 303 315-3183
Email: Kathryn.Mueller@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 380-67-77-060

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Ctr/John Dempsey Hospital
Pgm Director: John D Meyer, MD, MPH
263 Farmington Avenue
Dowling North, Third Floor, MC-0210
Farmington, CT 06030
Tel: 860 679-4947 Fax: 860 679-1349
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-09-77-061

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc.
Medical College of Wisconsin
Pgm Director: William W. Geaves, MD, MSPH
Division of Public Health
8701 Watertown Plank Road
Milwaukee, WI 53290
Tel: 414 465-4502 Fax: 414 465-6100
Email: biming@mcw.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 380-36-21-026

University of California (Irvine) Medical Center
Sponsor: University of California (Irvine) Program
University of California (Irvine) Medical Center
Pgm Director: Dean B Baker, MD, MPH
5801 California Avenue
Suit 100
Irvine, CA 92612
Tel: 949 824-8661 Fax: 949 824-2345
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-89-77-038

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Veterans Affairs Medical Center (West Haven)
Pgm Director: Oyebode A. Ainao, MD, MPH
Yale University School of Medicine
135 College Street, 3rd Floor
New Haven, CT 06510
Tel: 203 785-7381 Fax: 203 785-7391
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-09-77-062

Preventive Medicine: Occupational Medicine

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
University of Alabama at Birmingham School of Public Health
(University of Alabama School) of Medicine
Pgm Director: Timothy J Key, MD, MPH
3500 5th Avenue South
Birmingham, AL 35214
Tel: 205 995-8940 Fax: 205 995-8931
Email: cheyenne@uab.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 380-01-77-054

California
Loma Linda
Loma Linda University Program A
Sponsor: Loma Linda University Medical Center
Loma Linda, CA 92358
Tel: 909 558-4087
Email: Kathryn.Mueller@uchsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-05-77-123

Los Angeles
UCLA School of Public Health Program
Sponsor: UCLA School of Public Health
USC University Hospital
Pgm Director: Philip Harbert, MD, MPH
10040 Wilshire Blvd, Suite 1220
Los Angeles, CA 90024
Tel: 310 794-8144 Fax: 310 794-8145
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-05-77-067

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
University of California (Irvine) College of Medicine
Pgm Director: Dean B Baker, MD, MPH
5801 California Avenue
Suit 100
Irvine, CA 92612
Tel: 949 824-8661 Fax: 949 824-2345
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-09-77-038

Graduate Medical Education Directory 2004-2005
Accredited Programs in Preventive Medicine: Occupational Medicine

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Dee L. Guidotti, MD, MPH
3300 K Street NW Suite 281
Washington, DC 20007
Tel: 202 994-1706 Fax: 202 994-0111
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-19-77-068

Florida
Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A. Haley Veterans Hospital
University of South Florida College of Public Health
Prgm Director: Stuart M. Brookes, MD
Dept of Environmental & Occupational Health
13201 Bruce B Downs Boulevard MDC 56
Tampa, FL 33612
Tel: 813 974-0262 Fax: 813 974-5044
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 380-11-77-064

Georgia
Atlanta
Emory University Program
Sponsor: Rollins School of Public Health of Emory University
Prgm Director: Joel P. Moorhead, MD, MPH
Dept of Occupational and Environmental Health
1518 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-8274 Fax: 404 727-8744
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-12-77-066

Illinois
Chicago
Cook County Hospital/Cook County Board of Commissioners Program
Sponsor: John H. Stroger Hospital of Cook County
University of Illinois School of Public Health
Prgm Director: Rachel Rubis, MD, MPH
Division of Occupational Medicine
1900 West Polk Street, Room 500
Chicago, IL 60612
Tel: 312 864-5320 Fax: 312 864-9701
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: PTH
Program ID: 380-18-77-067

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
University of Illinois School of Public Health
Prgm Director: Linda Forst, MD, MPH
School of Public Health MC 844
925 S Wolcott
Chicago, IL 60612
Tel: 312 996-7430 Fax: 312 413-8485
Length: 5 Yrs ACGME Approved/Offered Positions: 7
Program ID: 380-18-77-066

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Nancy L. Sprince, MD, MPH
Dept of Occupational & Environmental Health
100 Oakdale Campus #106 IEKH
Iowa City, IA 52242
Tel: 319 335-4225 Fax: 319 335-4225
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-19-77-066

Kentucky
Lexington
University of Kentucky Medical Center Program A
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Prgm Director: Timothy Scott Prince, MD
Department of Preventive Medicine
1141 Frankfort Road
Lexington, KY 40504
Tel: 859 257-5150 Fax: 859 257-8885
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-20-77-070

Maryland
Baltimore
Johns Hopkins Bloomberg School of Public Health Program A
Sponsor: Johns Hopkins Bloomberg School of Public Health
Prgm Director: Clifford S. Mitchell, MD, MPH
Occupational Medicine Residency Program
615 North Wolfe Street, RM W802
Baltimore, MD 21205
Tel: 410 955-4076 Fax: 410 955-1851
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 380-23-77-072

Bethesda
National Capital Consortium (USUHS) Program A
Sponsor: National Capital Consortium
USUHS F Edward Hébert School of Medicine
Prgm Director: Richard J. Thomas, MD, MPH
PMB, Room A-1040A
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 285-2718 Fax: 301 285-0325
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 380-23-77-073

US Armed Services Program

Massachusetts
Boston
Harvard School of Public Health Program
Sponsor: Harvard School of Public Health
Prgm Director: Howard Hu, MD, ScD
Occupational Health Program
665 Huntington Avenue
Boston, MA 02115
Tel: 617 432-1100 Fax: 617 432-0139
Length: 2 Yrs ACGME Approved/Offered Positions: 12
Program ID: 380-24-77-074

Michigan
Ann Arbor
University of Michigan School of Public Health Program
Sponsor: University of Michigan School of Public Health
Prgm Director: Alford Francis, MD
100 S Observatory
Ann Arbor, MI 48109
Tel: 734 936-7045 Fax: 734 763-8191
Length: 2 Yrs ACGME Approved/Offered Positions: 16
Program ID: 380-25-77-077

Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Medical Center
Prgm Director: James N. Spakowski, MD, MPH
101 Alexandra, Suite 255
Detroit, MI 48201
Tel: 313 340-4345 Fax: 313 340-4339
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 380-25-77-078

Minnesota
St Paul
HealthPartners Institute for Medical Education Program
Sponsor: HealthPartners Institute for Medical Education
Regions Hospital
University of Minnesota School of Public Health
Prgm Director: Michael P. McGrath Jr, MD, MPH
640 Jackson Street
St Paul, MN 55101
Tel: 651 254-1141 Fax: 651 254-1141
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 380-28-77-079

Missouri
St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Medical School
St Louis University Campus of Public Health
Prgm Director: Rebecca L. Temitade, MD
Graduate Medical Education
1402 South Grand Avenue-M260
St Louis, MO 63104
Tel: 314 977-9851 Fax: 314 977-9852
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 380-28-77-080
New Jersey
Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: Michael Gochfeld, MD, PhD
170 Pembroke Road
Piscataway, NJ 08854
Tel: 732 445-0123 Fax: 732 445-0130
Length: 3 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 380-38-77-081

New York
New York
Mount Sinai School of Medicine Program A
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Jacqueline M Molene, MD, MSc
Department of Community Medicine
One Gustave L Levy Place, Box 1057
New York, NY 10029
Tel: 212 341-4750 Fax: 212 866-0457
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 380-35-77-082

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
University of North Carolina School of Public Health
Program Director: Dennis J Darcey, MD, MPH
Division of Occupational Medicine
PO Box 3834
Durham, NC 27710
Tel: 919 232-8232 Fax: 919 232-3547
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Subspecialties: UM
Program ID: 380-38-77-084

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Program Director: James R Donovan, MD, MS
553 Med Sciences Bldg (ML 0182)
Cincinnati, OH 45267
Tel: 513 698-4970 Fax: 513 698-6272
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 380-38-77-085

Pennsylvania
Philadelphia
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Edward Emmett, MD, MS
Occupational Medicine, Silverstein/ground floor
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 341-0507 Fax: 215 662-4440
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 380-41-77-124

Pittsburgh
University of Pittsburgh Graduate School of Public Health Program
Sponsor: University of Pittsburgh Graduate School of Public Health
Program Director: Joseph J Schwerba, MD
Graduate School of Public Health
130 DeWitt Street
Pittsburgh, PA 15360
Tel: 412 647-1111 Fax: 412 624-3040
Length: 2 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 380-41-77-087

Tennessee
Nashville
Meharry Medical College Program A
Sponsor: Meharry Medical College School of Medicine
Alyce C York Veterans Affairs Medical Center
Metropolitan Nashville General Hospital
Program Director: Otis Cole Jr MD, MPH
1068 D B Todd, Jr, Boulevard
Nashville, TN 37208
Tel: 615 257-6730 Fax: 615 257-6717
E-mail: dcoze@mgmc.org
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-47-77-088

Texas
Brooks City-Base
USAF School of Aerospace Medicine Program A
Sponsor: USAF School of Aerospace Medicine
Program Director: Walter R Caple, MD, MPH
2201 Louis Bauer Drive
Brooks City-Base, TX 78235
Tel: 210 536-0867 Fax: 210 536-1770
Length: 1 Yr  ACGME Approved/Offered Positions: 24
Program ID: 380-48-77-089
US Armed Services Program

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
University of Texas Medical School at Galveston
Program Director: Daniel G O'Keefe, MD, MPH
Preventive Medicine and Community Health
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-0741 Fax: 409 772-6129
E-mail: dgokeefe@utmb.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 380-48-77-121

Houston
University of Texas School of Public Health Program
Sponsor: University of Texas School of Public Health
Program Director: Arch J Carson, MD, PhD
1200 Hermann Pkwy, Room 1002
PO Box 20166
Houston, TX 77208
Tel: 713 500-9465 Fax: 713 500-9442
E-mail: acarson@uthsc.tmc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-48-77-090

Tyler
University of Texas Health Center at Tyler Program
Sponsor: University of Texas Health Center at Tyler
Stephen F Austin State University
Program Director: Jeffrey L Levine, MD, MSPH
11047 US Hwy 271
Tyler, TX 75708
Tel: 903 877-5012 Fax: 903 877-7069
Length: 3 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 380-48-77-091

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Program Director: Kurt T Hegmann, MD
310 W 1300 S
Salt Lake City, UT 84108
Tel: 801 588-3400 Fax: 801 588-3759
Length: 2 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 380-49-77-092

Washington
Seattle
University of Washington School of Public Health and Community Medicine Program
Sponsor: University of Washington School of Public Health
Program Director: Matthew C Keister, MD, MPH
Barborview Medical Center
525 - 9th Avenue, Box 359730
Seattle, WA 98104
Tel: 206 341-4453 Fax: 206 731-8247
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-54-77-093

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Christopher J Martin, MD, MS
PO Box 9100
Morgantown, WV 26506
Tel: 304 293-3620 Fax: 304 293-3620
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 380-55-77-094
Wisconsin

Milwaukee

Medical College of Wisconsin Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc

Medical College of Wisconsin

Program Director: Leslie F. Martin, MD, MPH

Division of Public Health

8701 Watertown Plank Road

Milwaukee, WI 53226

Tel: 414 456-4500  Fax: 414 456-6160

E-mail: bleming@mccw.edu

Length: 2 Yrs  ACGME Approved/Offered Positions: 3

Program ID: 380-06-77-095

Preventive Medicine:
Public Health and
General Preventive Medicine

California

Sacramento

California Department of Health Services Program

Sponsor: California Department of Health Services

UCLA School of Public Health

University of California School of Public Health

Program Director: Kathleen M. Acree, MD, MPH

1616 Capitol Avenue, MS 7213

PO Box 957413

Sacramento, CA 95814

Tel: 916 552-9900  Fax: 916 552-9719

E-mail: kacree@dhs.ca.gov

Length: 2 Yrs  ACGME Approved/Offered Positions: 8

Program ID: 380-06-86-097

Connecticut

Derby

Griffin Hospital Program

Sponsor: Griffin Hospital

Yale University School of Public Health

Program Director: Hag Nawaz, MD, MPH

130 Division Street

Derby, CT 06418

Tel: 203 732-7337  Fax: 203 732-7185

Length: 2 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 380-06-86-119

Florida

West Palm Beach

Palm Beach County Public Health Department Program

Sponsor: Palm Beach County Public Health Department

Program Director: Jean Marie Malecki, MD, MPH

PO Box 29

West Palm Beach, FL 33402

Tel: 561 355-3100  Fax: 561 355-3165

Length: 2 Yrs  ACGME Approved/Offered Positions: 6

Program ID: 380-11-88-098

Georgia

Atlanta

Centers for Disease Control and Prevention Program

Sponsor: Centers for Disease Control and Prevention

Rollins School of Public Health of Emory University

Program Director: Gail M. Staines, MD, MPH

Public Health Service—RRHS

1600 Clifton Road, NE MS B-18

Atlanta, GA 30333

Tel: 404 638-3157  Fax: 404 638-1311

Length: 1 Yr  ACGME Approved/Offered Positions: 13

Program ID: 380-12-88-109

Emory University Program A

Sponsor: Emory University School of Medicine

Georgia Dept of Human Resources—Division of Public Health

Grady Memorial Hospital

Rollins School of Public Health of Emory University

Program Director: Erica Frank, MD, MPH

60 Jesse Hill Jr Dr, SE

Atlanta, GA 30303

Tel: 404 616-5693  Fax: 404 616-6847

Length: 2 Yrs  ACGME Approved/Offered Positions: 4

Program ID: 380-13-88-110

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine

Georgia Dept of Human Resources—Division of Public Health

Program Director: Beverly D. Taylor, MD

720 Westview Drive, SW

Atlanta, GA 30310

Tel: 404 735-1620  Fax: 404 752-1160

Length: 2 Yrs  ACGME Approved/Offered Positions: 8

Program ID: 380-13-88-108

Maryland

Baltimore

Maryland State Department of Health and Mental Hygiene Program

Sponsor: Maryland State Department of Health and Mental Hygiene

Program Director: John M. Ryan, MD

Preventive Medicine/Public Health Residency

201 West Preston Street, Room 322

Baltimore, MD 21201

Tel: 410 767-6244  Fax: 410 333-5905

E-mail: cumberbatch@dhmh.state.md.us

Length: 2 Yrs  ACGME Approved/Offered Positions: 2

Program ID: 380-33-88-100

New Jersey

Trenton

New Jersey Department of Health and Senior Services Program

Sponsor: State of New Jersey Department of Health and Senior Services

Johns Hopkins Bloomberg School of Public Health

Program Director: Sidney M. Paul, MD, MPH

Div of AIDS Prevention & Control

50 E State Street, 4th Fl

Trenton, NJ 08625

Tel: 609 984-6191  Fax: 609 693-3464

Length: 2 Yrs  ACGME Approved/Offered Positions: 2

Program ID: 380-33-88-103

New York

Albany

SUNY at Albany School of Public Health Program

Sponsor: New York State Department of Health

SUNY at Albany School of Public Health

Program Director: Mary S Applegate, MD, MPH

ESP Corning Tower, Room #1882

Empire State Plaza

Albany, NY 12237

Tel: 518 474-1911  Fax: 518 474-3180

Length: 2 Yrs  ACGME Approved/Offered Positions: 5

Program ID: 380-35-88-111
New York
New York City Department of Health and Mental Hygiene Program
Sponsor: New York City Department of Health and Mental Hygiene
Columbia University School of Public Health
Program Director: Andrea Lyman, MD, MS
Public Health/Preventive Medicine Residency Program
2 Lafayette Street CN65
New York, NY 10007
Tel: 212 341-3067  Fax: 212 676-2172
E-mail: healthbgc@health.ny.gov
Length: 2 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 380-35-88-104

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook Columbia University School of Public Health
Monroe County Medical Examiners Office
Nassau County Department of Health
Suffolk County Department of Health Services
Program Director: Donald A. Morelli, MD, MPH
Department of Preventive Medicine
HSC L3-086
Stony Brook, NY 11794
Tel: 631 444-2004  Fax: 631 444-2202
E-mail: dlane@notes.cc.sunysb.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 380-35-88-112

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program Director: Jay D Kranitz, MD, MPH
Dept of Public Health, CB 609
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-5427  Fax: 503 494-4681
Length: 2 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 380-40-88-115

South Carolina
Columbia
University of South Carolina School of Medicine Program
Sponsor: University of South Carolina School of Medicine
Program Director: Gary R Ewing, MD, MPH
Family & Preventive Medicine
2300 Colonial Drive
Columbia, SC 29003
Tel: 803 744-7390  Fax: 803 744-8374
E-mail: gary.ewing@palmettohealth.org
Length: 2 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 380-45-88-116

Texas
Austin
Texas Department of Health Program
Sponsor: Texas Department of Health University of Texas School of Public Health
Program Director: William S Higgins Jr, MD, MPH
Public Health Region 8
7430 Louis Pasteur Drive
San Antonio, TX 78229
Tel: 210 841-2300  Fax: 210 841-2015
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Program ID: 380-48-18-105

Virginia
Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Commonwealth of Virginia Department of Health
Hunter Holmes McGuire VA Medical Center (Richmond) Medical College of Virginia Hospitals
Virginia Commonwealth Univ Grad Program in Public Health
Program Director: Herman M Ellis, MD, MPH
PO Box 885212
1066 East Clay Street
Richmond, VA 23298
Tel: 804 828-9785  Fax: 804 828-9773
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 380-51-88-106

Washington
Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center University of Washington School of Public Health
ISUHS Edward Robert School of Medicine
Program Director: James E Cook, MD, MPH
Department of Preventive Medicine
MCU P7
Tacoma, WA 98431
Tel: 253 966-4410  Fax: 253 966-4483
Length: 2 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 380-54-88-107
US Armed Services Program

Psychiatry
Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Daniel C Duhl, MD
121 Smokey Park Clinic
1700 Seventh Avenue S
Birmingham, AL 35204
Tel: 205 345-3941  Fax: 205 345-4500
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Subspecialties: PFP, PGY
Program ID: 400-01-11-009

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals Mobile Infirmary Medical Center
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Program Director: Charles L Bich, MD
3414 Pillingham Street
Suite 1600 Moerter Clinical Science Building
Mobile, AL 36617
Tel: 251 471-7077  Fax: 251 470-5885
E-mail: cimb@ped.net
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 400-01-22-232

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Program Director: James B McLoone, MD
205 East McDowell Road
4th Floor
Phoenix, AZ 85006
Tel: 602 339-6880  Fax: 602 236-6888
E-mail: jo.russe@bannerhealth.com
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 400-03-12-010

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Program Director: Lisa S Jones, MD
Desert Vista Campus #101
670 W Brown Rd
Mesa, AZ 85201
Tel: 480 344-2028  Fax: 480 344-2157
E-mail: roberta.seiber@hsc.maricopa.gov
Length: 4 Yrs  ACGME Approved/Offered Positions: 22
Subspecialties: CHP
Program ID: 400-03-22-011

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Kino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
University Medical Center Program Director: Francisco A Moreno, MD
1501 North Campbell Avenue
PO Box 240002
Tucson, AZ 85724
Tel: 520 622-8755  Fax: 520 622-0500
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-03-21-012
Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children’s Hospital
Arkansas State Hospital (OMIS)
Central Arkansas Veterans Health Care Center
University of Arkansas Hospitals
Program Director: James A Claridy, MD
UAMS 4201 West Markham
Mail Slot 580
Little Rock, AR 72205
Tel: 501 686-5800 Fax: 501 686-7434
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 099-04-23-014

California

Bakersfield

UCLA-Kern Medical Center Program
Sponsor: Kern Medical Center
Olive View/UCLA Medical Center
Program Director: Tai P Yoon, MD, MBA
1800 Flower Street
Bakersfield, CA 93301
Tel: 661 324-2298 Fax: 661 862-7882
E-mail: ttyoun@co.kern.ca.us
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 099-05-22-298

Fresno

University of California (San Francisco) Program
Sponsor: UCSF-Fresno Medical Education Program
CommunityMed Program
VA Central California Health Care System
Program Director: Craig C Campbell, MD
University Medical Center
445 South Cedar Ave
Fresno, CA 93702
Tel: 559 498-6367 Fax: 559 498-6888
E-mail: craig.campbell@ucsf.fresno.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 099-05-21-015

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Program Director: Mary Ann Schaepper, MD, MEd
11374 Mt View Avenue
Loma Linda, CA 92354
Tel: 909 558-6000 Fax: 909 558-6003
E-mail: rcmachn@loma.lmu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 25
Program ID: 099-05-21-021

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Wagnon W Iker, MD
5730 Alden Drive, Suite W-101
Los Angeles, CA 90048
Tel: 310 423-5483 Fax: 310 423-3947
E-mail: Yvonne.Neely@csha.org
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ADP
Program ID: 099-05-21-022

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Program Director: Gregory R Gray, MD, PhD
Debt of Psychiatry
1750 E 120th St.- AFH/DHC
Los Angeles, CA 90037
Tel: 310 668-4801 Fax: 310 223-0112
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Program ID: 099-04-32-036

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCALD David Geffen School of Medicine
UCLA Neuropsychiatric Hospital
Program Director: James E Spar, MD
760 Westwood Plaza
Los Angeles, CA 90095
Tel: 310 825-0548 Fax: 310 825-0679
Length: 4 Yrs ACGME Approved/Offered Positions: 55
Subspecialties: ADP, PYG
Program ID: 099-05-31-025

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
Program Director: Charles W Patterson, MD
3000 Zonal Avenue, UID-T06
Los Angeles, CA 90033
Tel: 323 226-4614 Fax: 323 226-4648
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: PFP
Program ID: 099-03-11-028

VA Greater Los Angeles/UCLA-San Fernando Valley (VA) Program
Sponsor: VA Greater Los Angeles Health Care System
Olive View/UCLA Medical Center
Program Director: Murray A Brown, MD
UCLA/San Fernando Valley Psychiatry (110A)
1611 Plummer Street
Sepulveda, CA 91345
Tel: 818 896-9349 Fax: 818 896-9437
Length: 4 Yrs ACGME Approved/Offered Positions: 31
Subspecialties: PFP
Program ID: 099-03-31-032

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Gerald Maguire, MD
Neuropsychiatric Center
1011 City Drive, South Orange, CA 92666
Tel: 714 456-5770 Fax: 714 456-7015
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 099-06-21-020

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Program Director: Mark E Servis, MD
2530 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-2614 Fax: 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: PFP
Program ID: 099-06-31-017

San Diego

Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego) Medical Center
Program Director: Paul S Hamner, MD
4800 Bob Wilson Drive
Suite 108
San Diego, CA 92134
Tel: 619 532-9567 Fax: 619 532-5008
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 099-05-21-025

US Armed Services Program

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: Sidney Zilchos, MD
Dept of Psychiatry
5900 Gilman Drive, 0603R
La Jolla, CA 92039
Tel: 858 534-8404 Fax: 858 532-5031
E-mail: restrain@ucsd.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 35
Subspecialties: PYG
Program ID: 099-05-21-026

San Francisco

California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Program Director: David A Goldberg, MD
9250 Clay Street, 7th Floor
San Francisco, CA 94115
Tel: 415 660-2642 Fax: 415 690-3525
Length: 4 Yrs ACGME Approved/Offered Positions: 15
Program ID: 099-05-20-025

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
UCSF Med Ctr/Langley Porter Psychiatric Hoop and Clinics
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Marc Jacobs, MD
Langley Porter Psychiatric Institute
411 Panama Avenue - RTP
San Francisco, CA 94143
Tel: 415 478-7577 Fax: 415 478-7722
E-mail: ryanndr@bjp.ucsf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: ADP, PFP
Program ID: 099-05-21-030

San Mateo

San Mateo County Mental Health Services Program
Sponsor: San Mateo County Mental Health Services
Program Director: Al Kent Louis, MD
Psychiatry Residency Training
222 West 39th Avenue
San Mateo, CA 94403
Tel: 650 575-2530
E-mail: alsweis@co.sanmateo.ca.us
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 099-08-22-001
Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Veterans Affairs Palo Alto Health Care System
Program Director: C Bart Taylor, MD
491 Quarry Road, Room 2205
Stanford, CA 94305
Tel: 650 725-5782 Fax: 650 725-3762
E-mail:佛山@stanford.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: PFP
Program ID: 400-05-31-033

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Ira M Lesser, MD
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-3117 Fax: 310 223-5546
Length: 4 Yrs ACGME Approved/Offered Positions: 29
Program ID: 400-05-31-035

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Program Director: Robert House, MD
4000 East Ninth Avenue A011-22
Denver, CO 80220
Tel: 303 315-0838 Fax: 303 315-9905
Length: 4 Yrs ACGME Approved/Offered Positions: 45
Subspecialties: PFP
Program ID: 400-07-21-036

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Institute of Living
Univ of Connecticut Health Center/John Dempsey Hospital
Program Director: Joyce A Tinsley, MD
203 Farmington Ave, MC1935
Farmington, CT 06030
Tel: 860 671-4733 Fax: 860 671-1245
E-mail: tinsley@psychiatry.uconn.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: AIP
Program ID: 400-08-21-266

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Connecticut Mental Health Center
Program Director: Richard Belllesky, MD
55 Park Street, Room 623
New Haven, CT 06519
Tel: 203 737-2433 Fax: 203 737-4207
Length: 4 Yrs ACGME Approved/Offered Positions: 85
Subspecialties: AIP, PFP, PFG
Program ID: 400-08-21-043

St Elizabeth's Hospital-DC Department of Mental Health Services Program
Sponsor: St Elizabeth's Hospital-DC Department of Mental Health Serv
George Washington University Hospital (UHS)
Washington School of Psychiatry
Program Director: David I Joseph, MD
Barton Hall, 2nd Floor
2700 Martin Luther King Jr. Avenue SE
Washington, DC 20032
Tel: 202 645-8779 Fax: 202 645-8911
E-mail: djoseph@wsh.org
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 400-10-21-239

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Richard C Bulbert, MD
PO Box 100656, JHMHC
Gainesville, FL 32610
Tel: 352 265-0345 Fax: 352 265-6997
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: AIP, PFP
Program ID: 400-11-21-202

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Richard M Steinbrook, MD
1605 NW 9th Ave #2101
Miami, FL 33136
Tel: 305 355-8206 Fax: 305 355-7266
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: AIP, PFP
Program ID: 400-11-21-051

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Kailie R Shaw, MD
5151 East Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-1059 Fax: 813 974-2478
E-mail: kshaw@usc.usf.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 34
Subspecialties: AIP, PFP
Program ID: 400-11-21-052

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Program Director: Miles K Crowder, MD
Department of Psychiatry & Behavioral Sciences
Turks House 2054 Ridgewood Road, Suite 218
Atlanta, GA 30322
Tel: 404 727-6157 Fax: 404 727-4740
E-mail: mcrowder@emory.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 70
Subspecialties: AIP, PFP
Program ID: 400-12-21-053
### Accredited Programs in Psychiatry

<table>
<thead>
<tr>
<th>Program ID</th>
<th>Sponsor</th>
<th>Program Length</th>
<th>Subspecialties</th>
<th>Director(s)</th>
</tr>
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<tbody>
<tr>
<td>400-16-11-061</td>
<td>University of Chicago Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 26</td>
<td>Alan D. Schmetzer, MD</td>
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<tr>
<td>400-16-21-065</td>
<td>University of Illinois College of Medicine at Chicago Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 48</td>
<td>Richard J. Riebeinstein, MD</td>
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<tr>
<td>400-16-21-066</td>
<td>Maywood Loyola University Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 30</td>
<td>Catherine Woodman, MD</td>
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<tr>
<td>400-16-21-067</td>
<td>North Chicago Fein University of Health Sciences/Chicago Medical School Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 37</td>
<td>Gustavo Hernandez, MD</td>
</tr>
<tr>
<td>400-16-21-068</td>
<td>Park Ridge Advocate Lutheran General Hospital Program</td>
<td>4 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
<td>Gustavo Hernandez, MD</td>
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### Morehouse School of Medicine Program
- **Sponsor:** Morehouse School of Medicine
- **Subspecialties:**
- **E-mail:**
- **Program Director:** Stewart Shevitz, MD
- **Length:** 4 Yrs
- **Program ID:** 400-12-21-262

### Augusta Medical College of Georgia Program
- **Sponsor:** Medical College of Georgia
- **Medical College of Georgia School of Medicine Veterans Affairs Medical Center (Augusta)**
- **Program Director:** John O. Guston, MD
- **Length:** 4 Yrs
- **Program ID:** 400-12-21-054

### Hawaii Honolulu University of Hawaii Program
- **Sponsor:** University of Hawaii John A. Burns School of Medicine
- **Queen's Medical Center VA Regional Office-Staff Clinic (Honolulu)**
- **Program Director:** Iqbal Ahmed, MD
- **Length:** 4 Yrs
- **Program ID:** 400-14-21-056

### Tripler AMC Tripler Army Medical Center Program
- **Sponsor:** Tripler Army Medical Center
- **Program Director:** Simon J. Fincus, MD
- **Length:** 4 Yrs
- **Program ID:** 400-14-11-233

### Illinois Chicago McGaw Medical Center of Northwestern University Program
- **Sponsor:** McGaw Medical Center of Northwestern University
- **Children's Memorial Hospital Evenson Hospital Northwestern Memorial Hospital Program Director:** Sidney Weissman, MD
- **Length:** 4 Yrs
- **Program ID:** 400-16-21-060

### Rush University Medical Center Program
- **Sponsor:** Rush University Medical Center
- **Program Director:** Daniel Levin, MD
- **Length:** 4 Yrs
- **Program ID:** 400-16-21-061

### Springfield Southern Illinois University Program
- **Sponsor:** Southern Illinois University School of Medicine
- **Program Director:** Jeffrey I. Bennett, MD
- **Length:** 4 Yrs
- **Program ID:** 400-16-21-065

### Indiana Indianapolis Indiana University School of Medicine Program
- **Sponsor:** Indiana University School of Medicine
- **Clarian Indiana University Hospital Carlyle R. Carter Memorial Hospital Richard L. Roudebush Veterans Affairs Medical Center William N. Wistard Memorial Hospital
- **Program Director:** Alan D. Schmetzer, MD
- **Length:** 4 Yrs
- **Program ID:** 400-16-21-066

### Iowa Iowa City University of Iowa Hospitals and Clinics Program
- **Sponsor:** University of Iowa Hospitals and Clinics
- **Veterans Affairs Medical Center (Iowa City)**
- **Program Director:** Catherine Woodman, MD
- **Length:** 4 Yrs
- **Program ID:** 400-16-21-067

### Kansas Kansas City University of Kansas Medical Center Program
- **Sponsor:** University of Kansas School of Medicine
- **Veterans Affairs Medical Center (Kansas City)**
- **Program Director:** Barry J. Lisick, MD
- **Length:** 4 Yrs
- **Program ID:** 400-16-21-070
Wichita
University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Veterans Affairs Medical Center (Wichita)
Visa Credit: Regional Medical Center-St Francis
Visa Regional: Medical Center-St Joseph
Pgm Director: John F. Bober, MD
1010 North Kansas
Wichita, KS 67214
Tel: 316-251-2580 Fax: 316-251-2574
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: PFP
Program ID: 400-19-21-254

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Pgm Director: Debra A Katz, MD
3470 Blair Parkway
Lexington, KY 40509
Tel: 859-333-0261 Fax: 859-333-1184
E-mail: dka887@uky.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 400-20-21-074

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
Child Psychiatric Services (Bingham Child Guidance Clinic)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Pgm Director: Kathy Vincent, MD
401 East Broadway
Suite 340
Louisville, KY 40202
Tel: 502-852-5305 Fax: 502-852-1115
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ADP
Program ID: 400-20-21-075

Louisiana
New Orleans
Louisiana State University/Alton Ochsner Medical Foundation Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
New Orleans Adolescent Hospital
New Orleans Health Care for the Homeless Clinic
Ochsner Clinic Foundation
Pgm Director: Scott Griffies, MD
Department of Psychiatry
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-588-3427 Fax: 504-588-6922
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: PFP
Program ID: 400-21-21-291

Tulane University Program
Sponsor: Tulane University School of Medicine
Department of Behavioral Health Center
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Patrick T O'Neill, MD
Dept of Psych/Neuro 7IB58
1440 Canal St
New Orleans, LA 70112
Tel: 504-894-2580 Fax: 504-894-7260
E-mail: psychres@tulane.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 39
Subspecialties: PFP
Program ID: 400-21-21-079

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Brentwood Behavioral Health Company
Oertgen Brosnan Affairs Medical Center
Pgm Director: Anita S Kohling, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318-675-6041 Fax: 318-675-6054
E-mail: skahil@lsumc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 17
Program ID: 400-21-21-274

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Pgm Director: George N McNeil Jr, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207-871-2588 Fax: 207-871-6697
E-mail: romamann@mmmc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-22-11-060

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: John R Lipsey, MD
600 North Wolfe Street/Meyer 3 185
Baltimore, MD 21287
Tel: 410-955-7162 Fax: 410-955-0152
Length: 4 Yrs ACGME Approved/Offered Positions: 47
Subspecialties: PFP
Program ID: 400-23-21-081

University of Maryland/Sheppard Pratt Program
Sponsor: University of Maryland Medical System
Sheppard Pratt Health System
Spring Grove Hospital Center
Veterans Affairs Medical Center (Baltimore)
Walter P Carter Mental Health Center
Pgm Director: M Philip Luber, MD
Department of Psychiatry
701 W Pratt St, Rm 414
Baltimore, MD 21201
Tel: 410-328-1212 Fax: 410-328-1212
Length: 4 Yrs ACGME Approved/Offered Positions: 80
Subspecialties: ADP, PFP, POG
Program ID: 400-23-21-259

Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Malcolm Grow Medical Center
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Pgm Director: Thomas A Grier, MD
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 202-783-6430 Fax: 202-783-6430
Length: 4 Yrs ACGME Approved/Offered Positions: 56
Subspecialties: PFP
Program ID: 400-19-21-257
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Pgm Director: Donald I. Rosenberg, MD
NIH Clinical Center, 10/Room 4N-222
Bethesda, MD 20892
Tel: 301-496-8302
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 400-23-12-245

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Ezid Nourse Rogers Memorial Veterans Hospital (Bedford)
Solomon Carter Fuller Mental Health Center
Veterans Affairs Medical Center (Boston)
Pgm Director: Janet E Osterman, MD
600 Harrison Avenue, Dowling 78
Boston, MA 02118
Tel: 617-638-8540 Fax: 617-638-8542
E-mail: maria@bu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: ADP, PFP
Program ID: 400-24-21-089

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Caritas Carney Hospital
Children's Hospital
Massachusetts Mental Health Center
Mount Auburn Hospital
Pgm Director: William E Greenberg, MD
500 Brookline Avenue
Boston, MA 02215
Tel: 617-667-4766 Fax: 617-667-5575
Length: 4 Yrs ACGME Approved/Offered Positions: 94
Program ID: 400-24-31-277

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Pgm Director: Sheila E Hegele-Batistila, MD
736 Cambridge Street
GNI
Boston, MA 02115
Tel: 617-789-3103 Fax: 617-789-2168
Length: 4 Yrs ACGME Approved/Offered Positions: 30
Program ID: 400-24-21-092
Massachusetts General Hospital/McLean Hospital Program
Sponsor: Massachusetts General Hospital
Erich Lindenmayer Mental Health Center
McLean Hospital
Program Director: Kathy M Sanders, MD
55 Fruit Street, Building 440 & 441
Boston, MA 02114
Tel: 617 726-6955  Fax: 617 724-6910
E-mail: kaasanders@partners.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 48
Subspecialties: ADP, FFP
Program ID: 400-24-21-288

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Lennard Shatnick Hospital
Program Director: Jonathan Schindelheim, MD
750 Washington Street
Box 1007
Boston, MA 02111
Tel: 617 636-3903  Fax: 617 636-8442
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-24-21-093

Brockton
Harvard Medical School (South Shore) Program
Sponsor: Boston VA Healthcare System (Brockton-West Roxbury)
Program Director: Grace J Mushrush, MD
940 Belmont Street - 118A7
Brockton, MA 02301
Tel: 508 589-4250  Fax: 508 885-0181
E-mail: hmsnorthshore@hms.harvard.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 30
Program ID: 400-24-21-379

Cambridge
Cambridge Hospital/Cambridge Health Alliance Program
Sponsor: Cambridge Hospital/Cambridge Health Alliance
Austen Riggs Center
Harvard University Health Services
Lennard Shatnick Hospital
Somerville: Mental Health
Tufts University Health Services
Program Director: Marshall Porstein, MD
Macht Building
1405 Cambridge Street
Cambridge, MA 02139
Tel: 617 665-1189  Fax: 617 665-3440
Length: 4 Yrs  ACGME Approved/Offered Positions: 32
Subspecialties: FPG
Program ID: 400-24-11-094

Stockbridge
Austen Riggs Center Program
Sponsor: Austen Riggs Center
Program Director: David Mintz, MD
PO Box 962, Main Street
Stockbridge, MA 01262
Tel: 413 298-5511  Fax: 413 298-4020
E-mail: david.mintz@austenriggs.net
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 400-24-11-249

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Sheldon Benjamin, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-4607  Fax: 508 856-5000
Length: 4 Yrs  ACGME Approved/Offered Positions: 30
Subspecialties: ADP, FFP
Program ID: 400-24-21-254

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Michael Jibson, MD, PhD
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 764-8514
Length: 4 Yrs  ACGME Approved/Offered Positions: 46
Subspecialties: ADP, FFP, FPG
Program ID: 400-25-21-097

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Kingswood Hospital
Program Director: Lisa MacLean, MD
One Ford Place, 1C
Detroit, MI 48207
Tel: 313 974-6811  Fax: 313 974-6555
E-mail: redwald11@hfhs.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-25-21-235

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Harper-Blitz Hospital
Program Director: Beth Ann Brooks, MD
2781 E Jefferson
Suite: 400
Detroit, MI 48207
Tel: 313 577-5297  Fax: 313 577-2233
Length: 4 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: ADP, FPG
Program ID: 400-25-21-253

Kalamazoo
Kalamazoo Center for Medical Studies/ Michigan State University Program
Sponsor: Michigan State University/Kalamazoo Center for Medical Studies
Borgens Medical Center
Program Director: Robert D Strung, MD
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6276  Fax: 269 337-6378
E-mail: psychiatry@kcms.msu.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 400-25-31-254

Lansing
Michigan State University Program
Sponsor: Michigan State University College of Human Medicine
Sparrrow Hospital
Program Director: Jed O Magen, DO
A-333 East Fee Hall
East Lansing, MI 48824
Tel: 517 363-4002  Fax: 517 332-0917
Length: 4 Yrs  ACGME Approved/Offered Positions: 35
Program ID: 400-25-21-101

Minnesota
Minneapolis
Hennepin County Medical Center/ Regions Hospital Program
Sponsor: Hennepin County Medical Center/ Regions Hospital
Program Director: Elizabeth Reeve, MD
701 Park Avenue South
Mail Code 85
Minneapolis, MN 55415
Tel: 612 347-1751  Fax: 612 904-4850
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-25-21-255

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Program Director: Thomas Mackenzie, MD
2822/2A West
2450 Riverside Avenue
Minneapolis, MN 55454
Tel: 612 273-8825  Fax: 612 273-9779
E-mail: brenn036@tc.umn.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 33
Subspecialties: ADP, FPG
Program ID: 400-25-21-106

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester) ST Mary's Hospital of Rochester
Program Director: Thomas L Philbrick, MD
200 First Street, S W
Rochester, MN 55905
Tel: 507 284-3025  Fax: 507 284-3445
E-mail: mgm.roeh.mn.psychiatry@mayo.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 31
Subspecialties: ADP
Program ID: 400-26-21-107

Mississippi
Jackson
University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Program Director: Allen Bichert, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5826  Fax: 601 984-5885
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-27-11-108
Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
Mid-Missouri Mental Health Center
University Hospitals and Clinics
Pgm Director: Cheryl Homme, MD
One Hospital Drive, DC677.00
Columbia, MO 65210
Tel: 573 882-8913 Fax: 573 884-5636
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PFP, PYG
Program ID: 400-28-21-110

Kansas City
University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
Western Missouri Mental Health Center
Pgm Director: George S Thompson Jr, MD
600 East 22nd Street
Kansas City, MO 64108
Tel: 816 512-4177 Fax: 816 512-4183
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ADP, PFP
Program ID: 400-28-21-110

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Pgm Director: Michal Artal, MD
David P Wolf Sr Medical Institute
1221 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-8728 Fax: 314 564-7249
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: ADP, PFP
Program ID: 400-28-21-110

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Metropolitan St Louis Psychiatric Center
Pgm Director: Eugene H Brotin, MD, PhD
Dept of Psychiatry, Box 8134
660 S Euclid
St Louis, MO 63110
Tel: 314 362-2462 Fax: 314 362-0192
E-mail: psychresidency@psychiatry.wustl.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 400-28-21-114

Nebraska

Omaha
Creighton University/University of Nebraska Program
Sponsor: Creighton University School of Medicine
Allegent Health Immanuel Medical Center
Creighton University Medical Center (Tenet - SJH)
Richard Young Center
Veterans Affairs Medical Center (Omaha)
Pgm Director: William H Boccalandro, MD
686582 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 354-6892 Fax: 402 354-6898
E-mail: vwhomoen@unmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PFP
Program ID: 400-30-21-116

Nevada

Las Vegas
University of Nevada School of Medicine (Las Vegas) Program
Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Pgm Director: Gregory P Brown, MD
400 E Charleston Blvd
Suit 8130
Las Vegas, NV 89104
Tel: 702 968-6084 Fax: 702 968-6049
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-31-21-297

Reno
University of Nevada Program
Sponsor: University of Nevada School of Medicine
Nevada University School of Medicine
Northern Nevada Adult Mental Health Institute
Washoe Medical Center
West Hills Hospital
Pgm Director: Grant D Miller, MD
Department of Psychiatry and Behavioral Sciences
Nelson Building 354
Reno, NV 89557
Tel: 775 784-8180 Fax: 775 784-1428
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-31-21-263

New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
New Hampshire Hospital
Veterans Affairs Medical Center (White River Junction)
Pgm Director: Ronald L Green, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5820 Fax: 603 650-5842
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ADP, PFP, PYG
Program ID: 400-32-21-117

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Atlantic City Medical Center
Pgm Director: Jeff Dunn, MD
401 Haddon Avenue
Camden, NJ 08103
Tel: 856 757-7863 Fax: 856 757-9651
E-mail: rile-victoria@cooperhealth.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 400-33-21-235

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Pgm Director: Daniel B Blumen, MD
185 South Orange Avenue, RHSB, Room E-1447
Newark, NJ 07103
Tel: 973 972-4670 Fax: 973 972-9879
Length: 4 Yrs ACGME Approved/Offered Positions: 29
Program ID: 400-33-21-119

Paramus
Bergen Regional Medical Center Program
Sponsor: Bergen Regional Medical Center
Pgm Director: M Javed Iqbal, MD
230 East Ridgewood Avenue
Paramus, NJ 07652
Tel: 201 967-4122 Fax: 201 967-4290
Length: 4 Yrs ACGME Approved/Offered Positions: 29
Program ID: 400-33-12-120

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
UMDNJ-University Behavioral HealthCare
Pgm Director: Barbara Palmeri, MD
Department of Psychiatry
671 Hoes Lane, USBC-C 205
Piscataway, NJ 08854
Tel: 732 235-4433 Fax: 732 235-4649
Length: 4 Yrs ACGME Approved/Offered Positions: 25
Subspecialties: ADP, PYG
Program ID: 400-33-21-121

Stratford
UMDNJ-School of Osteopathic Medicine Program
Sponsor: UMDNJ-School of Osteopathic Medicine
Kennedy Memorial Hospitals-University MedCtr-Cherry Hill
Kennedy Memorial Hospitals-University Medical Ctr-Stratford
Our Lady of Lourdes Medical Center
Pgm Director: David G Krefetz, DO
2250 Chapel Avenue West, Suite 100
Cherry Hill, NJ 08002
Tel: 856 482-9100 Fax: 856 482-1159
E-mail: krefetzd@umnj.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-33-13-292
New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Program Director: Nancy K. Morrison, MD
1 University of New Mexico MSC09 5030
Albuquerque, NM 87119
Tel: 505 272-5417  Fax: 505 272-4659
Length: 4 Yrs  ACGME Approved/Offered Positions: 38
Subspecialties: ADP, PYG
Program ID: 400-04-21-123

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Capital District Psychiatric Center
Veterans Affairs Medical Center (Albany)
Program Director: Victoria I. Balkowsky, MD
718 Fulton Avenue - 4 South
Albany, NY 12208
Tel: 518 445-6511  Fax: 518 262-6111
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-35-22-124

Bronx
Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program
Sponsor: Bronx - Lebanon Hospital Center
Program Director: Naithal V. Jutahani, MD
1725 Fulton Avenue - 4 South
Bronx, NY 10456
Tel: 718 901-8652  Fax: 718 901-8656
E-mail: Naithal@einstein.yu.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 18
Subspecialties: ADP, CHF
Program ID: 400-35-21-185

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx Psychiatric Center
Montefiore Medical Center-Henry and Lucy Moses Division
Program Director: Peter Buckey, MD
Department of Psychiatry & Behavioral Sciences
3311 Bainbridge Avenue
Bronx, NY 10467
Tel: 718 997-7987  Fax: 718 882-3165
Length: 4 Yrs  ACGME Approved/Offered Positions: 32
Subspecialties: ADP, PFP, PYG
Program ID: 400-35-11-131

Lincoln Medical and Mental Health Center Program
Sponsor: Lincoln Medical and Mental Health Center
Program Director: Brunhild Kring, MD
334 East 140th Street
Bronx, NY 10451
Tel: 718 579-4654  Fax: 718 579-4680
E-mail: kring148@hot.com
Length: 4 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 400-36-11-133

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Program Director: Amar Chhabra, MD
1100 Pacific Street
Brooklyn, NY 11212
Tel: 718 244-0061  Fax: 718 244-6571
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 400-35-11-136

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Jeffrey Goldberg, DO
482 Second Avenue
Brooklyn, NY 11218
Tel: 718 285-8479  Fax: 718 285-8567
Length: 4 Yrs  ACGME Approved/Offered Positions: 27
Program ID: 400-35-21-143

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Kingsbrook Jewish Medical Center
St John's Episcopal Hospital-South Shore
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Nyapati R. Rao, MD, MS
450 Clarkson Avenue, Box 1033
Brooklyn, NY 11203
Tel: 718 270-2002  Fax: 718 270-1441
Length: 4 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: ADP
Program ID: 400-36-21-154

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaiser Permanente Hospital (Buffalo General Hospital)
Veterans Affairs Medical Center (Buffalo)
Program Director: Cynthia A. Pristach, MD
402 Grider Street
Buffalo, NY 14215
Tel: 716 898-4261  Fax: 716 898-4388
Length: 4 Yrs  ACGME Approved/Offered Positions: 28
Program ID: 400-36-11-129

East Meadow
Nassau University Medical Center Program
Sponsor: Nassau University Medical Center
Program Director: Jacob Nissani, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6511  Fax: 516 572-8310
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-35-11-128

Eminhurst
Mount Sinai School of Medicine (Eminhurst) Program
Sponsor: Mount Sinai School of Medicine
Eminhurst Hospital Center-Mount Sinai Services
Program Director: Amy S. Hoffman, MD
Eminhurst Hospital Center
70-01 Broadway, Room B3-115
Elmhurst, NY 11373
Tel: 718 334-1258  Fax: 718 334-1243
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 400-35-11-242

Jamaica
Jamaica Hospital Medical Center Program
Sponsor: Jamaica Hospital Medical Center
Paging Hospital Medical Center
Program Director: Blaine L. Cuckoo, MD
800 Van Wyck Expressway
Jamaica, NY 11418
Tel: 718 286-7708  Fax: 718 281-2066
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 400-35-11-204

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
St John's Episcopal Hospital-South Shore
Program Director: Victor Parnesi, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-3226  Fax: 516 563-3997
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Subspecialties: AUP
Program ID: 400-36-11-129

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Hillside Hospital (Long Island Jewish Medical Center)
North Shore University Hospital
Program Director: Bruce R. Levy, MD
75-59 160th Street
Glen Oaks, NY 11049
Tel: 718 470-8005  Fax: 718 965-7717
E-mail: dwilhelm@lijmedical.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 48
Subspecialties: ADP
Program ID: 400-36-21-142

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Harold Bein, MD
First Avenue at 16th Street
Fiorello Hall 9th Floor
New York, NY 10010
Tel: 212 490-2038  Fax: 212 490-9442
E-mail: pyg@chpnet.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 42
Subspecialties: ADP, PYG
Program ID: 400-35-11-134

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
Program Director: Henry L. McCuties, MD
500 Lenox Avenue
New York, NY 10037
Tel: 212 996-3070  Fax: 212 996-3069
Length: 4 Yrs  ACGME Approved/Offered Positions: 28
Program ID: 400-35-11-140

Mount Sinai School of Medicine (Cabrini) Program
Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Program Director: John J. Lucey, MD
237 East 59th Street
New York, NY 10022
Tel: 212 939-7412  Fax: 212 995-7931
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 400-35-11-197
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Lenox Hill Hospital
Manhattan Psychiatric Center
Manhattan VA Health Care System
NYU Hospitals Center
Prgm Director: Carol A Bernstein, MD
Department of Psychiatry
550 First Avenue (MB 20 N 11)
New York, NY 10016
Tel: 212 263-6152 Fax: 212 263-6497
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-35-21-149

St Luke's-Roosevelt Hospital Center Program
Sponsor: St Luke's - Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Scott Masters, MD
1000 Amsterdam Avenue 16F
New York, NY 10025
Tel: 212 539-6780 Fax: 212 539-6855
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: CHP, PFP
Program ID: 400-35-21-149

Queens Village
Credmoor Psychiatric Center Program
Sponsor: Credmoor Psychiatric Center
Jewish Board of Family & Children's Services (Judea Clinic)
New York Presbyterian Hospital (Columbia Campus)
St Vincent's Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Mark P Sorentino, MD
80-65 Winchester Boulevard
Building 4, West 2nd Floor
Queens Village, NY 11427
Tel: 718 693-5000 Fax: 718 693-5007
E-mail: cmqmd@jbfcs.org Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-35-20-139

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Suu K DiGiorni, MD
500 Crittenden Boulevard
Rochester, NY 14642
Tel: 585-274-9858 Fax: 585-274-4965
E-mail: sdi@urmc.rochester.edu Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: PFP, PYG
Program ID: 400-35-21-159

State Island
New York Medical College (Richmond) Program
Sponsor: New York Medical College
St Vincent's Catholic Medical Centers (Staten Island)
Prgm Director: Patanjali Patel, MD
75 Vanderbilt Avenue
Staten Island, NY 10304
Tel: 718 819-5883 Fax: 718 819-6877 Length: 4 Yrs ACGME Approved/Offered Positions: 19
Program ID: 400-35-21-153

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Michael Schwartz, MD
T-10, Room 060
Stony Brook, NY 11794
Tel: 631 444-3005 Fax: 631 444-7534 Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: PGY
Program ID: 400-35-21-159

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Richard H Huchings Psychiatric Center
Veterans Affairs Medical Center (Syracuse)
Prgm Director: John M Manning, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-3106 Fax: 315 464-3163
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: CHP, PFP
Program ID: 400-35-21-160

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College - Danbury Hospital
St Vincent Catholic Medical Centers (Westchester)
Westchester Medical Center
Prgm Director: Robert E Feinstein, MD
Westchester Medical Center
Belh Health Center 3rd Floor Residency Training
Valhalla, NY 10595
Tel: 914 403-1839 Fax: 914 493-1012
E-mail: RF Feinstein@aol.com Length: 4 Yrs ACGME Approved/Offered Positions: 40
Program ID: 400-35-21-162

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Prgm Director: Karen Dawkins, MD
Department of Psychiatry
CMAT100, 10625 Neuroscience Hospital
Chapel Hill, NC 27599
Tel: 919 966-4764 Fax: 919 966-2220
Length: 4 Yrs ACGME Approved/Offered Positions: 60
Subspecialties: PFP
Program ID: 400-35-21-166

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Grace Thrall, MD
Box 3837
Durham, NC 27710
Tel: 919 668-2258 Fax: 919 668-2290
Length: 4 Yrs ACGME Approved/Offered Positions: 64
Subspecialties: PFP, PGY
Program ID: 400-35-21-167
Accredited Programs in Psychiatry

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pitt County Mental Health Center
Program Director: Gary G Hawthinimer, MD
Dept of Psychiatric Medicine
Doctors Park #6A
Greenville, NC 27858
Tel: 919-744-2212 Fax: 919-744-2419
E-mail: hawthinimer@gmail.com
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 408-38-21-160

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Stephen J Kramer, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-2020 Fax: 336-716-6830
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 408-36-21-171

North Dakota
Fargo
University of North Dakota Program
Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Veterans Affairs Medical and Regional Office Center (Fargo)
Lakeside Mental Health Center
MerciCare Health System
Southeast Human Service Center
Program Director: David W Abbott, MD
1016 Elm Street North
Fargo, ND 58102
Tel: 701-293-4113 Fax: 701-293-4109
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 408-37-21-281

Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Warren Luang, MD
Box 670559
231 Albert Sabin Way, ML #550
Cincinnati, OH 45267
Tel: 513-558-5160 Fax: 513-558-2477
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ADP, PFP, PVG
Program ID: 408-38-21-173

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Cleveland Psychoanalytic Institute
Northcoast Behavioral Health (Cleveland)
UHHS Laurewood Hospital
Program Director: Jonathan R Dunn, MD, PhD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216-778-6823 Fax: 216-778-2997
E-mail: psychresiden@metrohealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 408-38-21-240

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Program Director: Robert Ronis, MD, MPH
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216-844-3650 Fax: 216-844-4741
Length: 4 Yrs ACGME Approved/Offered Positions: 22
Subspecialties: ADP, PFP, PVG
Program ID: 408-38-21-174

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Leopoldo Pozuelo, MD
6000 Euclid Avenue, PO Box 57
Cleveland, OH 44193
Tel: 216-445-5553 Fax: 216-445-7092
E-mail: psychhos@ccf.org
Length: 4 Yrs ACGME Approved/Offered Positions: 25
Program ID: 408-38-22-175

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Craig B Williams, MD
Neuroscience Facility, Suite 140
1670 Upham Drive
Columbus, OH 43210
Tel: 614-294-4540 Fax: 614-294-4200
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 408-38-21-281

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Program Director: David G Bienenfeld, MD
910 Wabash Avenue
Dayton, OH 45403
Tel: 937-295-5180 Fax: 937-295-9578
E-mail: David.Bienenfeld@wright.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: ADP, PFP, PVG
Program ID: 408-38-21-178

Rootstown
Northeastern Ohio Universities College of Medicine Program
Sponsor: Northeastern Ohio Universities College of Medicine
Akron General Medical Center
St Thomas Hospital (Summa Health System)
Program Director: Joseph D Varley, MD
400 Wabash Avenue
Akron, OH 44309
Tel: 330-344-6531 Fax: 330-996-2943
Length: 4 Yrs ACGME Approved/Offered Positions: 17
Program ID: 408-38-21-180

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Northcoast Behavioral Healthcare (Toledo Campus)
St Vincent Mercy Medical Center
Program Director: Kristi S Williams, MD
3120 Glendale Avenue
Rupert Health Center, Room 2079
Toledo, OH 43614
Tel: 419-383-5606 Fax: 419-383-3183
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 408-38-21-181

Ohio
Cincinnati
University of Cincinnati Program
Sponsor: University of Cincinnati College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Veterans Affairs Medical Center (Ohio) Program
Program Director: S Jay Lenzgraf, MD
Dept of Psychiatry & Behavioral Sci
PO Box 26861
Cincinnati, OH 45210
Tel: 513-558-6824 Fax: 513-558-8264
E-mail: DBienenfeld@wright.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 25
Program ID: 408-38-21-281

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Laureate Psychiatric Clinic and Hospital
St John Medical Center
Program Director: Ursula C Glinos, MD
Suite 2099
4502 East 41st Street
Tulsa, OK 74135
Tel: 918-699-3518 Fax: 918-699-3517
Length: 4 Yrs ACGME Approved/Offered Positions: 21
Program ID: 408-38-21-240
Oregon

**Portland**

**Oregon Health & Science University Program**

**Sponsor:** Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)

**Program Director:** Donald Room, MD

**Length:** 4 Yrs

**Subspecialties:** ADP, PYG

**Program ID:** 400-41-21-185

Pennsylvania

**Hershey**

**Penn State University/Milton S Hershey Medical Center Program**

**Sponsor:** Milton S Hershey Medical Center

**Program Director:** Ernesto M Aku, MD

**Department of Psychiatry MC H673, PO Box 650**

**Hershey, Pa. 17033**

**Tel:** 717 531-8135, Fax: 717 531-6491

**Length:** 4 Yrs

**Subspecialties:** PGY

**Program ID:** 400-41-11-187

Philadelphia

**Albert Einstein Healthcare Network Program**

**Sponsor:** Albert Einstein Medical Center Belmont Center for Comprehensive Treatment

**Program Director:** Kimberly B Red, MD

5041 OM York Road

Philadelphia, PA 19141

**Tel:** 215 456-7045, Fax: 215 264-2781

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 36

**Subspecialties:** PGY

**Program ID:** 400-41-31-189

**Drexel University College of Medicine (MCP Hahnemann) Program**

**Sponsor:** Drexel University College of Medicine (MCP Hahnemann)

Hahnemann University Hospital (Temet Health System)

Medical College of Pennsylvania Hosp (Temet Health System)

**Program Director:** Donna M Sutko, MD

3200 Henry Avenue

Philadelphia, PA 19120

**Tel:** 215 842-4141, Fax: 215 849-7351

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 50

**Program ID:** 400-41-21-192

**Temple University Program**

**Sponsor:** Temple University Hospital

**Program Director:** Edward A Volkman, MD

3401 North Broad Street

Philadelphia, PA 19140

**Tel:** 215 707-8992, Fax: 215 707-4086

**E-mail:** psychres@temple.edu

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 28

**Program ID:** 400-41-31-195

**Thomas Jefferson University Program**

**Sponsor:** Thomas Jefferson University Hospital

**Program Director:** Edward S Silberman, MD

1000 Sansom Street, Suite 1652

1652 Thompson Building

Philadelphia, PA 19107

**Tel:** 215 955-6104, Fax: 215 955-8473

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 36

**Subspecialties:** ADP

**Program ID:** 400-41-21-196

**University of Pennsylvania Program**

**Sponsor:** University of Pennsylvania Health System

**Program Director:** Anthony Rostain, MD, MA

3535 Market Street

2nd Floor

Philadelphia, PA 19104

**Tel:** 215 746-7210, Fax: 215 746-7204

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 42

**Subspecialties:** ADP, PGY

**Program ID:** 400-41-21-197

**Pittsburgh**

**Allegheny General Hospital Program**

**Sponsor:** Allegheny General Hospital

**Program Director:** Gary Swanson, MD

320 East North Avenue

Pittsburgh, PA 15212

**Tel:** 412 393-4242, Fax: 412 393-9410

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 16

**Program ID:** 400-41-21-272

**University of Pittsburgh Medical Center Medical Education Program**

**Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program

Childrens Hospital of Pittsburgh

Magee-Women's Hospital

UPMC Presbyterian Shadyside

UPMC Western Psychiatric Institute and Clinic

Veterans Affairs Medical Center (Pittsburgh)

**Program Director:** Kenneth C Nash, MD

3811 O'Hara Street

Pittsburgh, PA 15232

**Tel:** 412 624-2876, Fax: 412 624-0419

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 10

**Subspecialties:** PGY, PFP

**Program ID:** 400-41-31-198

**Puerto Rico**

**Ponce**

**Ponce School of Medicine Program**

**Sponsor:** Ponce School of Medicine

Veterans Affairs Medical Center (San Juan)

**Program Director:** Ana I Torres, MD

**Medical & Behavioral Healthcare Services (116A)**

**810 Gatia Street**

San Juan, PR 00921

**Tel:** 787 641-7501, Fax: 787 641-4656

**E-mail:** anali1716@hotmail.com

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 16

**Program ID:** 400-41-12-296

**San Juan**

**University of Puerto Rico School Program**

**Sponsor:** University of Puerto Rico School of Medicine

First Hospital Panamerican

University Hospital

University of Puerto Rico Hospital at Carolina

University Pediatric Hospital

**Program Director:** Luz M Colon de Marti, MD

**PO Box 056967**

San Juan, PR 00936

**Tel:** 787 766-0840, Fax: 787 766-0840

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 24

**Program ID:** 400-41-31-201

**Rhode Island**

**Providence**

**Brown University Program**

**Sponsor:** Butler Hospital

Miriam Hospital-Lifespan

Rhode Island Hospital-Lifespan

Veterans Affairs Medical Center (Providence)

**Program Director:** Jane Rhode, MD

345 Blackstone Boulevard

Providence, RI 02906

**Tel:** 401 455-5375, Fax: 401 455-4937

**E-mail:** Psychiatry.Residency@brown.edu

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 40

**Subspecialties:** PGY

**Program ID:** 400-41-21-203

**South Carolina**

**Charleston**

**Medical University of South Carolina Program**

**Sponsor:** Medical University of South Carolina College of Medicine

MUSC Medical Center

Ralph H Johnson VA Medical Center (Charleston)

**Program Director:** Alberto S Stanton, MA, MD

171 Ashley Avenue

PO Box 250661

Charleston, SC 29425

**Tel:** 843 792-0102, Fax: 843 792-6394

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 28

**Subspecialties:** ADP, PGY

**Program ID:** 400-41-31-204

**Columbia**

**Palmetto Health/University of South Carolina School of Medicine Program**

**Sponsor:** Palmetto Health

Palmetto Health Baptist

Palmetto Health Richland

William Jennings Bryan Dorn Veterans Hospital

**Program Director:** John E Jones, MD

15 Medical Park, Suite 104-A

3556 Harden Street

Columbia, SC 29203

**Tel:** 803 888-1867, Fax: 803 888-1568

**Length:** 4 Yrs

**ACGME Approved/Offered Positions:** 26

**Subspecialties:** PGY

**Program ID:** 400-41-31-205
South Dakota

Sioux Falls

University of South Dakota Program

Sponsor: University of South Dakota School of Medicine
Avera McGeeney Hospital and University Health Center
Royal C Johnson Veterans Affairs Medical Center
Southeastern Behavioral Healthcare

Prgm Director: K-Lynn Paul, MD
1001 East 21st St, Suite 300
Sioux Falls, SD 57105
Tel: 605-332-5738 Fax: 605-322-5736
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 400-46-21-260

Tennessee

Johnson City

East Tennessee State University Program

Sponsor: James H Quillen College of Medicine
Prestige Healthcare Incorporated/Woodridge Hospital
Johnson City Medical Center Hospital
Veteran Affairs Medical Center (Mountain Home)

Prgm Director: Allen Kasper, MD
Box 76067
Johnson City, TN 37614
Tel: 423-436-8011 Fax: 423-436-2210
Length: 4 Yrs ACGME Approved/Offered Positions: 23
Program ID: 400-47-21-258

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Memphis Mental Health Institute
Regional Medical Center at Memphis

Prgm Director: David M Allen, MD
135 North Paulino, 6th Floor
Memphis, TN 38110
Tel: 901-448-457 Fax: 901-448-2968
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-47-21-260

Nashville

 Meharry Medical College Program

Sponsor: Meharry Medical College School of Medicine
Abin C York Veterans Affairs Medical Center
Centennial Medical Center
Middle Tennessee Mental Health Institute

Prgm Director: Siria U Wahid, MD
1005 DE Todd Boulevard
Nashville, TN 37208
Tel: 615-347-6491 Fax: 615-327-6260
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-47-21-207

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center

Prgm Director: Catherine Pechs, MD
Psychiatric Hospital @ Vanderbilt
1601 23rd Ave South, Ste 301
Nashville, TN 37212
Tel: 615-340-3840 Fax: 615-327-1136
Length: 4 Yrs ACGME Approved/Offered Positions: 28
Subspecialties: ADP
Program ID: 400-47-11-298

Texas

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
Austin-Travis County Mental Health and Retardation Center
Brackenridge Hospital
Seton Shoal Creek Hospital
Veteran's Affairs Medical Center (Austin)

Prgm Director: Beverly J Sutton, MD
3601 Mills Avenue
Austin, TX 78731
Tel: 512-334-308 Fax: 512-334-3084
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-48-13-209

Austin State Hospital Program

Sponsor: Austin State Hospital
Austin Medical Education Program of Seton Healthcare Network
Austin-Travis County Mental Health and Retardation Center

Prgm Director: Beverly J Sutton, MD
4110 Guadalupe
Austin, TX 78751
Tel: 512-324-2080 Fax: 512-324-2084
E-mail: bsutton@seton.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-48-13-209

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Presbyterian Hospital of Dallas
Texas State Hospital
Veteran Affairs Medical Center (Dallas)

Prgm Director: Paul C Mohl, MD
5323 Harry Hines Boulevard
Dallas, TX 75235
Tel: 214-948-7395
Length: 4 Yrs ACGME Approved/Offered Positions: 68
Subspecialties: ADP, PFP, PG
Program ID: 400-48-21-211

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso

El Paso Psychiatric Center
William Beaumont Army Medical Center

Prgm Director: David P Briones, MD
4800 Alberta Avenue
Department of Neuropsychiatry
El Paso, TX 79905
Tel: 915-545-680 Fax: 915-545-6442
E-mail: debi.grady@ttuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 400-48-11-217

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)

Prgm Director: A Scott Winter, MD
John Peter Smith Hospital
1500 South Main Street
Fort Worth, TX 76104
Tel: 817-927-9636 Fax: 817-923-8798
E-mail: scottwinter@johnpeterhospital.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-48-21-282

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals

Prgm Director: David Lynn, MD
Department of Psychiatry
301 University Blvd
Galveston, TX 77555
Tel: 409-747-0786 Fax: 409-747-0788
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Program ID: 400-48-11-212

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Prgm Director: Linda B Andrews, MD
One Baylor Plaza BCM 350
Houston, TX 77030
Tel: 713-798-6702 Fax: 713-798-1479
Length: 4 Yrs ACGME Approved/Offered Positions: 49
Program ID: 400-48-21-213

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston

Prgm Director: Edward Beilby, MD
1300 Moursund, Room 277
Houston, TX 77030
Tel: 713-500-5570 Fax: 713-500-2570
E-mail: Giriner.Sotley@uth.tmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Program ID: 400-48-31-215

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock

Prgm Director: Russell C Packard, MD
3604 4th Street
Neuropsychiatry - MS8163
Lubbock, TX 79430
Tel: 806-743-9240 Fax: 806-743-4250
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-48-21-254
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Wilford Hall Medical Center (AFMC)
Program Director: Kenneth L. Matthews, MD
7765 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5400 Fax: 210 567-0171
E-mail: spearsc@uthscsa.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 78
Subspecialties: ADP, PFP, PGY
Program ID: 400-48-31-218

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Program Director: Gail L. Eisenbauer, MD
Department of Psychiatry
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-1758 Fax: 254 724-1747
E-mail: psych@mailbox.sw.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-49-21-276

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
University Counseling Center
University of Utah Neuropsychiatric Institute
Valleymental Health
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Meredith Alden, MD
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-4086 Fax: 801 581-5994
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Program ID: 400-49-21-218

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Richard A. Bernstein, MD
110 Colchester Ave, Patrick 428
Burlington, VT 05401
Tel: 802 847-2526 Fax: 802 847-2738
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 400-50-11-241

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Edward M Kanter, MD
PO Box 805021
Charlottesville, VA 22908
Tel: 434 924-5408 Fax: 434 924-5419
E-mail: psyctrainees@virginia.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 48
Subspecialties: ADP, PFP, PGY
Program ID: 400-51-21-220

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Program Director: Edwin J Daitzwood, MD
225 Fairfax Avenue, Suite 710
PO Box 1980
Norfolk, VA 23501
Tel: 757 446-5884 Fax: 757 446-5818
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 400-51-21-221

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Veterans Affairs Treatment Center (Hampton)
Program Director: Gail H Manos, MD
630 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 963-5200 Fax: 757 963-5275
E-mail: gmanos@iname.com
Length: 4 Yrs ACGME Approved/Offered Positions: 18
Program ID: 400-51-13-007

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
MCV-Virginia Commonwealth University
Program Director: John R Urbanic, MD
1200 East Broad Street
Richmond, VA 23286
Tel: 804 898-9168
E-mail: dyatts@hsc.vcu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: ADP, PFP, PGY
Program ID: 400-51-21-223

Roanoke
Carilion Health System/University of Virginia (Roanoke-Salem) Program
Sponsor: Carilion Health System
Carilion Medical Center - Roanoke Memorial Hospitals
Veterans Affairs Medical Center (Salem)
Program Director: J Joe Yauel, MD
11647 Salem WAMC
Salem, VA 24153
Tel: 540 983-2463 Fax: 540 983-1066
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PFP, PGY
Program ID: 400-51-21-267

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
Sacred Heart Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Deborah S Cowley, MD
Box 25560A
Seattle, WA 98195
Tel: 206 543-6575 Fax: 206 685-8852
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: ADP, PFP, PGY
Program ID: 400-54-21-235

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Program Director: T O Dickey III, MD
501 Morris Street
PO Box 1547
Charleston, WV 25336
Tel: 304 341-1500 Fax: 304 341-1554
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Program ID: 400-55-21-264

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Charleston Area Medical Center/West Virginia University
Program Director: Walter R Byrd, MD
Dept of Behavioral Medicine
520 Chestnut Ridge Road
Morgantown, WV 26505
Tel: 304 293-3411 Fax: 304 293-8724
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: PFP
Program ID: 400-55-21-236

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
Morris Hospital
William S Middleton Veterans Hospital
Program Director: Stephen J Weiler, MD
600 Research Park Blvd
Madison, WI 53711
Tel: 608 263-6002 Fax: 608 263-0264
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PGY
Program ID: 400-56-21-236

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Glenwood J Zablocki Veterans Affairs Medical Center
Columbus Hospital
Froedtert Memorial Lutheran Hospital
Milwaukee County Behavioral Health Division
Program Director: Carlyle H Chan, MD
5701 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414 456-8898 Fax: 414 456-6399
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: PFP
Program ID: 400-56-21-239

Graduate Medical Education Directory 2004-2005
Pulmonary Disease (Internal Medicine)

Alabama

Mobile
University of South Alabama Program
Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
USA Knellwood Park Hospital
Pgm Director: Ronald C. Allison, MD
2451 Pillinging St. - 10th Floor
Suite G
Mobile, AL 36617
Tel: 251 471-7847 Fax: 251 471-7889
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 149-01-11-045

California

San Francisco
California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Pgm Director: Christopher R. Brown, MD
5251 Clay Street
Suite 504
San Francisco, CA 94114
Tel: 415 923-3421 Fax: 415 600-1414
E-mail: browncm@ucsfhealth.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 149-03-12-147

Connecticut

Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Yale New Haven Hospital
Pgm Director: Herbert H. Scherzer, MD
267 Grant Street
Bridgeport, CT 06610
Tel: 203 384-3974 Fax: 203 384-4603
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 149-08-21-199

Norwalk
Norwalk Hospital/Yale University Program
Sponsor: Norwalk Hospital
Pgm Director: Jonathan M. Fine, MD
128 E Avenue
Norwalk, CT 06856
Tel: 203 854-3543 Fax: 203 552-2736
Length: 2 Yrs
Program ID: 149-08-31-003

District of Columbia

Washington
Howard University Program
Sponsor: Howard University Hospital
Pgm Director: Alvin V. Thomas Jr, MD
Department of Medicine
2044 Georgia Avenue NW
Washington, DC 20000
Tel: 202 866-6070 Fax: 202 866-4569
E-mail: jjones8@huhosp.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-10-21-098

Florida

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Luke's Hospital
Pgm Director: Margaret M. Johnson, MD
4000 San Pablo Road
Jacksonville, FL 32224
Tel: 904 303-3592 Fax: 904 843-0480
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-11-21-205

Illinois

North Chicago
Finch University of Health Sciences/Chicago Medical School Program
Sponsor: Finch University of Health Sciences/Chicago Medical School
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Pgm Director: Ashok M. Palambhia, MD
Division of Pulmonary Medicine-Dep of Medicine
3333 Green Bay Road
North Chicago, IL 60064
Tel: 847 689-1000 Fax: 847 578-8547
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-16-21-051

Springfield
Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Pgm Director: Joseph Q. Henkle, MD
PO Box 19236
Springfield, IL 62794
Tel: 217 545-0187 Fax: 217 738-5549
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-16-21-124

Massachusetts

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Pgm Director: Oren Schear, MD
55 Lake Avenue, N
Worcester, MA 01660
Tel: 508 557-3122 Fax: 508 557-3999
Length: 2 Yrs
Program ID: 149-24-21-008

New Jersey

South Orange
Seton Hall University School of Graduate Medical Education Program
Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center
Pgm Director: M. Ansef Khan, MD
705 Main Street
Paterson, NJ 07503
Tel: 973 754-2450 Fax: 973 754-2450
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 149-93-11-156

New York

Bronx
Bronx-Lebanon Hospital Center Program
Sponsor: Bronx - Lebanon Hospital Center
Pgm Director: Latha Menon, MD
1500 Grand Concourse, Suite 110
Bronx, NY 10457
Tel: 718 966-2063 Fax: 718 966-1383
E-mail: lmenon177@nyrs.com
Length: 2 Yrs
Program ID: 149-35-11-162

Brooklyn
Brooklyn Hospital Center Program
Sponsor: Brooklyn Hospital Center
Pgm Director: Marshall S. Remnick, MD
Department of Medicine
375 Taft Avenue
Brooklyn, NY 11201
Tel: 718 250-6650 Fax: 718 250-6110
E-mail: mar5000@nyp.org
Length: 2 Yrs
Program ID: 149-35-12-155

Coney Island Hospital Program
Sponsor: Coney Island Hospital
Pgm Director: Padmanabhan Krishnan, MD
2801 Ocean Parkway
Brooklyn, NY 11225
Tel: 718 616-5171 Fax: 718 616-4071
E-mail: KRISHANAP@NYCHSC.ORG
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-179

Interfaith Medical Center Program
Sponsor: Interfaith Medical Center
Pgm Director: Gerald M. Greenberg, MD
1545 Atlantic Avenue
Brooklyn, NY 11201
Tel: 718 613-4063 Fax: 718 613-4989
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-21-179

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Pgm Director: Sidney Tesler, MD
4802 10th Avenue
Brooklyn, NY 11219
Tel: 718 283-8300 Fax: 718 283-7884
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-158

New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Pgm Director: Gerald Lombardo, MD
200 Sixth Street
Brooklyn, NY 11215
Tel: 718 790-0346 Fax: 718 790-3259
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 149-35-11-091
# Accredited Programs in Pulmonary Disease (Internal Medicine)

<table>
<thead>
<tr>
<th>Program</th>
<th>Sponsor</th>
<th>Length</th>
<th>Sponsorship</th>
<th>Program Director</th>
<th>Tel</th>
<th>E-mail</th>
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<tr>
<td>SUNY Health Science Center at Brooklyn Program</td>
<td>SUNY Health Science Center at Brooklyn</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-35-31-066</td>
<td>Tel: 718 383-2113</td>
<td>Fax: 718 383-2145</td>
</tr>
<tr>
<td>Mount Sinai School of Medicine (Cabrini) Program</td>
<td>Mount Sinai School of Medicine</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-35-31-066</td>
<td>Tel: 212 869-5858</td>
<td>Fax: 212 869-5858</td>
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<tr>
<td>Puerto Rico</td>
<td>University of Puerto Rico Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 787 754-3750</td>
<td>Fax: 787 754-3750</td>
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<tr>
<td>North Carolina - Greenville</td>
<td>Pitt County Memorial Hospital/East Carolina University Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 252 744-2988</td>
<td>Fax: 252 744-4887</td>
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<tr>
<td>Pennsylvania - Philadelphia</td>
<td>Graduate Hospital Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 215 893-7220</td>
<td>Fax: 215 893-7220</td>
</tr>
<tr>
<td>New York - Flushing</td>
<td>New York Hospital Medical Center of Queens/Cooper Union Medical College Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 3</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 718 395-2158</td>
<td>Fax: 718 395-2158</td>
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<tr>
<td>Jamaica</td>
<td>New York Medical College (Brooklyn-Queens) Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 718 395-2158</td>
<td>Fax: 718 395-2158</td>
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<tr>
<td>New York - Harlem Hospital Center Program</td>
<td>Harlem Hospital Center</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 5</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 212 852-8888</td>
<td>Fax: 212 852-8888</td>
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<tr>
<td>New York - Lenox Hill Hospital Program</td>
<td>Lenox Hill Hospital</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 212 823-2244</td>
<td>Fax: 212 823-2244</td>
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<tr>
<td>New York - Memorial Sloan-Kettering Cancer Center/ New York Presbyterian Hospital (Cornell Campus) Program</td>
<td>Memorial Sloan-Kettering Cancer Center</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 212 639-8000</td>
<td>Fax: 212 667-3116</td>
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<td>Pennsylvania - Pittsburgh</td>
<td>Allegheny General Hospital Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 412 385-8888</td>
<td>Fax: 412 385-8888</td>
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<tr>
<td>Pennsylvania - Western Pennsylvania Hospital/Temple University Program</td>
<td>Western Pennsylvania Hospital/Temple University Program</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 4</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 412 385-8888</td>
<td>Fax: 412 385-8888</td>
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<tr>
<td>Rhode Island</td>
<td>Providence</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 3</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 401 456-2302</td>
<td>Fax: 401 456-2302</td>
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<td>West Virginia</td>
<td>Huntington</td>
<td>2 yrs</td>
<td>ACGME Approved/Offered Positions: 3</td>
<td>Program ID: 149-42-21-121</td>
<td>Tel: 304-591-1093</td>
<td>Fax: 304-591-1093</td>
</tr>
</tbody>
</table>

Graduate Medical Education Directory 2004-2005 911
Accredited Programs in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Prgm Director: Philip M Gold, MD
11234 Anderson Street
Room 1551
Loma Linda, CA 92545
Tel: 909 558-4489 Fax: 909 558-4185
Length: 3 Yrs
Program ID: 156-05-21-113

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Olive View/UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Michael Lewis, MD
8706 Beverly Blvd
Room 6732
Los Angeles, CA 90048
Tel: 310 425-1832 Fax: 310 425-0139
Length: 3 Yrs
Program ID: 156-65-21-003

UCAL Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Robert M Strieeter, MD
Center for the Health Sciences
10833 Le Conte Ave Bns 37-131
Los Angeles, CA 90095
Tel: 310 794-8579 Fax: 310 205-8622
Length: 3 Yrs
Program ID: 156-05-22-008

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
USC University Hospital
Prgm Director: Zea Borsch, MD
2025 Zonal Avenue
**BD-639**
Los Angeles, CA 90033
Tel: 323 229-7923 Fax: 323 226-2738
Length: 3 Yrs
Program ID: 156-65-31-004

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: James R Loomis, MD, PhD
Department of Medicine
Room 119, Building 55 - Route 81
101 City Drive South
Orange, CA 92868
Tel: 714 456-5100 Fax: 714 456-8349
Length: 3 Yrs
Program ID: 156-05-11-005

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Susan Martin, MD, MSc
1150 V Street, Suite 3100
Sacramento, CA 95817
Tel: 916 744-3965 Fax: 916 744-3916
Length: 3 Yrs
Program ID: 156-65-12-006

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Prgm Director: Allen R Thomas, MD
550 East Indian School Road
Phoenix, AZ 85012
Tel: 602 277-5551 Fax: 602 223-2746
Length: 3 Yrs
Program ID: 156-06-13-129

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Stuart F Quan, MD
1501 N Campbell Avenue
PO Box 242690, Room 2342
Tucson, AZ 85724
Tel: 520-232-6115 Fax: 520-232-6970
E-mail: squash@resp.sci.arizona.edu
Length: 3 Yrs
Program ID: 156-06-21-001

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Care Center
University Hospital of Arkansas
Prgm Director: Peter White, MD
4901 W Markham, Slot #555
Little Rock, AR 72205
Tel: 501 686-5225 Fax: 501 686-7890
Length: 3 Yrs
Program ID: 156-06-21-002

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Stephen C Lukas, MD
505 Parnassus Avenue, Room 1087-M
San Francisco, CA 94143
Tel: 415 470-8650
Length: 3 Yrs
Program ID: 156-05-23-009

Stanford
Stanford University Program
Sponsor: Stanford University Hospital Veterans Affairs Palo Alto Health Care System
Prgm Director: Glenn D Rosen, MD
300 Pasteur Drive, Room H242
Stanford, CA 94305
Tel: 650 723-8381 Fax: 650 725-5849
Length: 3 Yrs
Program ID: 156-06-21-010
Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
St Mary Medical Center
Prgm Director: Darryl T Sue, MD
1000 W Carson Street
Box 405
Torrance, CA 90606
Tel: 310 225-3801 Fax: 310 283-9888
E-mail: sue@hunc.edu
Length: 3 Yrs
Program ID: 136-06-11-115

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington, DC)
Washington Hospital Center
Prgm Director: Guillermo Gutierrez, MD, PhD
Ross Hall Suite # 707
2300 Eye Street, NW
Washington, DC 20007
Tel: 202 741-2307 Fax: 202 741-2238
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 136-10-21-089

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Prgm Director: Charles A Hofst, MD
Department of Medicine
3890 Reservoir Road, NW
Washington, DC 20007
Tel: 202 867-8850 Fax: 202 867-7396
E-mail: suehov@georgetown.edu
Length: 3 Yrs
Program ID: 136-10-21-013

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Stands Hospital at the University of Florida
Prgm Director: Eloise M Harmon, MD
PO Box 100225
Department of Medicine
Gainsville, FL 32601
Tel: 352 392-3666 Fax: 352 393-0621
E-mail: alder@medicine.ufl.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 136-11-21-014

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Horst J Baser, MD, JD
North Wing, Room 224, D-60
1611 NW 12th Avenue
Miami, FL 33106
Tel: 305 585-7340 Fax: 305 324-0689
Length: 3 Yrs
Program ID: 136-11-31-016

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: David A Solomon, MD
13000 Bruce B Downs Blvd (111C)
Tampa, FL 33612
Tel: 813 978-7543 Fax: 813 978-9066
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 136-11-21-012

Illinois

Chicago

Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Catherine Monti, MD, MPH
1900 W Polk St
Room: 1401
Chicago, IL 60612
Tel: 312 856-7389
E-mail: dynaho@cookil.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 136-16-21-018

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Peter H Sporn, MD
Division of Pulmonary and Critical Care Medicine
303 E Chicago Ave, Tarry 14-707
Chicago, IL 60611
Tel: 312 995-8100 Fax: 312 995-4650
E-mail: m-laskins@northwestern.edu
Length: 3 Yrs
Program ID: 136-16-21-081

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Prgm Director: Robert A Bold, MD
1753 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-8170 Fax: 312 942-8187
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 136-16-31-019

University of Chicago Program
Sponsor: University of Chicago Hospitals
Prgm Director: Steven White, MD
MC0705
5841 South Maryland Avenue
Chicago, IL 60637
Tel: 773 702-1856 Fax: 773 702-6600
Length: 3 Yrs
Program ID: 136-16-21-091
University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Pgm Director: Diane E Schraufnagel, MD
Department of Medicine (MC 787)
840 S Wood Street
Chicago, IL 60612
Tel: 312 996-3859 Fax: 312 996-4655
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 156-16-21-020

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr. Veterans Affairs Hospital
Pgm Director: Martin J Tobie, MD
Pulmonary and Critical Care Medicine
Bldg 54 Room 131A
Maywood, IL 60153
Tel: 708 216-5402 Fax: 708 216-6839
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 156-16-81-021

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Marylaid Medicinal Hospital of Indiana
Richard L. Roudebush Veterans Affairs Medical Center
William N. Wachter Memorial Hospital
Pgm Director: Homer L Twigg III, MD
Richard Roudebush Veterans Administration Hospital
1481 West 10th Street, 111P-110
Indianapolis, IN 46202
Tel: 317 554-0000 Fax: 317 554-1748
E-mail: twig@iupui.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 156-17-21-022

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Pgm Director: Jeffrey S Wilson, MD
200 Hawkins Drive
C03-GH
Iowa City, IA 52242
Tel: 319 356-3175 Fax: 319 353-6406
Length: 3 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 156-18-21-023

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Pgm Director: Steven Q Simpson, MD
36th & Rainbow Blvd
4030 Sudler
Kansas City, KS 66160
Tel: 913 588-6045 Fax: 913 588-4098
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 156-19-21-024

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Samarian Hospital
Veterans Affairs Medical Center (Lexington)
Pgm Director: Richard Borger, MD
800 Rose Street, 414
Lexington, KY 40536
Tel: 859 232-8045 Fax: 859 257-3418
E-mail: rbopey@uky.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 156-20-21-101

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Pgm Director: Jason Kelley, MD
500 S Jackson Street
Ambulatory Care Building, AIII-1
Louisville, KY 40202
Tel: 502 852-5841 Fax: 502 852-1359
E-mail: jason.kelley@med.va.gov
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 156-20-21-077

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Memorial Medical Center
Ochsner Clinic Foundation
Pgm Director: David E Taylor, MD
1901 Perdido Street
Suite 3206
New Orleans, LA 70112
Tel: 504 568-4804 Fax: 504 568-4265
E-mail: dtaylo3@lsuhsc.edu
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 156-23-21-029

University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: Pamela J Ameling, MD
Department of Medicine, Suite 3D - 122
10 North Greene Street
Baltimore, MD 21201
Tel: 410 606-7900 Fax: 410 606-7915
Length: 3 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 156-23-21-107

Tulane University Program
Sponsor: Tulane University School of Medicine
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Bledsda Quinones-Ellis, MD
1430 Tulane Avenue, SLJ
New Orleans, LA 70112
Tel: 504 588-2250 Fax: 504 587-2144
Length: 3 Yrs  Program ID: 156-21-21-120

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Louisiana University Hospital
Overtun Brooks Veterans Affairs Medical Center
Pgm Director: Donald B Payne, MD
Department of Medicine
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5850 Fax: 318 675-5859
E-mail: nmwil@lshsc.edu
Length: 3 Yrs  Program ID: 156-21-31-025

Maine
Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Pgm Director: Joel A Wirth, MD
Division of Pulmonary & Critical Care Medicine
22 Bramhall Street
Portland, ME 04102
Tel: 207 777-2770 Fax: 207 777-4091
Length: 3 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 156-22-21-027

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Robert A Wise, MD
5501 Hopkins Bayview Circle
Room 4B-74
Baltimore, MD 21224
Tel: 410 550-0540 Fax: 410 550-3612
Length: 3 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 156-23-21-028

Graduate Medical Education Directory 2004-2005

914
Accredited Programs in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Bethesda

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Oleh Hnatuk, MD
Pulmonary & Critical Care Medicine Service Ward 77
6900 Georgia Avenue
Washington, DC 20067
Tel: 301 789-2974 Fax: 301 789-2002
E-mail: oleh.hnatuk@na.amedd.army.mil
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 146-10-21-02
US Armed Services Program

Massachusetts

Boston

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Jeffrey S Berman, MD
Pulmonary Center, Room K-603
50 East Concord Street
Boston, MA 02118
Tel: 617 638-4930 Fax: 617 536-8603
E-mail: jeberman@lbpf.bu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 146-24-21-09

Caritas St Elizabeth's Medical Center Program
Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Katherine P Hendra, MD
736 Cambridge Street, Box 13
Boston, MA 02135
Tel: 617 370-2540
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-24-31-08

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brookline-West Roxbury)
Brigham and Women's Hospital
Prgm Director: David M Systrom, MD
55 Fruit Street
Building 8A, Room 148
Boston, MA 02114
Tel: 617 732-5734 Fax: 617 732-6878
E-mail: cmmnewsk@jumacq@partners.org
Length: 3 Yrs ACGME Approved/Offered Positions: 24
Program ID: 146-24-21-07

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm Director: John Unterborn, MD
175 Washington Street
Boston, MA 02111
Tel: 617 636-7753 Fax: 617 636-6391
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 146-24-21-09

Burlington

Lahey Clinic Program
Sponsor: Lahey Clinic
Prgm Director: Andrew G Villanueva, MD
Department of Pulmonary and Critical Care Medicine
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8480 Fax: 781 744-3443
E-mail: avillanueva@alth.com
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-24-21-02

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Marc Peters-Golden, MD
3601 MSRB III
1156 W Medical Center Dr
Ann Arbor, MI 48109
Tel: 734 764-9557 Fax: 734 764-4556
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 146-25-21-03

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: John Buckley, MD, MPH
2320 W Grand Boulevard #K-17
Detroit, MI 48202
Tel: 313 914-2431 Fax: 313 914-3102
E-mail: janekiel@hfhs.org
Length: 3 Yrs
Program ID: 146-25-31-03

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Prgm Director: Basim A Dubaybo, MD
3 Hudson
3900 John H
Detroit, MI 48201
Tel: 313 996-8465 Fax: 313 745-3481
E-mail: rtwandowskik@med.wayne.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 146-25-31-11

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Prgm Director: Melissa B King-Biggs, MD
Department of Medicine - MMC 276
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-6066 Fax: 612 625-2174
E-mail: watari003@umn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 146-26-21-19

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Ulrich Specks, MD
E-1AB, Pulmonary and Critical Care
300 First Street, SW
Rochester, MN 55905
Tel: 507 284-2944 Fax: 507 284-2672
Length: 3 Yrs
Program ID: 146-28-21-03

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
Veterens Affairs Medical Center (Jackson)
Prgm Director: Michael H Baumann, MD
3520 N State Street
Jackson, MS 39216
Tel: 601 664-5650 Fax: 601 664-5688
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-27-12-12

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Rajiv Dhand, MD
One Hospital Drive
MA 417 Health Sciences Center
Columbia, MO 65212
Tel: 573 882-9072 Fax: 573 884-4852
Length: 3 Yrs
Program ID: 146-28-21-03

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Gary Salzman, MD
5411 Holmes
Kansas City, MO 64108
Tel: 816 235-1974 Fax: 816 235-5814
E-mail: salzam@kumc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 146-28-31-06

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St John's Mercy Medical Center
St Louis University Hospital
Prgm Director: George M Matuschak, MD
3920 Vista at Grand
Pulmonary Disease/Critical Care Medicine, 7th Fl
St Louis, MO 63110
Tel: 314 577-9856 Fax: 314 577-9859
Length: 3 Yrs
Program ID: 146-28-12-03
Nebraska

Omaha

Creighton University Program
Sponsor: Creighton University School of Medicine
Alhtest Health Bergan Mercy Health System
Creighton University Medical Center (Tenet- S/H)
Veterans Affairs Medical Center (Omaha)
Prgrm Director: Joseph C Campbell, MD
601 North 30th Street
Suite 8929
Omaha, NE 68131
Tel: 402 449-4487 Fax: 402 280-5256
E-mail: chapman.campbell@creighton.edu
Length: 3 Yrs
Program ID: 156-30-21-183

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Prgrm Director: Craig A Piquette, MD
Box 08350, Nebraska Medical Center
Omaha, NE 68198
Tel: 402 943-3551 Fax: 402 977-5697
E-mail: slatense@ummc.edu
Length: 3 Yrs
Program ID: 156-30-21-093

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Dartmouth-Hitchcock Medical Center
Prgrm Director: Thomas J Prendergast, MD, Department of Medicine
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-9533 Fax: 603 650-9590
Length: 3 Yrs
Program ID: 156-32-21-039

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Prgrm Director: Thaddeus Bartter, MD
Three Cooper Plaza, Suite 312
Camden, NJ 08103
Tel: 856 342-2407 Fax: 856 541-3988
Length: 3 Yrs
Program ID: 156-33-21-040

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Prgrm Director: Anthony T Scardella, MD
One Robert Wood Johnson Pl - CN 19
New Brunswick, NJ 08903
Tel: 732 235-7648 Fax: 732 235-7048
Length: 3 Yrs
Program ID: 156-33-11-042

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Prgrm Director: Anthony T Scardella, MD
Department of Medicine
518 262-7160 Fax: 518 262-0472
E-mail: beegles@mail.albanymed.edu
Length: 3 Yrs
Program ID: 156-33-21-043

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Prgrm Director: Andrew Berman, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 904-2132 Fax: 718 904-2103
Length: 3 Yrs
Program ID: 156-33-21-092

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Prgrm Director: Jeffrey A. Aisenberg, MD
356 Bailey Ave
Buffalo, NY 14215
Tel: 716 823-1515 Fax: 716 823-1515
E-mail: radac@buffalo.edu
Length: 3 Yrs
Program ID: 156-35-31-044

Manhattan

North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Prgrm Director: Steven Feinhandler, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 663-4888 Fax: 516 663-4888
Length: 3 Yrs
Program ID: 156-35-12-046

Mineola

Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Prgrm Director: Jonathan S Howlin, MD
222 Station Plaza North, Suite 400
Mineola, NY 11501
Tel: 516 663-2004 Fax: 516 663-2004
Length: 3 Yrs
Program ID: 156-35-13-047

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Prgrm Director: Alan S Muts, MD
270-65 70th Avenue
New Hyde Park, NY 11042
Tel: 718 470-7231 Fax: 718 470-7231
E-mail: amauba@lij.edu
Length: 3 Yrs
Program ID: 156-35-13-047

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Prgrm Director: Mark J Rosen, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 1003
Tel: 212 420-2677 Fax: 212 420-2677
Length: 3 Yrs
Program ID: 156-32-22-048

Mount Sinai School of Medicine (Elmhurst Hospital) Program
Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgrm Director: Elise Schachter, MD
One Gustave L. Levy Place
Box 1232
New York, NY 10029
Tel: 212 341-0907 Fax: 212 856-8518
Length: 3 Yrs
Program ID: 156-35-21-123
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Queens Hospital Center
Veterans Affairs Medical Center (Bronx)
Program Director: Scott Lorin, MD
Department of Medicine
One Gustave L. Levy Place
New York, NY 10029
Tel: 212 241-7042 Fax: 212 390-6974
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 156-85-21-049

New York Medical College at St. Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St. Vincent's Catholic Medical Center (Manhattan)
Program Director: Patricia A Tietjen, MD
153 West 11th Street
Cronin 554A
New York, NY 10011
Tel: 212 684-3757 Fax: 212 684-3755
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-85-11-052

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Randolph P Cole, MD
630 W 168th Street
New York, NY 10032
Tel: 212 305-8817 Fax: 212 305-8844
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-85-13-125

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Ronald G Crystal, MD
525 East 68th Street, STARL 505
Box 98
New York, NY 10021
Tel: 212 746-2258 Fax: 212 746-8808
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-85-21-083

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Program Director: Dorrean J Addinazz-Harris, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6470 Fax: 212 263-8442
Length: 3 Yrs ACGME Approved/Offered Positions: 18
Program ID: 156-85-21-066

St. Luke’s-Roosevelt Hospital Center Program
Sponsor: St. Luke’s - Roosevelt Hospital Center
Program Director: Edward Eden, MD
1000 10th Avenue
New York, NY 10019
Tel: 212 523-7352 Fax: 212 523-8425
Length: 3 Yrs
Program ID: 156-85-31-061

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Mark W Prampton, MD
601 Elmwood Avenue, Box 662
Rochester, NY 14620
Tel: 585 275-3681 Fax: 585 273-1114
Length: 3 Yrs
Program ID: 156-85-31-099

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Hussein D Foda, MD
BTC 1-040
Stony Brook, NY 11794
Tel: 631 444-1776 Fax: 631 444-7582
Length: 3 Yrs ACGME Approved/Offered Positions: 7
Program ID: 156-85-21-106

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Robert J Lenox, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4184 Fax: 315 464-6228
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-85-12-063

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: George P Maguire, MD
Pulmonary Laboratory
Macy Pavilion, 1st Floor
Valhalla, NY 10596
Tel: 914 458-7618 Fax: 914 483-8130
Length: 3 Yrs
Program ID: 156-85-13-054

North Carolina Chapel Hill University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
University of North Carolina School of Medicine
Program Director: James II Yankaskas, MD
Div of Pulm/Critical Care Medicine
CB#7120, 4th Floor, Bioinformatics
Chapel Hill, NC 27599
Tel: 919 966-1077 Fax: 919 966-5178
Length: 3 Yrs
Program ID: 156-85-21-035

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Loretta E Qune, MD
Room 215 MBBR, Research Drive
Durham, NC 27710
Tel: 919 668-0830 Fax: 919 668-0484
E-mail: david.schwartz@dhisc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-85-21-117

Winston-Salem Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Robert Chin Jr, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 715-4858 Fax: 336 716-7277
E-mail: rchm@wfubmc.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-85-21-054

Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Mitchell C Raskind, MD
PO Box 60754, Cincinnati, OH 45207
Tel: 513 568-4851 Fax: 513 558-4858
Length: 3 Yrs
Program ID: 156-98-21-066

Cleveland Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Edward L Warren, MD
Department of Medicine
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 773-7304 Fax: 216 773-7240
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-98-31-007

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Rana B Hejal, MD
11100 Euclid Avenue
Department of Pulmonary Medicine
Cleveland, OH 44106
Tel: 216 844-3174 Fax: 216 844-3187
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-85-21-110

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Alejandro Arroliga, MD
Dept of Pulmonary Disease and Critical Care Medicine
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-5765 Fax: 216 484-3280
Length: 3 Yrs
Program ID: 156-85-13-058

Columbus Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Ohio State University Hospitals, East
Program Director: Stephen P Hoffmann, MD
275 W 12th Avenue
101 HLAJ
Columbus, OH 43210
Tel: 614 293-4035 Fax: 614 203-4799
Length: 3 Yrs
Program ID: 156-98-12-059
Accredited Programs in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Pgm. Director: Dan E. Olson, MD
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-3843 Fax: 419 383-8243
Length: 3 Yrs
Program ID: 156-38-21-087

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
Kantrowitz Hospital Oklahoma City
Pmg. Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Pgm. Director: Gary T Kinawazewa, MD
PO Box 28091, WP-1310
330 Stanton Young Boulevard
Oklahoma City, OK 73116
Tel: 405 271-6113 Fax: 405 271-5892
E-mail: priscilla.pear@ohsu.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-99-21-069

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Pgm. Director: David Nichols, MD
3181 SW Sam Jackson Park Road
Mailcode: UHII 67
Portland, OR 97239
Tel: 503 494-6670 Fax: 503 494-6670
Length: 3 Yrs
Program ID: 156-40-21-061

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Pgm. Director: Margaret M Wijnman, MD
University Hospital
500 University Drive
Hershey, PA 17033
Tel: 717 531-6255 Fax: 717 531-5785
Length: 3 Yrs
Program ID: 156-41-21-119

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Pgm. Director: Michael Lippmann, MD
5401 Old York Road, Klein 363
Philadelphia, PA 19141
Tel: 215 445-6060 Fax: 215 445-1933
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-41-13-127

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Pgm. Director: Michael S Sherman, MD
Broad and Vine Streets, MS 107
Philadelphia, PA 19102
Tel: 215 762-7013 Fax: 215 762-8728
E-mail: pulmonary.fellowship@drexed.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 13
Program ID: 156-41-21-062

Temple University Program
Sponsor: Temple University Hospital
Pgm. Director: Gilbert B D'Alonzo Jr, DO, MS
3401 North Broad Street
7th Floor Parkinson Pavilion
Philadelphia, PA 19140
Tel: 215 707-2926 Fax: 215 707-3932
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-41-11-064

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm. Director: James G Zangrilli, MD
1015 Chestnut Street
Philadelphia, PA 19107
Tel: 215 655-6051 Length: 3 Yrs
Program ID: 156-41-12-065

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Pgm. Director: Robert M Kodello, MD
3400 Spruce Street
839 W Gates Blvd
Philadelphia, PA 19104
Tel: 215 540-5400 Fax: 215 614-0860
Length: 3 Yrs
Program ID: 156-41-21-068

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Pgm. Director: John W Kreit, MD
628 NW Montefiore Hospital
3459 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 622-2200 Fax: 412 692-2200
Length: 3 Yrs ACGME Approved/Offered Positions: 15
Program ID: 156-41-13-066

San Juan
Veterans Affairs Medical and Regional Office Center (San Juan) Program
Sponsor: Veterans Affairs Medical Center (San Juan)
University Hospital
Pgm. Director: William Rodriguez-Clifton, MD
100a Street
9th Building, F318
San Juan, PR 00921
Tel: 787 641-7582 Fax: 787 641-9541
E-mail: william@prmail.net
Length: 3 Yrs
Program ID: 156-42-21-126

Puerto Rico

Rhode Island
Providence
Brown University Program
Sponsor: Brown University Hospital
Roger Williams Medical Center
Pgm. Director: Sidney S Bruman, MD
583 Eddy Street
Providence, RI 02903
Tel: 401 444-5010 Fax: 401 444-5014
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-48-21-121

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Pgm. Director: Steven A Salin, MD
90 Jonathan Lucas Street
Box 208550 - Room 812 CSR
Charleston, SC 29425
Tel: 843 792-2402 Fax: 843 792-0732
Length: 3 Yrs ACGME Approved/Offered Positions: 8
Program ID: 156-15-21-067

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Wellmont Health System - Bristol Regional Medical Center
Pgm. Director: Ryland P Byrd Jr, MD
111-B Pulmonary Division
Mountain Home, TN 37684
Tel: 423 825-1771 Fax: 423 825-2511
E-mail: ryland.byrnd@emc.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 156-47-31-122

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Pgm. Director: John P Griffin, MD
Division of Pulmonary Diseases
956 Court Avenue, Room H-314
Memphis, TN 38163
Tel: 901 448-5707 Fax: 901 448-7726
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 156-47-21-119

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Pgm. Director: Brian W Christian, MD
Div of Allergy, Pulmonary & Critical Care Med
1217 Medical Center North
Nashville, TN 37222
Tel: 615 322-3412 Fax: 615 343-7449
Length: 3 Yrs ACGME Approved/Offered Positions: 12
Program ID: 156-47-21-068

Graduate Medical Education Directory 2004-2005

918
Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Fair Park Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: W Douglas Pitcher, MD
Pulmonary Disease Department
5333 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 688-3429 Fax: 214 887-0520
E-mail: Rockey Ward@med.vu.edu
Length: 3 yrs
Program ID: 156-48-21-009

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooks Army Medical Center
William Hall Medical Center (AFY)
Pgm Director: Kenneth N Oliver, MD
William Hall Medical Center/AFMC
2280 Boulevard Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 262-5225 Fax: 210 262-6190
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 156-48-21-070
US Armed Services Program

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Victor J Cardenas Jr, MD
Division of Pulmonary and Critical Care Medicine
5112 John Sealy Annex RT 08511
Galveston, TX 77555
Tel: 409 772-4366 Fax: 409 772-9532
Length: 3 yrs
Program ID: 156-48-21-112

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Pgm Director: Kalpaalatha K Guntupalli, MD
1500 Taub Loop, 6th Floor
Houston, TX 77030
Tel: 713 792-2400 Fax: 713 792-9576
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 156-48-21-084

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B. Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Pgm Director: Asghar Bhandari, MD, PhD
6411 Fanninn, Suite 1274
Houston, TX 77030
Tel: 713 500-0524 Fax: 713 500-0629
Length: 3 yrs ACGME Approved/Offered Positions: 9
Program ID: 156-48-31-071

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy VA Hospital (San Antonio)
University Health System
Pgm Director: Ray J Peters, MD
7700 Floy Rhone Drive
San Antonio, TX 78229
Tel: 210 671-5256 Fax: 210 567-6677
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 156-48-11-072

Temple
Texas A&M College of Medicine-Scott and White Medical Center
Central Texas Veterans Affairs Healthcare System
Pgm Director: Richard E Winn, MD
2401 South 41st Street
Temple, TX 76508
Tel: 254 724-7269 Fax: 254 724-9530
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 156-48-21-128

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Pgm Director: John R Hoidal, MD
26 North 1900 East
Salt Lake City, UT 84112
Tel: 801 581-7898 Fax: 801 581-3355
Length: 3 yrs ACGME Approved/Offered Positions: 12
Program ID: 156-48-21-069

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Pgm Director: Polly E Parsons, MD
Pulmonary and Critical Care Medicine Unit
MCHV Campus Patrick 311
Burlington, VT 05405
Tel: 802 847-6177 Fax: 802 847-8194
E-mail: pulmonary@vmch.net
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 156-50-21-111

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: Sharon A Eauw, MD
Pulmonary/Critical Care
PO Box 800546
Charlottesville, VA 22908
Tel: 434 924-5210 Fax: 434 924-9882
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 156-50-21-086

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: Lisa K Brath, MD
1200 East Broad Street
PO Box 698605
Richmond, VA 23288
Tel: 804 828-9071 Fax: 804 828-2578
E-mail: lbrath@hsc.vcu.edu
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 156-50-21-073

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Pgm Director: Mark B Tonelli, MD, MA
Division of Pulmonary & Critical Care Medicine
BH-153 Health Sciences Center, Box 30652
Seattle, WA 98195
Tel: 206 543-3166 Fax: 206 685-8673
E-mail: pcicinfo@uw.washington.edu
Length: 3 yrs ACGME Approved/Offered Positions: 21
Program ID: 156-50-21-074

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Pgm Director: Luisa Teba, MD
1 Medical Center Drive
Morgantown, WV 26505
Tel: 304 293-0661 Fax: 304 293-3724
Length: 3 yrs ACGME Approved/Offered Positions: 6
Program ID: 156-52-1-075

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William J Middleton Veterans Hospital
Pgm Director: Kenneth E Wood, DO
K1030 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-9305 Fax: 608 263-3746
Length: 3 yrs
Program ID: 156-56-21-076

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J Zablocki Veterans Affairs Medical Center
Primary Veterans Memorial Lutheran Hospital
Pgm Director: Kenneth W Presberg, MD
Department of Medicine
1200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-7040 Fax: 414 456-6211
Length: 3 yrs
Program ID: 156-50-21-100
Radiation Oncology

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: John Firestone, MD
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 430-01-21-002

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Richard Janelle, MD
PO Box 245081
Tucson, AZ 85724
Tel: 520 626-0724 Fax: 520 626-3141
E-mail: Jrfranks@email.arizona.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 5
Program ID: 430-05-11-003

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Loma Linda University of California (Loma Linda) Program
Department of Radiation Medicine
11284 Anderson Street B121
Loma Linda, CA 92354
Tel: 909 558-4386 Fax: 909 558-4383
E-mail: residency@loma Linda.lumc.edu
Length: 4 Yrs
Program ID: 430-05-21-006

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Department of Radiation Oncology
4950 Sunset Boulevard, 2nd Floor
Los Angeles, CA 90027
Tel: 323 783-2841 Fax: 323 783-5297
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 430-05-21-115

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Steve P Lee, MD, PhD
Department of Radiation Oncology
230 Medical Plaza, Suite B-392
Los Angeles, CA 90026
Tel: 310 267-0706 Fax: 310 794-9706
E-mail: sPlee@mednet.ucla.edu
Length: 4 Yrs
Program ID: 430-05-21-008

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
Program Director: Deidre M Cohen, MD
3201 Zonal Avenue
Los Angeles, CA 90033
Tel: 323 226-5017 Fax: 323 226-3507
Length: 4 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 430-05-11-007

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Department of Radiation Oncology
515 Marine University Parkway
Irvine, CA 92617
Tel: 714 456-8074 Fax: 714 456-7170
Length: 4 Yrs
Program ID: 430-05-21-005

San Francisco

California Pacific Medical Center Program
Sponsor: California Pacific Medical Center
Saratoga Medical Center
Program Director: Daniel L Glashgiger, MD, PhD
4301 Buchanan Street
San Francisco, CA 94115
Tel: 415 600-3600 Fax: 415 923-3643
E-mail: CPMRCAnalyst@calhca.org
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 430-05-23-012

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
University of California (Davis) Medical Center
University of California (San Francisco) Medical Center
Program Director: Penny K Skaggs, MD
Department of Radiation Oncology
505 Parnassus Avenue, Suite 4-58
San Francisco, CA 94143
Tel: 415 353-8900 Fax: 415 353-8879
Length: 4 Yrs
Program ID: 430-05-21-013

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Sarah S Donaldson, MD
Department of Radiation Oncology
300 Pasteur Drive, Room 4083
Palo Alto, CA 94304
Tel: 650 723-3965 Fax: 650 725-3865
Length: 4 Yrs
Program ID: 430-05-11-014

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Program Director: Tracy Schetter, MD
Anschutz Cancer Pavilion University of Colorado Health
Sci Ctr
1665 N Urrals Street
Aurora, CO 80043
Tel: 303 849-0156 Fax: 303 849-0113
Length: 4 Yrs
Program ID: 430-07-13-130

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Bruce G Halbert, MD
2nd Floor
New Haven, CT 06510
Tel: 203 785-3600 Fax: 203 785-4022
Length: 4 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 430-05-11-017

District of Columbia

Washington

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: K William Harper, MD
3800 Reservoir Road, NW (LL, Bles)
Washington, DC 20007
Tel: 202 444-3303 Fax: 202 444-3803
Length: 4 Yrs
Program ID: 430-10-21-112

Howard University Hospital Program
Sponsor: Howard University Hospital
Program Director: Alfred L Goldson, MD
2041 Georgia Avenue, NW
Washington, DC 20006
Tel: 202 865-1421 Fax: 202 865-3600
Length: 4 Yrs
Program ID: 430-10-11-021

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Program Director: Robert J Amour, MD
Shands Medical Plaza
PO Box 10085
Gainesville, FL 32610
Tel: 352 265-0073 Fax: 352 265-0076
E-mail: booneva@shands.ufl.edu
Length: 4 Yrs
Program ID: 430-11-12-022

Graduate Medical Education Directory 2004-2005
Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Aaron H Wolfson, MD
Dept of Radiation Therapy (D-31)
1475 Northwest 12th Avenue
Miami, FL 33136
Tel: 305 343-4310 Fax: 305 343-4363
Length: 4 Yrs
Program ID: 430-11-023

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Karen D Godette, MD
1365 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-4763 Fax: 404 778-5152
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 430-12-01-25

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Karen D Godette, MD
Department of Radiation Oncology
251 East Huron St, L 178
Chicago, IL 60611
Tel: 312 926-2520 Fax: 312 926-6374
Length: 4 Yrs
Program ID: 430-16-01-027

Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Deborah A Frazee, MD
The Harry & Jeanette Weinberg Building
401 North Broadway
Baltimore, MD 21287
Tel: 410 550-7390 Fax: 410 502-1419
E-mail: frazeed@jhmi.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 430-55-11-039

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Deborah A Frazee, MD
The Harry & Jeanette Weinberg Building
401 North Broadway
Baltimore, MD 21287
Tel: 410 550-7390 Fax: 410 502-1419
E-mail: frazeed@jhmi.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 9
Program ID: 430-55-11-039

Accredited Programs in Radiation Oncology

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L. Roudebush Veterans Affairs Medical Center
Prgm Director: Mark P Langer, MD
Department of Radiation Oncology
585 Barnhill Drive, RT 041
Indianapolis, IN 46202
Tel: 317 274-1363 Fax: 317 274-2486
Length: 4 Yrs
Program ID: 430-17-01-032

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas Medical Center
Department of Radiation Oncology Center of Ortho/IO of Kansas Med Ctr
University of Kansas Medical Center
Prgm Director: Leela Krishnan, MD
3901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-3600 Fax: 913 588-3663
Length: 4 Yrs
Program ID: 430-10-01-034

Kentucky
Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Prgm Director: William St Clair, MD, PhD
Department of Radiation Medicine
800 Rose Street
Lexington, KY 40536
Tel: 859 323-4485 Fax: 859 357-7483
Length: 4 Yrs
Program ID: 430-20-11-035

Louisville
University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Prgm Director: Kristie J Paris, MD
James Graham Brown Cancer Center
535 South Jackson
Louisville, KY 40202
Tel: 502 852-7760 Fax: 502 852-7760
E-mail: kparisi@louisville.edu
Length: 4 Yrs
Program ID: 430-20-11-036

Missouri
Kansas City
University of Missouri Program
Sponsor: University of Missouri School of Medicine
Prgm Director: Karen D Godette, MD
1200 Congress Blvd
Kansas City, MO 64106
Tel: 816 714-3600 Fax: 816 714-3846
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 430-50-11-038

North Carolina
Charlotte
University of North Carolina Program
Sponsor: University of North Carolina
Prgm Director: Arthur E Howington, MD
400 South Justice Drive
Charlotte, NC 28203
Tel: 704 986-3834 Fax: 704 986-3835
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 430-18-01-039

Ohio
Cleveland
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Arno J Munding, MD
5125 N Fairview Avenue
Cleveland, OH 44106
Tel: 216 444-4000 Fax: 216 444-4010
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 430-12-01-028

Tulsa
University of Tulsa Program
Sponsor: University of Tulsa School of Medicine
Department of Radiation Oncology
717 South Collins Avenue
Tulsa, OK 74104
Tel: 918 949-6000 Fax: 918 949-6010
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 430-25-11-040

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin
Prgm Director: William C. Ries, MD
5401 West Allis Boulevard
Milwaukee, WI 53209
Tel: 414 776-7300 Fax: 414 776-7301
Length: 4 Yrs ACGME Approved/Offered Positions: 17
Program ID: 430-30-11-041

Graduate Medical Education Directory 2004-2005 921
Massachusetts
Boston
Brigham and Women's Hospital/ Massachusetts General Hospital/ Harvard Medical School Program
Sponsor: Brigham and Women’s Hospital
Joint Center for Radiation Therapy
Massachusetts General Hospital
Prgm Director: Jay B. Harries, MD
Dana-Farber Cancer Institute
44 Binney Street
Boston, MA 02215
Tel: 617 632-2264  Fax: 617 632-2280
Length: 4 Yrs
Program ID: 430-24-11-131

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth’s Medical Center of Boston
Lahey Clinic
Rhode Island Hospital/Lifespan
Veterans Affairs Medical Center (Boston)
Prgm Director: David E. Wexler, MD
Department of Radiation Oncology
570 Washington Street, NECM-350
Boston, MA 02111
Tel: 617 636-7673  Fax: 617 636-4613
Length: 4 Yrs  ACGRME Approved/Offered Positions: ?
Program ID: 430-24-21-044

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Livingston Hospital and Medical Centers
Prgm Director: Edgar Ben-Josef, MD
1600 East Medical Center Drive
UH-B2C480, box 0010
Ann Arbor, MI 48109
Tel: 734 936-3307  Fax: 734 765-9790
Length: 4 Yrs  ACGRME Approved/Offered Positions: 9
Program ID: 430-25-11-045

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
William Beaumont Hospital - Troy
Prgm Director: Larry Kentin, MD
3001 West 13 Mile Road
Royal Oak, MI 48072
Tel: 248 551-7032  Fax: 248 551-4089
E-mail: mlkentin@beaumont.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 430-25-13-049

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: James B. Omes, MD
HMC MMC 404
4360 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 624-7651  Fax: 612 624-7660
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 430-26-21-050

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Ivy A. Peterson, MD
Department of Radiation Oncology
200 First Street, SW
Rochester, MN 55905
Tel: 507 266-1175  Fax: 507 284-6679
Length: 4 Yrs  ACGME Approved/Offered Positions: 9
Program ID: 430-26-21-051

Missouri
St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Mallochcrrost Institute of Radiology
St Louis Children’s Hospital
Washington University School of Medicine
Prgm Director: Incan Zoheri, MD
Department of Radiation Oncology
4921 Parkview Place - LL - Mail Stop #003-38-035
St Louis, MO 63110
Tel: 314 362-8525  Fax: 314 362-8521
Length: 4 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 430-26-11-054

New York
Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: James S. Butler, MD
111 E 216th Street
1820 Eastchester Rd
Bronx, NY 10461
Tel: 718 904-2921  Fax: 718 904-2911
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 430-35-21-061

Brooklyn
New York Methodist Hospital Program
Sponsor: New York Methodist Hospital
Lutheran Medical Center
Prgm Director: Henry Selim, MD
506 Sixth Street
Box Number 159-008
Brooklyn, NY 11215
Tel: 718 789-3877  Fax: 718 789-3877
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 438-38-22-164

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospital/SUNY Health Science Center at Brooklyn
Prgm Director: Marvin Z. Rottman, MD
Box 1211
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-2181  Fax: 718 270-1535
Length: 4 Yrs
Program ID: 430-35-21-070

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Roswell Park Cancer Institute
Prgm Director: Gary Yang, MD
Departments of Radiology Medicine
Erie & Carlton Streets
Buffalo, NY 14263
Tel: 716 845-8610  Fax: 716 845-8610
Length: 4 Yrs
Program ID: 430-35-21-122

Flushing
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: David L. Shier, MD
St itch Radiation Center
550 East 86th Street, Box 675
New York, NY 10021
Tel: 212 746-8541  Fax: 212 746-8760
E-mail: dls900@med.cornell.edu
Length: 4 Yrs
Program ID: 430-35-22-126

922
Graduate Medical Education Directory 2004-2005
New York
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Kenneth Rosenzweig, MD
Box 22
1275 York Avenue
New York, NY 10021
Tel: 212-686-5844 Fax: 212-717-3104
Length: 4 Yrs
Program ID: 430-35-21-063
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Program Director: Richard G Stock, MD
1184 5th Avenue
One Gustave L Levy Place
New York, NY 10029
Tel: 212-241-7522 Fax: 212-410-7104
Length: 4 Yrs
Program ID: 430-35-21-119
New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Peter B Schiff, MD, PhD
Dept of Radiation Oncology
222 West 168th Street
New York, NY 10032
Tel: 212-305-5094 Fax: 212-305-5835
E-mail: poc11@columbia.edu
Length: 4 Yrs
Program ID: 430-35-11-068
New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Program Director: Bernadine Donahue, MD
556 1st Avenue
New York, NY 10016
Tel: 212-263-5655 Fax: 212-263-6274
Length: 4 Yrs
Program ID: 430-35-21-067
Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Ralph A Brassacchio, MD
601 Elmwood Avenue Box 947
Rochester, NY 14642
Tel: 585-275-5575 Fax: 585-275-1531
E-mail: RadOncResidency@Rochester.edu
Length: 4 Yrs
Program ID: 430-35-11-071
Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Program Director: Jeffrey J Bogart, MD
700 East Adams Street
Syracuse, NY 13210
Tel: 315-464-5276 Fax: 315-464-5943
Length: 4 Yrs
Program ID: 430-35-11-072
Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Westchester Medical Center
Program Director: Childs H Moonby, MD
Department of Radiation Medicine
Mary Pavilion, Room 1297
Valhalla, NY 10595
Tel: 914-463-8561 Fax: 914-463-8828
Length: 4 Yrs
Program ID: 430-35-21-117
North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Mahesh A Varia, MD
Department of Radiation Oncology
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919-966-7270 Fax: 919-966-7851
E-mail: spoargr@radonc.unc.edu
Length: 4 Yrs
Program ID: 430-36-11-073
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veteran Affairs Medical Center (Durham)
Program Director: Lawrence B Marks, MD
Department of Radiation Oncology
Box 20811
Durham, NC 27710
Tel: 919-668-5640 Fax: 919-668-7345
Length: 4 Yrs
Program ID: 430-36-21-074
Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: W Robert Lee, MD, MS
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336-716-4630 Fax: 336-716-7837
Length: 4 Yrs
Program ID: 430-36-11-075
Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Kevin F Redmond, MD
Mail Location 787
234 Goodman Street
Cincinnati, OH 45267
Tel: 513-559-3065 Fax: 513-584-4097
Length: 4 Yrs
Program ID: 430-39-21-076
Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: John P Greskovich Jr, MD
Department of Radiation Oncology
11100 Euclid Avenue, R181
Cleveland, OH 44106
Tel: 216-844-2557 Fax: 216-844-2065
E-mail: john.greskovich@uhhosp.com
Length: 4 Yrs
Program ID: 430-38-11-077
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Gregory M Videtic, MD
Department of Radiation Oncology
9500 Euclid Avenue, 728
Cleveland, OH 44195
Tel: 216-444-9797 Fax: 216-445-1068
Length: 4 Yrs
Program ID: 430-38-12-078
Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Reinhard A Galtzauer, MD
A James Cancer Hospital
300 W 10th Avenue
Columbus, OH 43210
Tel: 614-293-8415 Fax: 614-293-4044
Length: 4 Yrs
Program ID: 430-39-11-079
Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Program Director: John M Holland, MD
1181 SW Sam Jackson Park Road
L207
Portland, OR 97201
Tel: 503-494-9755 Fax: 503-494-9607
Length: 4 Yrs
Program ID: 430-40-21-081
Pennsylvania
Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Graduate Hospital (Tetet Health System)
Hahnemann University Hospital (Temet Health System)
Program Director: Lydia T Komarowidny, MD
245 N 16th Street, MS 290
Philadelphia, PA 19102
Tel: 215-762-6564 Fax: 215-762-6323
Length: 4 Yrs
Program ID: 430-41-11-084
Fox Chase Cancer Center Program
Sponsor: Fox Chase Cancer Center
Program Director: Gary M Freedman, MD
333 Cotman Avenue
Philadelphia, PA 19111
Tel: 215-728-5000 Fax: 215-724-1029
Length: 4 Yrs
Program ID: 430-41-21-129
<table>
<thead>
<tr>
<th>Accredited Programs in Radiation Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thomas Jefferson University Program</strong></td>
</tr>
<tr>
<td><strong>Sponsor:</strong> Thomas Jefferson University Hospital</td>
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<tr>
<td><strong>Prgm Director:</strong> Maria Werner-Wanik, MD</td>
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<td><strong>Bedore Center for Cancer Treatment</strong></td>
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<tr>
<td><strong>111 South 11th Street</strong></td>
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<tr>
<td>Philadelphia, PA 19107</td>
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<tr>
<td>Tel: 215-555-8149</td>
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<tr>
<td>Fax: 215-955-9412</td>
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<td><strong>Length:</strong> 4 Yrs</td>
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<td><strong>ACGME Approved/Offered Positions:</strong> 8</td>
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<td><strong>Program ID:</strong> 430-41-086</td>
</tr>
</tbody>
</table>

| **University of Pennsylvania Program**  |
| **Sponsor:** University of Pennsylvania Health System  |
| **Veterans Affairs Medical Center (Philadelphia)**  |
| **Prgm Director:** Eleanor E Harris, MD  |
| **Department of Radiation Oncology**  |
| **34th and Spruce Street - 2 Donner**  |
| Philadelphia, PA 19104  |
| Tel: 215-662-6064  |
| Fax: 215-349-5940  |
| **Length:** 4 Yrs  |
| **Program ID:** 430-41-087  |

| **Pittsburgh**  |
| **Allegheny General Hospital Program**  |
| **Sponsor:** Allegheny General Hospital  |
| **Prgm Director:** David S Pardo, MD  |
| **Department of Radiation Oncology**  |
| **320 East North Avenue**  |
| Pittsburgh, PA 15212  |
| Tel: 412-359-3400  |
| Fax: 412-359-3884  |
| **Length:** 4 Yrs  |
| **ACGME Approved/Offered Positions:** 4  |
| **Program ID:** 430-41-133  |

| **University of Pittsburgh Medical Center**  |
| **Medical Education Program**  |
| **Sponsor:** Univ of Pittsburgh Medical Center Medical Education Program  |
| **UPMC Presbyterian Shadyside**  |
| **Prgm Director:** Steven A Burton, MD  |
| **UPMC Shadyside**  |
| **220 Centre Avenue**  |
| Pittsburgh, PA 15212  |
| Tel: 412-683-8720  |
| Fax: 412-683-2409  |
| **Length:** 4 Yrs  |
| **ACGME Approved/Offered Positions:** 4  |
| **Program ID:** 430-41-129  |

| **South Carolina**  |
| **Charleston**  |
| **Medical University of South Carolina Program**  |
| **Sponsor:** Medical University of South Carolina College of Medicine  |
| **MUSC Medical Center**  |
| **Prgm Director:** Joseph M Jeanette III, MD  |
| **169 Ashley Avenue**  |
| **FO Box 550818**  |
| **Charleston, SC 29425**  |
| Tel: 843-792-3271  |
| Fax: 843-792-2706  |
| **Length:** 4 Yrs  |
| **ACGME Approved/Offered Positions:** 4  |
| **Program ID:** 430-40-092  |

| **Tennessee**  |
| **Nashville**  |
| **Vanderbilt University Medical Center Program**  |
| **Sponsor:** Vanderbilt University Medical Center  |
| **Prgm Director:** Bipal Chak, MD  |
| **1301 2nd Avenue, S**  |
| **B-900 TVC**  |
| **Nashville, TN 37232**  |
| Tel: 615-322-2555  |
| Fax: 615-345-0161  |
| **Length:** 4 Yrs  |
| **Program ID:** 430-47-128  |

| **Texas**  |
| **Galveston**  |
| **University of Texas Medical Branch Hospitals Program**  |
| **Sponsor:** University of Texas Medical Branch Hospitals  |
| **Prgm Director:** Sandra S Hatch, MD  |
| **301 University Boulevard**  |
| Galveston, TX 77555  |
| Tel: 409-772-4651  |
| Fax: 409-772-1856  |
| **E-mail:** shatch@utmb.edu  |
| **Length:** 4 Yrs  |
| **ACGME Approved/Offered Positions:** 4  |
| **Program ID:** 430-49-1097  |

| **Virginia**  |
| **Charlottesville**  |
| **University of Virginia Program**  |
| **Sponsor:** University of Virginia Medical Center  |
| **Prgm Director:** Paul W Rowell, MD, PhD  |
| **Dept of Radiation Oncology**  |
| **PO Box 690333**  |
| **Charlottesville, VA 22908**  |
| Tel: 434-294-5101  |
| Fax: 434-982-3362  |
| **Length:** 4 Yrs  |
| **Program ID:** 430-51-104  |

| **Norfolk**  |
| **Eastern Virginia Medical School Program**  |
| **Sponsor:** Eastern Virginia Medical School  |
| **Sentara Norfolk General Hospital**  |
| **Vanderbilt University Medical Center**  |
| **Prgm Director:** F G Shankar Gir, MD  |
| **606 Graham Drive**  |
| **Norfolk, VA 23507**  |
| Tel: 757-665-2105  |
| Fax: 757-627-0334  |
| **Length:** 4 Yrs  |
| **Program ID:** 430-51-106  |

| **Richmond**  |
| **Virginia Commonwealth University Health System Program**  |
| **Sponsor:** Virginia Commonwealth University Health System  |
| **Hunter Holmes McGuire VA Medical Center**  |
| **Medical College of Virginia Hospitals**  |
| **Prgm Director:** Monica M Morris, MD, MS  |
| **401 College Street**  |
| **Campus Box 984658**  |
| **Richmond, VA 23298**  |
| Tel: 804-828-7232  |
| Fax: 804-828-6042  |
| **Length:** 4 Yrs  |
| **Program ID:** 430-51-106  |

| **Washington**  |
| **Seattle**  |
| **University of Washington Program**  |
| **Sponsor:** University of Washington School of Medicine  |
| **University of Washington Medical Center**  |
| **Prgm Director:** James G Douglas, MD  |
| **1659 NE Pacific Street**  |
| **Box 159043**  |
| **Seattle, WA 98195**  |
| Tel: 206-598-4115  |
| Fax: 206-598-3786  |
| **Length:** 4 Yrs  |
| **ACGME Approved/Offered Positions:** 8  |
| **Program ID:** 430-54-21-107  |

| **Wisconsin**  |
| **Madison**  |
| **University of Wisconsin Program**  |
| **Sponsor:** University of Wisconsin Hospital and Clinics  |
| **Prgm Director:** Paul M Harari, MD  |
| **600 Highland Ave, K410-3684 CSC**  |
| **Madison, WI 53792**  |
| Tel: 608-263-6800  |
| Fax: 608-263-6256  |
| **E-mail:** harari@wisc.edu  |
| **Length:** 4 Yrs  |
| **ACGME Approved/Offered Positions:** 6  |
| **Program ID:** 430-56-21-106  |
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J Zablocki Veterans Affairs Medical Center
Community Memorial Hospital
Froedtert & Medical College of Wisconsin Hospital
Length: 4 yrs
ACGME Approved/Offered Positions: 6
Program ID: 420-06-21-109

Radiology-Diagnostic

Alabama

Birmingham

Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Prgm Director: Bibb Allen Jr, MD
800 Montclair Road
Department of Radiology
Birmingham, AL 35213
Tel: 205 592-1257 Fax: 205 586-5521
E-mail: patricia.lugar@bhhausa.com
Length: 4 yrs
Program ID: 420-01-21-006

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Cheryl J Cannon, MD
Department of Radiology
615 South 19th Street
Birmingham, AL 35249
Tel: 205 684-2166 Fax: 205 975-4413
Length: 4 yrs
Subspecialties: RNR, VIR
Program ID: 420-01-11-007

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Prgm Director: Jeffrey Campbell Brandon, MD
Department of Radiology
2451 Pillinginj Street
Mobile, AL 36617
Tel: 251 471-7879 Fax: 251 471-7882
Length: 4 yrs
Program ID: 420-01-11-008

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program
Sponsor: St Joseph's Hospital and Medical Center
Biltmore Advanced Imaging Center
Prgm Director: Sanford M Ornstein, MD
Department of Diagnostic Imaging
360 West Thomas Road
Phoenix, AZ 85013
Tel: 602 406-6994 Fax: 602 406-7181
Length: 4 yrs
Subspecialties: RNR
Program ID: 420-06-13-010

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: James K. Hunt, MD
PO Box 25007
1501 North Campbell
Tucson, AZ 85724
Tel: 520 626-7368 Fax: 520 626-1945
Length: 4 yrs
Subspecialties: RNR, VIR
Program ID: 420-03-21-011

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Sarah G Klein, MD
Baptist Medical Center-Montclair
800 Marshall Street
Little Rock, AR 72202
Tel: 501 364-4863 Fax: 501 364-4863
Length: 4 yrs
Subspecialties: PDR, RNR, VIR
Program ID: 420-04-21-012

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L. Pettis Memorial Veterans Hospital
Prgm Director: Douglas C Smith, MD
11234 Anderson Street
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-1308 Fax: 909 558-0020
Length: 4 yrs
Subspecialties: PDR, RNR, VIR
Program ID: 420-06-21-015

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Marcel May, MD
Ana: Michael M Cason
310 668-4702 Fax: 310 668-4702
E-mail: imaging.housestaff@cshs.org
Length: 4 yrs
Subspecialties: RNR
Program ID: 420-06-21-016

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
Prgm Director: Janis F Owens, MD
12021 South Wilmington Avenue
Los Angeles, CA 90045
Tel: 310 433-8303 Fax: 310 433-8303
E-mail: imaging.housestaff@cshs.org
Length: 4 yrs
Subspecialties: RNR
Program ID: 420-06-21-016

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Anne E Keo, MD
Department of Diagnostic Radiology
1505 N Edgemont St, Basement
Los Angeles, CA 90027
Tel: 323 783-4516 Fax: 323 783-4771
E-mail: steve.m.valencia@kp.org
Length: 4 yrs
Program ID: 420-06-12-022
UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Dept of Radiological Sciences
10853 Le Conte Avenue
Los Angeles, CA 90065
Tel: 310 625-7532 Fax: 310 794-5734
Length: 4 Yr
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-11-023

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Allison G Wilson, MD
Department of Diagnostic Radiology
1300 North State Street, Room 3550
Los Angeles, CA 90033
Tel: 323 226-7261 Fax: 323 226-2380
E-mail: awilson@usc.edu
Length: 4 Yr
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-11-021

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Route 140
101 City Drive South
Orange, CA 92668
Tel: 714 456-6167 Fax: 714 456-8088
Length: 4 Yr
Subspecialties: VIR
Program ID: 420-05-21-014

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: John P McCormick, MD
Department of Radiology
4860 Y Street, Suite 2100
Sacramento, CA 95817
Tel: 916 734-5185 Fax: 916 734-6548
Length: 4 Yr
Subspecialties: RNR, VIR
Program ID: 420-05-11-013

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Katherine M Richman, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-3534 Fax: 619 543-3746
Length: 4 Yr
Subspecialties: RNR, VIR
Program ID: 420-05-21-027

US Navy Coordinated-Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
Prgm Director: Daniel C Davis, MD
Radiology, Suite 204
34800 Bob Wilson Drive
San Diego, CA 92104
Tel: 619 532-8570 Fax: 619 532-8714
E-mail: dcdavis@med.navy.mil
Length: 4 Yr
Program ID: 420-05-21-914
US Armed Services Program

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
VAMC San Francisco (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Michael B Gotway, MD
Moffitt Hospital Room M-381
500 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 206-6007 Fax: 415 206-6004
E-mail: michael.gotway@radiology.ucsf.edu
Length: 4 Yr
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-21-031

San Jose
Santa Clara Valley Medical Center Program
Sponsor: Santa Clara Valley Medical Center
Prgm Director: Raj K Pandit, MD
Department of Radiology
751 South Bascom Avenue
San Jose, CA 95128
Tel: 408 885-8570 Fax: 408 885-9500
Length: 4 Yr
Program ID: 420-05-31-032

Santa Barbara
Santa Barbara Cottage Hospital Program
Sponsor: Santa Barbara Cottage Hospital
Prgm Director: Arthur A Lee, MD
PO Box 689
Pueblo at Bath Street
Santa Barbara, CA 93102
Tel: 805 669-7229 Fax: 805 669-8279
E-mail: atlee@cottagesystem.org
Length: 4 Yr
Program ID: 420-05-22-033

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Prgm Director: Robin L Birdwell, MD
Department of Diagnostic Radiology
300 Pasteur Drive, Room S-092
Palo Alto, CA 94305
Tel: 650 735-7386 Fax: 650 735-7396
Length: 4 Yr
Subspecialties: PDR, VIR
Program ID: 420-05-21-034

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Richard Renold, MD
Box 27
1000 W Carson Street
Torrance, CA 90509
Tel: 310 222-2347 Fax: 310 618-9500
Length: 4 Yr
Subspecialties: NR, RNR, VIR
Program ID: 420-05-11-035

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Prgm Director: Raymond S Dougerty, MD
Department of Radiology
101 Bodin Circle
Travis AFB, CA 94655
Tel: 707 423-7812 Fax: 707 423-7207
Length: 4 Yr
Program ID: 420-05-21-001
US Armed Services Program

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Ronald D Townsend, MD
Department of Radiology
4200 East 9th Avenue (C277)
Denver, CO 80220
Tel: 303 372-6137 Fax: 303 372-6266
Length: 4 Yr
Subspecialties: PDR, RNR, VIR
Program ID: 420-07-21-038

Connecticut
Bridgeport
Bridgeport Hospital/Yale University Program
Sponsor: Bridgeport Hospital
Prgm Director: Octavio O Choy, MD, PhD
Department of Radiology
277 Grant Street
Bridgeport, CT 06610
Tel: 203 384-8634 Fax: 203 384-3030
Length: 4 Yr
Program ID: 420-08-12-039

St Vincent's Medical Center Program
Sponsor: St Vincent's Medical Center
Prgm Director: Joseph A Gagliardi, MD
2600 Main Street
Bridgeport, CT 06606
Tel: 203 576-5003 Fax: 203 331-6530
Length: 4 Yr
Program ID: 420-08-11-040
District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Program Director: Barry M Potler, MD
Tel: 202-715-5105 Fax: 202-715-5161
Length: 4 yrs
Subspecialties: VR
Program ID: 420-10-11-1045

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: H. Glenn Fless, MD
Tel: 202-444-4869 Fax: 202-444-4869
Length: 4 yrs
Subspecialties: VR
Program ID: 420-10-11-1045

Howard University Program
Sponsor: Howard University Hospital
Program Director: James S Teal, MD
Department of Radiology
Tel: 202-865-1671 Fax: 202-865-385
Length: 4 yrs
Subspecialties: VR
Program ID: 420-10-11-1047

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Jonathan L Williams, MD, MBA
Department of Radiology
Tel: 352-341-5601 Fax: 352-334-1356
Email: marturano@diagrad.med.yale.edu
Length: 4 yrs
Subspecialties: VR
Program ID: 420-11-12-0149

Miami Beach

Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida, Inc
Program Director: Manuel Viamonte Jr, MD
Department of Radiology
3400 N Biscayne Blvd
Miami Beach, FL 33140
Tel: 305 674-2601 Fax: 305 674-2604
Email: mviamonte@mssm.com
Length: 4 yrs
Program ID: 420-11-12-0150

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Todd R Hamilton, MD
Box 17
12301 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813-974-6311 Fax: 813-974-3458
Length: 4 yrs
Program ID: 420-11-12-0151

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Program Director: Bruce R Baumgartner, MD
North Decatur Hospital
Box 17
1301 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-4898 Fax: 404 712-7000
Length: 4 yrs
Program ID: 420-12-12-0152
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<td><strong>Augusta</strong></td>
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<tr>
<td>Medical College of Georgia Program</td>
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<td>Medical College of Georgia School of Medicine</td>
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<tr>
<td>Veterans Affairs Medical Center (Augusta)</td>
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<tr>
<td>Prgm Director: Ramon E Figueroa, MD</td>
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<td>BA-1141</td>
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<tr>
<td>1120 15th Street</td>
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<tr>
<td>Augusta, GA 30901</td>
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<tr>
<td>Tel: 706 721-3211 Fax: 706 721-5213</td>
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<tr>
<td>Length: 4 Yrs ACGME Approved/Offered Positions: 16</td>
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<td>Subspecialties: VNR, VRN, VNR</td>
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</tbody>
</table>

| **Savannah** |
| Mercer University School of Medicine (Savannah) Program |
| Sponsor: Memorial Health-University Medical Center |
| Prgm Director: John M Considine Jr, MD |
| Department of Radiology |
| 4700 Waters Avenue |
| Savannah, GA 31405 |
| Tel: 912 350-9730 Fax: 912 350-3763 |
| E-mail: larisnill@memorialhealth.com |
| Length: 4 Yrs ACGME Approved/Offered Positions: 8 |
| Program ID: 429-12-21-062 |

| **Hawaii** |
| Tripler AMC |
| Tripler Army Medical Center Program |
| Sponsor: Tripler Army Medical Center |
| Prgm Director: Gregory W Petermann, MD |
| Department of Radiology |
| J Jarrett White Road |
| Tripler AMC, HI 96859 |
| Tel: 808 433-6588 Fax: 808 433-4686 |
| Length: 4 Yrs |
| Program ID: 420-14-21-029 |
| US Armed Services Program |

| **Illinois** |
| Chicago |
| Advocate Illinois Masonic Medical Center Program |
| Sponsor: Advocate Illinois Masonic Medical Center |
| Prgm Director: Kevin J Kirshenbaum, MD |
| 420 West Wellington Avenue |
| Chicago, IL 60657 |
| Tel: 773 296-7350 Fax: 773 296-7313 |
| Length: 4 Yrs ACGME Approved/Offered Positions: 12 |
| Program ID: 420-12-21-017 |

| **Cook County Hospital Program** |
| Sponsor: John H Stroger Hospital of Cook County |
| Prgm Director: Patrick M Dunne, MD |
| Department of Radiology |
| 1901 W Harrison |
| Chicago, IL 60612 |
| Tel: 312 946-9593 Fax: 312 946-9555 |
| Length: 4 Yrs ACGME Approved/Offered Positions: 16 |
| Program ID: 420-12-21-005 |

| **Evanson** |
| St Francis Hospital of Evanston Program |
| Sponsor: St Francis Hospital |
| Resurrection Medical Center |
| Prgm Director: Joseph D Calandra, MD |
| 355 Ridge Avenue |
| Evanston, IL 60202 |
| Tel: 847 316-501 Fax: 847 316-2241 |
| Length: 4 Yrs ACGME Approved/Offered Positions: 8 |
| Program ID: 420-16-12-057 |

| **Maywood** |
| Loyola University Program |
| Sponsor: Loyola University Medical Center |
| Prgm Director: Mary C Olson, MD |
| Department of Radiology |
| 2160 South First Avenue |
| Maywood, IL 60153 |
| Tel: 708 315-501 Fax: 708 316-0693 |
| Length: 4 Yrs ACGME Approved/Offered Positions: 24 |
| Program ID: 420-16-11-064 |

| **Peoria** |
| University of Illinois College of Medicine at Peoria Program |
| Sponsor: University of Illinois College of Medicine at Peoria |
| OSF St Francis Medical Center |
| Prgm Director: Terry M Brady, MD |
| 330 NE Glen Oak Avenue |
| Peoria, IL 61602 |
| Tel: 309 655-7700 Fax: 309 655-7705 |
| Length: 4 Yrs Subspecialties: VNR, VNR, VNR, VRN |
| Program ID: 420-16-21-248 |

| **Springfield** |
| Southern Illinois University Program |
| Sponsor: Southern Illinois University School of Medicine |
| Memorial Medical Center |
| St John's Hospital |
| Prgm Director: Aaron Stevens, MD |
| PO Box 12390 |
| Springfield, IL 62794 |
| Tel: 217 788-5924 Fax: 217 788-5508 |
| Length: 4 Yrs ACGME Approved/Offered Positions: 12 |
| Program ID: 420-16-21-005 |

| **Indiana** |
| Indianapolis |
| Indiana University School of Medicine Program |
| Sponsor: Indiana University School of Medicine |
| Clarian Indiana University Hospital |
| Clarian Methodist Hospital of Indianapolis |
| Clarian Riley Hospital for Children |
| Richard L Roudebush Veterans Affairs Medical Center |
| William N Wixham Memorial Hospital |
| Prgm Director: Robert D Tarver, MD |
| Department of Radiology |
| 1001 West 19th Street Room 1143 |
| Indianapolis, IN 46202 |
| Tel: 317 630-9027 Fax: 317 630-7053 |
| E-mail: lwjohn@iupui.edu |
| Length: 4 Yrs ACGME Approved/Offered Positions: 68 |
| Subspecialties: VNR, VNR, VRN |
| Program ID: 420-17-21-066 |

| **Iowa** |
| Iowa City |
| University of Iowa Hospitals and Clinics Program |
| Sponsor: University of Iowa Hospitals and Clinics |
| Veterans Affairs Medical Center (Iowa City) |
| Prgm Director: Jason F Maley, MD |
| 200 Hawkins Drive |
| Iowa City, IA 52243 |
| Tel: 319 356-0462 Fax: 319 356-2220 |
| Length: 4 Yrs Subspecialties: VNR, VRN, VNR |
| Program ID: 420-18-21-068 |
Kansas

University of Kansas City Program
Sponsor: University of Kansas School of Medicine
Progm Director: Louis H Weisel, MD
Department of Radiology
3961 Rainbow Blvd
Kansas City, KS 66160
Tel: 913-588-4885 Fax: 913-588-7690
Length: 4 yrs ACGME Approved/Offered Positions: 20
Subspecialties: VHI Program ID: 420-19-11-009

Louisiana

New Orleans

University of Louisiana State University Program
Sponsor: University of Louisiana School of Medicine
Progm Director: Scott L. Beach, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-568-4988 Fax: 504-568-8655
E-mail: sbeech@lsumc.edu
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: BJR, VIN Program ID: 420-21-21-235

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Progm Director: Curtis A Green II, MD
Department of Diagnostic Radiology
880 Rose Street, Room H3X319
Lexington, KY 40536
Tel: 859-255-2556 Fax: 859-255-2510
E-mail: ujascn@uky.edu
Length: 4 yrs ACGME Approved/Offered Positions: 20
Program ID: 420-20-21-071

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Progm Director: Stanley S. Siegelman, MD
601 North Caroline Street
Room 4210
Baltimore, MD 21232
Tel: 410-955-8005 Fax: 410-955-8987
Length: 4 yrs Subspecialties: PDR, RNR, VHI Program ID: 420-23-11-077

University of Maryland Program
Sponsor: University of Maryland Medical System
Progm Director: Charles S. Reznik, MD
Department of Radiology
22 South Greene Street
Baltimore, MD 21201
Tel: 410-328-9477 Fax: 410-328-0641
Length: 4 yrs ACGME Approved/Offered Positions: 16
Subspecialties: NR, RNR, VHR Program ID: 420-23-11-079

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Progm Director: Donald J Flemming, MD
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301-295-0510 Fax: 301-295-5779
E-mail: dflemming@bethesda.med.navy.mil
Length: 4 yrs Program ID: 420-19-21-247
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Progm Director: Kevin Donohoe, MD
330 Brookline Avenue
E CC-4 Radiology
Boston, MA 02215
Tel: 617-667-3502 Fax: 617-667-8212
Length: 4 yrs Subspecialties: AB, NR, VHR Program ID: 420-24-21-080

Boston University Medical Center Program
Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Progm Director: Elizabeth Gates, MD
88 East Newton Street
Boston, MA 02118
Tel: 617-414-5155 Fax: 617-414-7924
Length: 4 yrs ACGME Approved/Offered Positions: 32
Subspecialties: RNR, VHR Program ID: 420-24-21-081
Accredited Programs in Radiology-Diagnostic

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Program Director: Russell A Blinder, MD
Department of Radiology
75 Francis Street
Boston, MA 02115
Tel: 617 278-0700 Fax: 617 732-6366
E-mail: BWHIRADRES@partners.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 22
Subspecialties: RNR, VBR
Program ID: 420-24-21-085

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Program Director: Theresa C McLeod, MD
Dep of Radiology, FNVD 216
Boston, MA 02114
Tel: 617 724-4355 Fax: 617 726-3077
Length: 4 Yrs  ACGME Approved/Offered Positions: 36
Subspecialties: RNR, VBR
Program ID: 420-24-31-083

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: Frederick J Doherty, MD
Department of Radiology
750 Washington Street, #296
Boston, MA 02111
Tel: 617 636-0047 Fax: 617 636-0041
Length: 4 Yrs  ACGME Approved/Offered Positions: 21
Subspecialties: RNR, VBR
Program ID: 420-24-21-086

Burlington
Lahey Clinic Program
Sponsor: Lahey Clinic
Program Director: Carl R Lunsden, MD
Department of Diagnostic Radiology
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8170 Fax: 781 744-3332
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 420-24-21-092

Cambridge
Mount Auburn Hospital Program
Sponsor: Mount Auburn Hospital
Program Director: Michael J Shortliffe, MD
Department of Radiology
330 Mount Auburn Street
Cambridge, MA 02138
Tel: 617 495-5076 Fax: 617 495-5193
Length: 4 Yrs
Program ID: 420-24-11-087

Springfield
Baystate Medical Center/Tufts University School of Medicine Program
Sponsor: Baystate Medical Center
Program Director: J Robert Kirbywood, MD
Department of Radiology
75 Chestnut Street
Springfield, MA 01110
Tel: 413 794-4844 Fax: 413 794-4382
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 420-24-12-088

Worcester
St Vincent Hospital Program
Sponsor: St Vincent Hospital
Program Director: David A Badner, MD
Department of Radiology
50 Worcester Center Blvd
Worcester, MA 01608
Tel: 508 563-9605 Fax: 508 563-9236
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 420-24-12-089

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Cynthia B Small-Torres, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 568-2115 Fax: 508 568-6690
E-mail: rad residency@umassmed.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Subspecialties: RNR, VBR
Program ID: 420-24-21-090

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Richard B Cohen, MD
Department of Radiology
1560 Basil Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 763-6116 Fax: 734 947-6339
Length: 4 Yrs  ACGME Approved/Offered Positions: 40
Subspecialties: PDR, RNR, VBR
Program ID: 420-25-21-091

Dearborn
Oakwood Hospital Program
Sponsor: Oakwood Hospital
Program Director: Sharon L Helmer, MD
18101 Oakwood Boulevard
Dearborn, MI 48123
Tel: 313 436-2805 Fax: 313 436-2809
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 420-25-12-092

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Eric Spickler, MD
Department of Radiology
3795 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1254 Fax: 313 916-7825
Length: 4 Yrs  ACGME Approved/Offered Positions: 36
Subspecialties: MSR, RNR, VBR
Program ID: 420-26-14-093

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harbor-Untah Hospital
 Sinai-Grace Hospital
Program Director: Wilbur Smith, MD
4201 St Antoine, DRH 318
Detroit, MI 48201
Tel: 313 745-3430 Fax: 313 577-8600
Length: 4 Yrs  ACGME Approved/Offered Positions: 36
Subspecialties: RNR, VBR
Program ID: 420-26-21-096

Flint
Michigan State University (Flint) Program
Sponsor: Michigan State University/Flint Area Medical Education
Genesys Regional Medical Center-Health Park
Hurley Medical Center
McLaren Regional Medical Center
Sponsor: Grand Rapids Medical Education and Research Center
St Mary's Mercy Medical Center (Grand Rapids)
Mclaren Health-Buttsworth Campus
Spectrum Health-Botterworth Campus
Program Director: Gerald B Allen, MD
MSU/GRMC/RC
1000 Monroe NE
Grand Rapids, MI 49503
Tel: 616 385-3100 Fax: 616 430-2849
E-mail: gerald.aben@radiology.msu.edu
Length: 4 Yrs  ACGME Approved/Off ered Positions: 12
Program ID: 420-25-21-099

Pontiac
St Joseph Mercy-Oakland Program
Sponsor: St Joseph Mercy-Oakland
Program Director: Ronald A Sparacio, MD
Department of Radiology H 56
44405 Woodward Avenue
Pontiac, MI 48341
Tel: 248 658-3949 Fax: 248 658-3017
E-mail: swing@trinity-health.org
Length: 4 Yrs  ACGME Approved/Off ered Positions: 16
Program ID: 420-25-32-101

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Duane G Mezera, MD
Department of Radiology
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 551-6561 Fax: 248 551-5520
Length: 4 Yrs  ACGME Approved/Off ered Positions: 40
Subspecialties: RNR, VBR
Program ID: 420-25-12-102

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Program Director: Michael Edwards, MD
10001 West Nine Mile Road
Department of Radiology
Southfield, MI 48075
Tel: 248 840-2295 Fax: 248 840-5985
E-mail: medwards@providence-hospital.org
Length: 4 Yrs  ACGME Approved/Off ered Positions: 12
Program ID: 420-26-21-103
Minnesota

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)

Prgm Director: Anthony L Severt, MD
Department of Radiology, MMC 209
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 347-2088 Fax: 612 347-2067
E-mail: severt025@umn.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 44
Subspecialties: BNR, VIR
Program ID: 420-26-21-104

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics

Prgm Director: Robert D Halpert, MD
Department of Radiology
3500 North State Street
Jackson, MS 39216
Tel: 601 884-2665 Fax: 601 884-2689
E-mail: bedmondso@radiology.umc.edu
Length: 4 Yrs
Subspecialties: BNR, VIR
Program ID: 420-27-11-107

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics

Prgm Director: Bennett Greenup, MD
Department of Radiology
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-1265 Fax: 573 884-3952
Length: 4 Yrs
Program ID: 420-28-11-108

Kansas City

University of Missouri at Kansas City Program
Sponsor: University of Missouri Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Pablo N Delgado, MD
4401 Wornall Road
Kansas City, MO 64111
Tel: 816 933-2550 Fax: 816 933-5179
Length: 4 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 420-28-21-231

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: John B Shields, MD
3905 Vista Avenue at Grand Blvd
Box 1250
St Louis, MO 63110
Tel: 314 368-5768 Fax: 314 368-5116
Length: 4 Yrs  ACGME Approved/Offered Positions: 24
Subspecialties: BNR, VIR
Program ID: 420-28-21-110

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Dennis J Balf, MD
510 South Kingshighway
St Louis, MO 63110
Tel: 314 362-2929 Fax: 314 362-2976
Length: 4 Yrs  ACGME Approved/Offered Positions: 66
Subspecialties: BSN, NR, PDR, BNR, VIR
Program ID: 420-28-11-111

Nebraska

Omaha

Creighton University Program
Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Temis - SH)
Prgm Director: James J Phalen, MD
Department of Radiology
601 North 30th Street
Omaha, NE 68131
Tel: 402 449-4753 Fax: 402 449-4271
Length: 4 Yrs  ACGME Approved/Offered Positions: 10
Program ID: 420-30-21-220

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Jonathon A Jakla, MD
90146 Nebraska Medical Center
Department of Radiology
Omaha, NE 68198
Tel: 402 559-1018 Fax: 402 559-1011
Length: 4 Yrs
Subspecialties: VIR
Program ID: 420-39-21-112

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Joseph D Overhoff, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7480 Fax: 603 650-4555
Length: 4 Yrs
Subspecialties: BNR, VIR
Program ID: 420-32-11-118

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Joseph P Mammone, MD, PhD
One Cooper Plaza
Camden, NJ 08103
Tel: 856 342-2383 Fax: 856 385-0472
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 420-33-21-214

Hackensack

Hackensack Medical Center Program
Sponsor: Hackensack University Medical Center
Prgm Director: Patrick C Tob, MD
30 Prospect Avenue
Hackensack, NJ 07601
Tel: 201 996-3871 Fax: 201 996-3877
Length: 4 Yrs
Program ID: 420-33-12-114

Livingston

St Barnabas Medical Center Program
Sponsor: St Barnabas Medical Center
Prgm Director: Joseph T Viggiano, MD
Old Short Hills Road
Livingston, NJ 07039
Tel: 973 922-5560 Fax: 973 922-2861
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 420-33-21-210

Long Branch

Monmouth Medical Center Program
Sponsor: Monmouth Medical Center
Prgm Director: Richard R Bachman, MD
Department of Radiology
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-6896 Fax: 732 923-6316
E-mail: rrbachman@bhcmcs.com
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 420-38-31-116

Morristown

Atlantic Health System (Morristown) Program
Sponsor: Atlantic Health System
Morristown Memorial Hospital
Overlook Hospital
Prgm Director: Jeanine R Schwartz, MD
100 Madison Avenue
PO Box 1056
Morristown, NJ 07962
Tel: 973 971-5772 Fax: 973 260-7224
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 420-33-11-116
Newark
Newark Beth Israel Medical Center Program

**Sponsor:** Newark Beth Israel Medical Center
**Prgm Director:** Mark Rosenow, MD
201 Lyons Avenue at Osborne Terrace
Newark, NJ 07112
Tel: 973-995-7950 Fax: 973-995-7958
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 8
**Program ID:** 420-39-31-118

UMDNJ-New Jersey Medical School Program

**Sponsor:** UMDNJ-New Jersey Medical School
**Prgm Director:** Stephen R Baker, MD
Department of Radiology, Room C-320
150 Bergen Street
Newark, NJ 07103
Tel: 973 972-5188 Fax: 973 972-4720
**Length:** 4 Yrs **Program ID:** 420-31-21-326

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program

**Sponsor:** UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson Medical School
St. Peter's University Hospital
**Prgm Director:** Judith R Amorosa, MD
Department of Radiology
One Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732 255-7721 Fax: 732 255-6680
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 12
Subspecialties: AR, MSR, RNR, VHR
**Program ID:** 420-33-21-228

New Mexico
Albuquerque
University of New Mexico Program

**Sponsor:** University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
**Prgm Director:** Philip W Wiest, MD, RN
Department of Radiology
MSCO 5350, 1 University of New Mexico Albuquerque, NM 87131
Tel: 505 272-6932 Fax: 505 272-5821
E-mail: raderca@unm.edu
**Length:** 4 Yrs Subspecialties: RNR, VHR
**Program ID:** 420-34-21-120

New York
Albany
Albany Medical Center Program

**Sponsor:** Albany Medical Center
Veterans Affairs Medical Center (Albany)
**Prgm Director:** Paul R Silik, MD
Department of Radiology MC 113
45 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-3371 Fax: 518 262-8203
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 20
Subspecialties: VHR
**Program ID:** 420-35-11-121

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

**Sponsor:** SUNY at Buffalo Graduate Medical-Dental Education Consortium
 Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
**Prgm Director:** Gregory Mitton, MD
Veterans Administration Medical Center
3465 Bailey Avenue
Buffalo, NY 14215
Tel: 716 878-7502 Fax: 716 878-7901
**Length:** 4 Yrs **Program ID:** 420-35-21-122

East Meadow
Nassau University Medical Center Program

**Sponsor:** Nassau University Medical Center
**Prgm Director:** David I Wetman, MD
Department of Radiology
2901 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6603 Fax: 516 572-6787
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 16
**Program ID:** 420-36-11-123

Manhasset
North Shore University Hospital/NUY School of Medicine Program

**Sponsor:** North Shore University Hospital
**Prgm Director:** James B Naidich, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4797 Fax: 516 562-4794
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 20
Subspecialties: RNR
**Program ID:** 420-35-31-124

Mineola
Winthrop-University Hospital Program

**Sponsor:** Winthrop-University Hospital
**Prgm Director:** Arthur Pruaff, MD
359 First Street
Mineola, NY 11501
Tel: 516 663-8800 Fax: 516 663-8172
E-mail: afrruaff@winthrop.org
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 16
**Program ID:** 420-35-31-240

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

**Sponsor:** Albert Einstein College of Medicine at Long Island Jewish Medical Center
**Prgm Director:** Lawrence P Davis, MD
270-65 76th Avenue
New Hyde Park, NY 11040
Tel: 718 476-7256 Fax: 718 343-3893
E-mail: eaecobac@lij.edu
**Length:** 4 Yrs **ACGME Approved/Offered Positions:** 18
Subspecialties: RHR
**Program ID:** 420-35-21-122
New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Marlene Baccus, MD
First Avenue at 160th Street
New York, NY 10032
Tel: 212 420-4654 Fax: 212 420-2516
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: AR, RNR, VIR
Program ID: 420-35-21-127

Harlem Hospital Center Program
Sponsor: Harlem Hospital Center
New York Presbyterian Hospital (Columbia Campus)
Program Director: Roberta C. Locko, MD
566 Lenox Avenue
New York, NY 10032
Tel: 212 938-4801 Fax: 212 938-4806
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-35-21-214

Lenox Hill Hospital Program
Sponsor: Lenox Hill
Program Director: Lewis M. Rothenberg, MD
Department of Radiology
100 East 77th Street
New York, NY 10021
Tel: 212 441-4610 Fax: 212 441-4224
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-35-21-218

Mount Sinai Hospital Program
Sponsor: Mount Sinai Hospital
Program Director: Robert W. Petrone, MD
116 East 21st Street
New York, NY 10010
Tel: 212 938-4920 Fax: 212 938-4924
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 420-35-12-141

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Program Director: Michael M. Ambrosino, MD
Department of Radiology
462 First Avenue
New York, NY 10016
Tel: 212 263-5062 Fax: 212 263-7056
Length: 4 Yrs ACGME Approved/Offered Positions: 40
Subspecialties: MSR, NB, PDR, RNR, VIR
Program ID: 420-35-21-137

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s - Roosevelt Hospital Center
St Luke’s-Roosevelt Hospital Center-Roosevelt Division
St Luke’s-Roosevelt Hospital Center-St Lukes Division
Program Director: Nolan J. Kapturak, MD
1100 Tenth Avenue - 4th Floor, Room 4C-12
New York, NY 10016
Tel: 212 523-7043 Fax: 212 523-6019
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: VIR
Program ID: 420-35-21-224

Rochester
Rochester General Hospital Program
Sponsor: Rochester General Hospital
Program Director: Daniel N. Jacobson, MD, MS
Department of Radiology
1425 Fultondale Avenue
Rochester, NY 14621
Tel: 585 262-3220 Fax: 585 262-2524
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-35-12-145

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Arvin E. Robinson, MD
601 Elmwood Avenue
PO Box 648
Rochester, NY 14622
Tel: 585 275-1128 Fax: 585 275-3549
E-mail: arvin_robinson@urmc.rochester.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 26
Subspecialties: MSR, PDR, RNR, VIR
Program ID: 420-35-11-146

New York Medical College at St Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent’s Catholic Medical Centers (Manhattan)
Program Director: Robert W. Petrone, MD
153 West 11th Street
New York, NY 10011
Tel: 212 938-4920 Fax: 212 938-4924
Length: 4 Yrs ACGME Approved/Offered Positions: 14
Program ID: 420-35-12-141

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Carrie E. Shapiro, MD
625 E 68th Street
New York, NY 10021
Tel: 212 746-2574 Fax: 212 746-8566
Length: 4 Yrs
Subspecialties: RNR, VIR
Program ID: 420-35-21-129

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Program Director: Robert Zimmerman, MD
555 East 68th Street
New York, NY 10021
Tel: 212 746-2574 Fax: 212 746-8566
Length: 4 Yrs
Subspecialties: RNR, VIR
Program ID: 420-35-21-222

North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Paul L. Molina, MD
530 Old Infirmary/BBF101
Chapel Hill, NC 27599
Tel: 919 966-0623 Fax: 919 966-0817
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: RNR, VIR
Program ID: 420-36-11-148

Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Duke)
Program Director: Linda Gray, MD
Department of Radiology, Box 2088
Erwin Road DUMC
Durham, NC 27710
Tel: 919 684-7465 Fax: 919 684-7107
Length: 4 Yrs
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-36-31-149

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Rita A. Freimann, MD
Department of Radiology
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 715-4316 Fax: 336 715-1278
Length: 4 Yrs
Subspecialties: AR, MSIL, NR, VIR
Program ID: 420-36-11-150
Ohio

Canton
Aultman Hospital/NEOUCOM Program
Sponsor: Aultman Hospital
Mercy Medical Center (Canton)
Program Director: Barry S Rose, MD
Department of Radiology
3600 Sixth Street, SW
Canton, OH 44710
Tel: 330-956-8287 Fax: 330-588-2661
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-38-21-232

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Ohio Christ Hospital
Veterans Affairs Medical Center (Cincinnati)
Program Director: James L Leach, MD
234 Goodman Street
Mail Location 761
Cincinnati, OH 45207
Tel: 513 584-6015 Fax: 513 584-9411
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: NR, FOH, RNR
Program ID: 420-38-21-112

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: Anthony J Minotti, MD
2500 MetroHealth Dr
Cleveland, OH 44109
Tel: 216 778-4000 Fax: 216 778-8565
E-mail: amminotti@metrohealth.org
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: VHR
Program ID: 420-38-21-242
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Charles F Lamieri, MD
1110 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3133 Fax: 216 844-3905
E-mail: lamieri@uhrodm.com
Length: 4 Yrs
Subspecialties: PDR, SRR, VHR
Program ID: 420-38-21-153
Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: David M Einstein, MD
6000 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-4622 Fax: 216 445-4452
Length: 4 Yrs ACGME Approved/Offered Positions: 32
Subspecialties: KSN, MSH, NR, PDR, SRR, VHR
Program ID: 420-38-21-164

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Joseph Yu, MD
Department of Radiology
440 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-8399 Fax: 614 293-8222
Length: 4 Yrs
Subspecialties: RRR, VHR
Program ID: 420-38-21-156

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Program Director: Lee S Woldenberg, MD
Department of Radiology
12117 Hosp Blvd 2000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-3428 Fax: 419 383-6422
Length: 4 Yrs ACGME Approved/Offered Positions: 13
Program ID: 420-38-21-167

Oklahoma
Oklahoma City
Integris Baptist Medical Center Program
Sponsor: Integris Baptist Medical Center
Program Director: Walter J Milton, MD
Graduate Medical Education
3300 Northwest Expressway, Room 100-4394
Oklahoma City, OK 73112
Tel: 405 555-9595 Fax: 405 558-5102
E-mail: annette.leebers@integris-health.com
Length: 4 Yrs
Program ID: 420-39-12-158
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Susan M Edwards, MD
Dept of Radiological Sciences
PO Box 26901
Oklahoma City, OK 73190
Tel: 405 271-9901 Fax: 405 271-3375
E-mail: gina.law@ouhsc.edu
Length: 4 Yrs
Subspecialties: VHR
Program ID: 420-39-21-159

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University
Veterans Affairs Medical Center (Portland)
Program Director: Paul C Lukin, MD
Diagnostic Radiology, L140
3111 SW Sam Jackson Park Rd
Portland, OR 97239
Tel: 503 494-5266 Fax: 503 494-4682
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: SNL, VHR
Program ID: 420-40-31-160

Pennsylvania
Bryn Mawr
Bryn Mawr Hospital Program
Sponsor: Bryn Mawr Hospital
Program Director: Weizhen S Dried, MD
130 S Bryn Mawr Avenue
Department of Radiology
Bryn Mawr, PA 19010
Tel: 610 536-3695 Fax: 610 536-4900
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 420-41-21-162

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Anne P Dunne, MD
Department of Radiology
100 North Academy Avenue
Danville, PA 17822
Tel: 570 721-6205 Fax: 570 271-5976
E-mail: jwhemma@geisinger.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-41-21-163

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Richard J Fair, MD
500 University Drive, H266
PO Box 850
Hershey, PA 17033
Tel: 717 531-7588 Fax: 717 531-6023
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: IRR, VHR
Program ID: 420-41-21-164

Philadelphia
Albert Einstein Healthcare Network Program
Sponsor: Albert Einstein Medical Center
Program Director: William Herzig, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-6226 Fax: 215 456-1749
E-mail: radiology@aecom.edu
Length: 4 Yrs
Program ID: 420-41-21-165
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Temet Health System)
Medical College of Pennsylvania Hosp (Temet Health System)
Program Director: Robert Koenigsberg, DO
3rd Place, North Tower
230 N Broad Street
Philadelphia, PA 19102
Tel: 215 763-8804 Fax: 215 763-4030
E-mail: Koenigsr@uphs.庙.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 33
Subspecialties: HRR
Program ID: 420-41-21-169
Mercy Catholic Medical Center Program
Sponsor: Mercy Catholic Medical Center Inc
Mercy Hospital of Philadelphia
Mercy Fitzgerald Hospital
Program Director: Michael L Brooks, MD
1600 Lansdowne Avenue
Darby, PA 19023
Tel: 610 237-4255 Fax: 610 237-3259
Length: 4 Yrs ACGME Approved/Offered Positions: 10
Program ID: 420-41-21-170
Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Program Director: Michael B Love, MD
500 Spruce Street
Philadelphia, PA 19107
Tel: 215 829-5699 Fax: 215 829-7582
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-41-21-171

Graduate Medical Education Directory 2004-2005
934
Temple University Program
Sponsor: Temple University Hospital
Prgm Director: Dean B Boyko, MD, PhD
4801 North Broad Street
Suite A, 1st Floor
Philadelphia, PA 19140
Tel: 215 707-2640 FAX: 215 707-6851
E-mail: peterst@ubs.temple.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: MSK, RNR, VIR
Program ID: 420-41-11-173

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Prgm Director: Lisa M Tartaglino, MD
132 S 10th Street
Suite 1072
Philadelphia, PA 19107
Tel: 215 956-5481 FAX: 215 956-5388
E-mail: lisa.tartaglino@jefferson.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: RNR, VIR
Program ID: 420-41-11-174

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Prgm Director: B Scott Frasier, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 349-5925 FAX: 215 232-7909
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: NR, FBI, RNR, VIR
Program ID: 420-41-21-175

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Prgm Director: Melanie B Falik, MD
Department of Diagnostic Radiology
330 East North Avenue
Pittsburgh, PA 15211
Tel: 412 232-7909 FAX: 412 359-6912
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: RNR
Program ID: 420-41-21-176

Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Price A Curran, MD
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 232-7909 FAX: 412 359-6912
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-41-11-178

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Prgm Director: Philip D Orons, DO
Medical Arts Building, Suite 401
1708 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 647-2599 FAX: 412 647-1197
E-mail: orons@pms.upmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 36
Subspecialties: FDR, RNR, VIR
Program ID: 420-41-12-177

Western Pennsylvania Hospital/Temple University Program
Sponsor: The Western Pennsylvania Hospital
Prgm Director: Barbara H Ward, MD
4800 Friendship Avenue
Pittsburgh, PA 15234
Tel: 412 579-1788 FAX: 412 688-7751
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: VIR
Program ID: 420-41-21-241

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine.
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Edgar Colon Negron, MD
PO Box 365067
Medical Sciences Campus
San Juan, PR 00936
Tel: 787 777-3585 FAX: 787 777-3856
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-42-21-182

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Mathis B Mainiero, MD
Department of Radiology
865 Eddy Street
Providence, RI 02903
Tel: 401 444-5134 FAX: 401 444-5017
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: VIR
Program ID: 420-49-21-183

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Prgm Director: Jeanne G Hill, MD
Department of Radiology
189 Ashley Avenue, PO Box 250322
Charleston, SC 29425
Tel: 803 792-2719 FAX: 803 792-6414
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Subspecialties: NR
Program ID: 420-45-21-184

Tennessee
Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Medical Hospital
Prgm Director: Kathleen Hudson, MD
1934 Alcoa Highway
Knoxville, TN 37920
Tel: 865 585-6562
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 420-47-21-236

Memphis
Baptist Memorial Hospital Program
Sponsor: Baptist Memorial Hospital
Prgm Director: Dexter H Witte III, MD
Department of Radiology, Atttn: Regina Rogers
8100 Walnut Grove Road
Memphis, TN 38120
Tel: 901 226-1380 FAX: 901 226-1381
E-mail: imagines@mbhs.net
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: VIR
Program ID: 420-47-12-186

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: John Ware, MD
College of Medicine, 1523 Madison Avenue
Memphis, TN 38163
Tel: 901 577-2260 FAX: 901 577-7466
Length: 4 Yrs ACGME Approved/Offered Positions: 24
Subspecialties: VIR
Program ID: 420-47-21-188

University of Tennessee/Methodist Healthcare Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare - Memphis Hospitals
Prgm Director: Robert L Laster Jr, MD
Department of Radiology
1205 Union Avenue
Memphis, TN 38104
Tel: 901 726-8539 FAX: 901 726-7414
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 420-47-21-187

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Thomas S Doa, MD
R1118 MCM 21st Ave S G & Garland
Medical Center North
Nashville, TN 37232
Tel: 615 343-3760 FAX: 615 343-3764
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: VIR
Program ID: 420-47-21-189

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Prgm Director: Kenneth L Ford, III, MD
Department of Radiology
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-3795 FAX: 214 820-7577
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: VIR
Program ID: 420-48-22-190
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: George C Curry, MD
5223 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8020  Fax: 214 648-8978
E-mail: Georg.Curry@UTSouthwestern.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 52
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-44-21-192

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AFMC)
Prgm Director: Colonel Thomas M Dykes, MD
759 MDTS/MTRD
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 252-7705  Fax: 210 252-3946
E-mail: tmdykes@satx.rr.com
Length: 4 Yrs
Subspecialties: VIB
Program ID: 420-44-21-248
US Armed Services Program

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Randy Ernst, MD
Department of Radiology
Rte G-09
Galveston, TX 77555
Tel: 408 747-2849  Fax: 408 772-7120
Length: 4 Yrs
Subspecialties: PDR, RNR, VIR
Program ID: 420-44-11-194

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Prgm Director: Pedro J Diaz Marchan, MD
Department of Radiology
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-6302  Fax: 713 798-8359
E-mail: pedrod@bcm.tmc.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 28
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-44-21-195

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Christus St Joseph Hospital
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Prgm Director: Sandra A Oldham, MD
Department of Radiology
6491 Fannin Street, Suite 1-206
Houston, TX 77030
Tel: 713 500-7640  Fax: 713 500-7647
Length: 4 Yrs  ACGME Approved/Offered Positions: 48
Subspecialties: RNR, VIR
Program ID: 420-44-21-196

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Bess Clarke, MD
Department of Radiology
7703 Floyd Curl Drive
San Antonio, TX 78232
Tel: 210 567-6468  Fax: 210 567-6418
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: RNR, VIR
Program ID: 420-44-21-197

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Prgm Director: James B Schindler, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-6500  Fax: 254 724-6385
Length: 4 Yrs
Program ID: 420-48-11-198

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Kevin R Moore, MD
Department of Radiology
50 North Medical Drive #A171
Salt Lake City, UT 84132
Tel: 801 581-3591  Fax: 801 581-2414
Length: 4 Yrs
Subspecialties: RNR, VIR
Program ID: 420-44-21-199

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Prgm Director: Kristen DeJonge, MD
Patrick 113, FAHC,MCHV Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-0794  Fax: 802 847-4822
E-mail: Kristen.DeJonge@vtmednet.org
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: RNR, VIR
Program ID: 420-54-21-200

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical School
Prgm Director: Spencer B Gay, MD
PO Box 800170
Lee Street
Charlottesville, VA 22908
Tel: 434 294-8972  Fax: 434 983-1618
E-mail: oliv3d@virginia.edu
Length: 4 Yrs
Subspecialties: NR, RNR, VIR
Program ID: 420-51-11-201

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Norfolk General Hospital
Prgm Director: Sarah C Shaves, MD
Hofheimer Hall Suite 641
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-8899  Fax: 757 446-8441
Length: 4 Yrs
Subspecialties: VIB
Program ID: 420-51-21-202

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
National Naval Medical Center (Bethesda)
Prgm Director: James C Mours, MD, MS
210 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-1194  Fax: 757 953-0085
E-mail: jcmours@mar.med.navy.mil
Length: 4 Yrs
Program ID: 420-51-13-252
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunet Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Lakshmana D Narla, MD
PO Box 800165
1250 E Marshall Street, Rm 3-406
Richmond, VA 23298
Tel: 804 828-3535  Fax: 804 828-2015
E-mail: kimble@vcu.edu
Length: 4 Yrs
Subspecialties: RNR
Program ID: 420-50-21-203

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children’s Hospital and Regional Medical Center
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Scott J Schulte, MD
1600 NE Pacific Street
Box 857115
Seattle, WA 98115
Tel: 206 543-3308  Fax: 206 543-6317
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Subspecialties: PDR, RNR, VIR
Program ID: 420-54-21-205

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Prgm Director: Felicia P Cummings, MD
Graduate Medical Education
BS/GME
Seattle, WA 98111
Tel: 206 635-7937  Fax: 206 344-7969
E-mail: reslink@vmmc.org
Length: 4 Yrs
Program ID: 420-54-12-206
<table>
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<th>Program</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Length</th>
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Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: Charles E. Kracik, MD
PO Box 2000
Loma Linda, CA 92354
Tel: 909-558-4511 Fax: 909-558-0460
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 100-05-21-099

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: David Wegly, MD
340 Parnassus Avenue
San Francisco, CA 94114
Tel: 415-755-2104
Length: 2 Yrs
Program ID: 100-05-21-109

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: Michael H. Weisman, MD
9700 Beverly Boulevard, Suite B131
Los Angeles, CA 90048
Tel: 310-423-2170 Fax: 310-423-6898
Length: 2 Yrs
Program ID: 100-05-11-076

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Ernest Braha, MD
Center for the Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310-268-5671 Fax: 310-268-9767
Length: 2 Yrs ACGME Approved/Offered Positions: 8
Program ID: 100-05-11-091

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC-USC Medical Center
LAC-Rancho Los Amigos National Rehabilitation Center
USC University Hospital
Prgm Director: Francisco P. Quismorio Jr, MD
2000 Zonal Avenue - BLD 629
Los Angeles, CA 90033
Tel: 213-442-1919
Length: 2 Yrs
Program ID: 150-05-21-091

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Brian S. Andrew, MD, PhD
Department of Internal Medicine
101 City Drive, South
Orange, CA 92868
Tel: 714-456-6088 Fax: 714-456-6164
Length: 2 Yrs
Program ID: 150-05-21-108

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Robert A. Vorkelsbaum, MD
3550 La Jolla Village Drive (111K)
San Diego, CA 92161
Tel: 858-553-8585 Fax: 858-553-7425
E-mail: mary.teel@med.va.gov
Length: 2 Yrs
Program ID: 150-05-21-123

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Sponsor: Yale-New Haven Medical Center (West Haven)
Prgm Director: Linda L. Keckensfeldt, MD
333 Cedar Street
PO Box 208831
New Haven, CT 06520
Tel: 203-785-3646 Fax: 203-785-7063
Length: 2 Yrs
Program ID: 150-08-21-017

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: James D. Katz, MD
Department of Medicine, Suite 3-416
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202-741-2488 Fax: 202-741-2400
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-10-21-070

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Virginia D. Stein, MD
Dept of Medicine, Rheumatology
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202-687-5823 Fax: 202-687-8579
E-mail: stevelwe@ggeorgetown.edu
Length: 2 Yrs
Program ID: 150-10-21-060

Georgetown University Hospital/ Washington Hospital Center Program
Sponsor: Washington Hospital Center
Prgm Director: Arthur W. Weinstein, MD
Department of Medicine
110 Irving Street, NW #2A-06
Washington, DC 20010
Tel: 202-877-6374 Fax: 202-877-6139
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-11-11-084

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Eric S. Sobel, MD, PhD
Department of Medicine
PO Box 100277
Gainesville, FL 32610
Tel: 352-335-5465 Fax: 352-392-8483
Length: 2 Yrs
Program ID: 150-11-21-025

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Ann L. Parker, MD
Department of Medicine
263 Farmington Avenue
Farmington, CT 06030
Tel: 860-679-3605 Fax: 860-679-1287
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-08-31-001

938
Accredited Programs in Rheumatology (Internal Medicine)

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Program Director: Carlos J Lorada, MD
1150 NW 14th Street, Suite 310
Miami, FL 33136
Tel: 305 246-2075 Fax: 305 243-7546
Length: 2 Yrs
Program ID: 100-11-21-122

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Frank B Vassey, MD
12501 Bruce B Downs Blvd, MDC 81
Division of Rheumatology
Tampa, FL 83112
Tel: 813 974-2681 Fax: 813 974-5220
E-mail: khrarding@hsc.usf.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-11-21-026

Georgia
Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Program Director: Jonathan Walluck, MD
Department of Medicine
10 Jesse Hill Jr, Drive, SE
Atlanta, GA 30303
Tel: 404 778-8285 Fax: 404 778-5578
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 150-12-21-056

Augusta
Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Program Director: Walter J Moore, MD
1120 15th St, Bl 5083
Augusta, GA 30912
Tel: 706 721-2281 Fax: 706 721-6314
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 150-12-21-002

Illinois
Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Program Director: Walter G Ban, MD
303 East Chicago Avenue
Thiry Bldg 3-713
Chicago, IL 60611
Tel: 312 695-8000
Length: 2 Yrs
Program ID: 150-16-21-061

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Program Director: Calvin F Brown Jr, MD
1725 W Harrison Street, Suite 1017
Chicago, IL 60612
Tel: 312 942-8258 Fax: 312 563-2267
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-11-11-096

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Marcus R Clark, MD
5841 S Maryland Avenue
MC0630
Chicago, IL 60637
Tel: 773 702-0202 Fax: 773 702-8702
Length: 2 Yrs
Program ID: 150-18-21-138

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Program Director: John Varpa, MD
Room 1158 MBB (MC 735)
900 S Ashland Avenue
Chicago, IL 60617
Tel: 312 413-9310 Fax: 312 413-9271
Length: 2 Yrs
Program ID: 150-16-21-097

Maywood
Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Program Director: Elaine M Adams, MD
5100 S First St
Bldg 54 Room 21
Maywood, IL 60153
Tel: 708 216-3313 Fax: 708 216-1085
E-mail: bmannin@lumc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-16-21-003

Indiana
Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Program Director: Steven T Hagenberg, MD
1110 W Michigan St
LO 545
Indianapolis, IN 46202
Tel: 317 274-4225 Fax: 317 274-7792
E-mail: shagenb@iupui.edu
Length: 2 Yrs
Program ID: 150-17-21-110

Iowa
Iowa City
University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Program Director: George V Lawry, MD
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1777 Fax: 319 356-5290
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-18-21-067

Kansas
Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: Kathryn E Welch, MD
Department of Internal Medicine
3601 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6068 Fax: 913 588-3987
E-mail: gschrode@kumc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-19-21-080

Louisiana
New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Program Director: Luis R Espinoza, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4630 Fax: 504 568-4642
E-mail: lesp1@lsuhsc.edu
Length: 2 Yrs
Program ID: 150-21-21-007

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: Robert J Quinlan, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4859 Fax: 504 842-4371
E-mail: gss@ochsner.org
Length: 2 Yrs
Program ID: 150-21-22-104

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Overtont Brooks Veterans Affairs Medical Center
Program Director: Seth M Berney, MD
Louisiana State University Health Sciences Center
1501 Kings Highway, PO Box 50692
Shreveport, LA 71130
Tel: 318 675-8605 Fax: 318 675-6800
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-21-21-003

Programs
Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Prum Director: Allan C Gelber, MD, MPH
1800 East Monument Street
6150 Smith Building
Baltimore, MD 21205
Tel: 410 616-7864
Fax: 410 616-7386
E-mail: agarber@jhmi.edu
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-23-11-052

University of Maryland Program
Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prum Director: Raymond H Flores, MD
10 South Pine Street
Suite 634
Baltimore, MD 21201
Tel: 410 706-6474 Fax: 410 706-0231
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-23-21-131

Bethesda

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prum Director: William B Gilliland, MD
6855 16th Street, NW
Washington, DC 20337
Tel: 202 787-6734 Fax: 202 782-0594
E-mail: wgilliland@usahs.mil
Length: 2 Yrs
ACGME Approved/Offered Positions: 6
Program ID: 150-10-11-093
US Armed Services Program

National Institutes of Health Clinical Center Program
Sponsor: Clinical Center at the National Institutes of Health
Prum Director: Gregory J Dennis, MD
Department of Medicine
Building 10, Room 95006
Bethesda, MD 20892
Tel: 301 496-0543 Fax: 301 402-0765
E-mail: DennisG@email.nih.gov
Length: 2 Yrs
Program ID: 150-23-21-141

Massachusetts

Boston

Boston University Medical Center Program
Sponsor: Boston University Medical Center
Veterans Affairs Medical Center (Boston)
Prum Director: Joseph H Korn, MD
Arthritis Center
715 Albany St, E5
Boston, MA 02118
Tel: 617 638-4888 Fax: 617 638-5226
Length: 2 Yrs
Program ID: 150-24-21-111

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Prum Director: Lloyd B Krickstein, MD, PhD
600 Smith Building
1 Jimmy Fund Way
Boston, MA 02115
Tel: 617 255-0295 Fax: 617 255-4417
Length: 2 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 150-24-21-004

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Spaulding Rehabilitation Hospital
Prum Director: Allen C Steele, MD
Rheumatology Unit, MGH
223 Longfellow St
Boston, MA 02114
Tel: 617 726-1507 Fax: 617 726-1544
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-24-11-008

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prum Director: Timothy E McAlindon, MD
575 Washington St, Box 406
Boston, MA 02111
Tel: 617 636-5645 Fax: 617 568-1532
Length: 2 Yrs
ACGME Approved/Offered Positions: 2
Program ID: 150-24-21-006

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prum Director: Nancy E Liu, MD
55 Lake Avenue North
Worcester, MA 01605
Tel: 508 568-0246 Fax: 508 568-1953
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-24-21-006

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prum Director: Leslie J Crofford, MD
800 Talmadge Hall, Box 0398
Division of Rheumatology
Ann Arbor, MI 48109
Tel: 734 999-9399 Fax: 734 763-1253
Length: 2 Yrs
Program ID: 150-25-21-053

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prum Director: Terry L Moore, MD
501 South Kingshighway
4th Floor
St Louis, MO 63104
Tel: 314 977-6808 Fax: 314 977-8818
Length: 2 Yrs
Program ID: 150-28-21-064

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi Medical Center
Veterans Affairs Medical Center (Jackson)
Prum Director: John H Smith, MD
2000 North State Street
Jackson, MS 39216
Telephone: 662 846-5510 Fax: 662 846-5553
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-27-11-151

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prum Director: Thomas L Zane, MD
2000 North State Street
Columbia, MO 65212
Telephone: 573 884-8792 Fax: 573 884-8944
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-29-21-053

Minnesota

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prum Director: Barbara M Segal, MD
Division of Rheumatic and Autoimmune Diseases
410 Delaware Street SE, MMC 106
Minneapolis, MN 55455
Telephone: 612 624-1182 Fax: 612 624-0030
Length: 2 Yrs
ACGME Approved/Offered Positions: 2
Program ID: 150-25-21-053

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prum Director: Thomas M Mason II, MD
Siebens, 5th Floor
500 First Street, SE
Rochester, MN 55905
Telephone: 507 284-3126 Fax: 507 284-0999
Length: 2 Yrs
Program ID: 150-28-21-032

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prum Director: Barbara M Segal, MD
Division of Rheumatic and Autoimmune Diseases
410 Delaware Street SE, MMC 106
Minneapolis, MN 55455
Telephone: 612 624-1182 Fax: 612 624-0030
Length: 2 Yrs
ACGME Approved/Offered Positions: 2
Program ID: 150-25-21-053

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prum Director: Thomas M Mason II, MD
Siebens, 5th Floor
500 First Street, SE
Rochester, MN 55905
Telephone: 507 284-3126 Fax: 507 284-0999
Length: 2 Yrs
Program ID: 150-28-21-032

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi Medical Center
Veterans Affairs Medical Center (Jackson)
Prum Director: John H Smith, MD
2000 North State Street
Jackson, MS 39216
Telephone: 662 846-5510 Fax: 662 846-5553
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-27-11-151

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prum Director: Thomas L Zane, MD
2000 North State Street
Columbia, MO 65212
Telephone: 573 884-8792 Fax: 573 884-8944
Length: 2 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 150-29-21-053

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prum Director: Terry L Moore, MD
501 South Kingshighway
4th Floor
St Louis, MO 63104
Telephone: 314 977-6808 Fax: 314 977-8818
Length: 2 Yrs
Program ID: 150-28-21-064

Graduate Medical Education Directory 2004-2005
New Hampshire

Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital Veterans Affairs Medical Center (White River Junction)
Program Director: Lisa A Brown, MD
Department of Medicine
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7700 Fax: 603 650-4861
E-mail: lin.a.brown@hitchcock.org
Length: 2 Yrs
Program ID: 150-32-21-107

New Jersey

Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: Gerald F Fudala, MD
One Cooper Plaza
401 N Had atroc Avenue
Camden, NJ 08103
Tel: 856 527-9571 Fax: 856 527-7803
E-mail: donato-debra@cooperhealth.edu
Length: 2 Yrs
Program ID: 150-33-21-132

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Program Director: Robert S Pinals, MD
Dept of Medicine
PO Box 19, MRH-484
New Brunswick, NJ 08903
Tel: 732 238-8390 Fax: 732 235-7018
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 150-33-21-019

New Mexico

Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Department of Medicine
Albuquerque, NM 87131
Tel: 505 272-4781 Fax: 505 272-3824
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 150-34-21-100

New York

Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Patrick Mrozowski, MD
Department of Rheumatology
78 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-8704 Fax: 518 262-6473
Length: 2 Yrs
Program ID: 150-35-31-020

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
North Central Bronx Hospital
Program Director: Anne Davidson, MD
1260 Morris Park Avenue, Uillian 596
Bronx, NY 10461
Tel: 718 630-4107 Fax: 718 430-8789
Length: 2 Yrs
Program ID: 150-35-31-072

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Deana Lazarou, MD
450 Clarkson Ave, Box 42
Brooklyn, NY 11203
Tel: 718 270-1602 Fax: 718 270-1692
E-mail: dsiegel2@downstate.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4 Program ID: 180-35-21-009

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Program Director: Alan N Bar, MD
Department of Medicine
402 Grider Street
Buffalo, NY 14215
Tel: 716 898-4654 Fax: 716 898-3074
Length: 2 Yrs
Program ID: 150-35-31-007

Manhasset
North Shore University Hospital/NYU School of Medicine Program
Sponsor: North Shore University Hospital
Program Director: Richard Parie, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4892 Fax: 516 562-2807
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 150-35-21-121

Mineola
Winthrop-University Hospital Program
Sponsor: Winthrop-University Hospital
Nassau University Medical Center
Program Director: Steven B Carlson, MD
230 First Street
Mineola, NY 11501
Tel: 516 650-3007 Length: 2 Yrs ACGME Approved/Offered Positions: 3 Program ID: 150-35-21-142

New York

Mount Sinai School of Medicine (Cabrini) Program
Sponsor: Mount Sinai School of Medicine
Program Director: Gregorio Capparati, MD
227 East 11th Street
New York, NY 10003
Tel: 212 995-6896 Fax: 212 973-5336
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 150-35-31-068

New York Medical College at St Vincent's Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St Vincent's Hospital and Medical Center (Manhattan)
Program Director: Ariel D Teitel, MD, MBA
Nurses Residence 1401
170 West 15th Street
New York, NY 10011
Tel: 212 221-7917 Fax: 212 221-7973
E-mail: arsaleite@aol.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2 Program ID: 150-35-31-160

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Cornell Medical Program
Program Director: Stephen A Page, MD
525 East 68th Street
New York, NY 10021
Tel: 212 606-1945 Fax: 212 606-1170
Length: 2 Yrs ACGME Approved/Offered Positions: 6 Program ID: 180-35-21-122

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Program Director: Michael H Pillinger, MD
500 First Avenue, Room 718
New York, NY 10016
Tel: 212 598-6119 Fax: 212 598-6582
E-mail: michael.pillinger@med.nyu.edu
Length: 2 Yrs
Program ID: 150-36-21-083
SUNY Upstate Medical University Program  
Sponsor: SUNY Upstate Medical University
Prgm Director: Christopher T Ritchlin, MD
Program ID: 150-35-11-127

Stony Brook SUNY at Stony Brook Program  
Sponsor: University Hospital - SUNY at Stony Brook Veterans Affairs Medical Center (Northport)
Prgm Director: Barry L Graber, MD
Tel: 631 444-6306 Fax: 631 444-9277
Length: 2 Yrs
Program ID: 150-35-21-010

Syracuse SUNY Upstate Medical University Program  
Sponsor: SUNY Upstate Medical University Veterans Affairs Medical Center (Syracuse)
Prgm Director: George Manous, MD
Tel: 315 454-1414 Fax: 315 454-3841
E-mail: cregg@upstate.edu
Length: 2 Yrs
Program ID: 150-35-21-074

Valhalla New York Medical College at Westchester Medical Center Program  
Sponsor: New York Medical College Westchester Medical Center
Prgm Director: L Frank Caravilio, MD
Westchester Medical Center
Munger Pavilion G73
Valhalla, NY 10595
Tel: 914 594-4444 Fax: 914 594-4277
Length: 2 Yrs
Program ID: 150-35-11-040

North Carolina Chapel Hill University of North Carolina Hospitals Program  
Sponsor: University of North Carolina Hospitals
Prgm Director: Beth J Jonas, MD
CBB 1780
3330 Thurston Bldg
Chapel Hill, NC 27599
Tel: 919 966-4101 Fax: 919 966-1759
Length: 2 Yrs
Program ID: 150-36-21-102

Durham Duke University Hospital Program  
Sponsor: Duke University Hospital Veterans Affairs Medical Center (Durham)
Prgm Director: John Sundy, MD, PhD
Box 3544
Durham, NC 27710
Tel: 919 688-5508 Fax: 919 688-8306
Length: 2 Yrs
Program ID: 150-36-21-103

Ohio Cincinnati University Hospital/University of Cincinnati College of Medicine Program  
Sponsor: University Hospital Inc
Prgm Director: Christ Hospital Veterans Affairs Medical Center (Cincinnati)
Veterans Affairs Medical Center (Cincinnati)
Barry L Gruber, MD, MChB, Division of Immunology
Tel: 513 559-4701 Fax: 513 559-3799
Length: 2 Yrs
Program ID: 150-35-12-149

Ohio State University Hospital Program  
Sponsor: Ohio State University Hospital
Prgm Director: Ronald L. Winship, MD
Davis Medical Research Center
480 W 9th Avenue
Columbus, OH 43210
Tel: 614 299-8909
Length: 2 Yrs
Program ID: 150-35-21-144

Cleveland Case Western Reserve University/ University Hospitals of Cleveland Program  
Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Prgm Director: Ali D Askari, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 566-6384 Fax: 216 441-3167
E-mail: alidaskari93@gmail.com
Length: 2 Yrs
Program ID: 150-35-21-115

Cleveland Clinic Foundation Program  
Sponsor: Cleveland Clinic Foundation
Prgm Director: Brian P Masdoll, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-6500
E-mail: meded@ccf.org
Length: 2 Yrs
Program ID: 150-35-21-117

Ohio State University Hospital Program  
Sponsor: Ohio State University Hospital
Prgm Director: Ronald L. Whisler, MD
Davis Medical Research Center
480 W 9th Avenue
Columbus, OH 43210
Tel: 614 299-8909
Length: 2 Yrs
Program ID: 150-35-21-144

Columbia University Hospital Program  
Sponsor: Columbia University Hospital
Prgm Director: Kenneth S O'Rourke, MD
Medical Center Boulevard
Columbia, NY 10032
Tel: 212 305-1200 Fax: 212 305-1283
Length: 2 Yrs
Program ID: 150-35-21-111

Oregon Portland Oregon Health & Science University Program  
Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Prgm Director: Andre Barchuk, MD
Department of Medicine (OP-05)
3181 SW Jackson Park Road
Portland, OR 97239
Tel: 503 444-4093 Fax: 503 444-1022
Length: 2 Yrs
Program ID: 150-39-21-056

Pennsylvania Danville Geisinger Health System Program  
Sponsor: Geisinger Health System
Prgm Director: Thomas M Harrington, MD
100 North Academy Avenue
100 North Academy Avenue
Danville, PA 17822
Tel: 570 771-2046 Fax: 570 771-3587
Length: 2 Yrs
Program ID: 150-41-11-104

Philadelphia Albert Einstein Healthcare Network Program  
Sponsor: Albert Einstein Medical Center
Prgm Director: Lawrence H Brent, MD
Korman Building, Suite 103
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 455-7303 Fax: 215 455-3898
E-mail: breth@hotmail.com
Length: 2 Yrs
Program ID: 150-41-11-035

Drexel University College of Medicine (MCP Hahnemann) Program  
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Medical College of Pennsylvania Hosp (Tenet Health System)
Prgm Director: Carolyn R O'Connor, MD
345 N 15th Street
MS 425
Philadelphia, PA 19102
Tel: 215 703-6614 Fax: 215 246-5813
Length: 2 Yrs
Program ID: 150-41-21-084
South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Ralph E. Johnson, MD Medical Center (Charleston)
Program Director: Marc B. Bolster, MD
Tel: 843-792-7111 E-mail: frickam@musc.edu
Length: 2 Yrs
Program ID: 150-45-21-076

Tennessee
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Methodist Healthcare - Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Kristine M. Lohr, MD
Division of Rheumatology
956 Court Avenue, Room A318
Memphis, TN 38163
Tel: 901-449-5760 Fax: 901-449-3583
Length: 2 Yrs
Program ID: 150-47-21-105

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Program Director: Howard A. Pisco, MD
Division of Rheumatology
Medical Center North, 1515 I-40
Nashville, TN 37232
Tel: 615-322-4746 Fax: 615-322-6248
E-mail: howard.pisco@vanderbilt.edu
Length: 2 Yrs
Program ID: 150-47-31-012

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Program Director: Salahuddin Kazi, MD
Department of Internal Medicine
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214-648-9110 Fax: 214-648-7085
Length: 2 Yrs
Program ID: 150-48-21-670

Temple University Program
Sponsor: Temple University Hospital
Program Director: Audrey B. Utz, MD
Department of Rheumatology
3440 N Broad Street
Philadelphia, PA 19140
Tel: 215-707-1788 Fax: 215-707-0002
Length: 2 Yrs
Program ID: 150-41-21-023

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Raphael J DeHoratius, MD
Division of Rheumatology
Room 615 Curtis Building
Philadelphia, PA 19107
Tel: 215-955-1410
E-mail: raphael.dehoratius@mail.ija.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-41-31-024

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Sherman L. Kolanski, MD
5 Maloney, Suite 504
36th & Spruce Streets
Philadelphia, PA 19104
Tel: 215-956-9666 Fax: 215-662-1450
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-41-21-015

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
Program Director: Chester V Oddis, MD
5350 Terrace Street
ST001 Biomedical Science Tower
Pittsburgh, PA 15261
Tel: 412-627-9861 Fax: 412-363-8864
Length 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 150-41-21-027

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
University Hospital
Program Director: Luis M. Vild, MD
University Hospital
Box 950607
San Juan, PR 00938
Tel: 787-758-3225 Fax: 787-754-6830
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-42-21-085

Rhode Island
Providence
Roger Williams Medical Center Program
Sponsor: Roger Williams Medical Center
Roger Williams Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Program Director: Edward V. Lally, MD
Roger Williams Medical Center
625 Chalkstone Avenue
Providence, RI 02908
Tel: 401-456-2069 Fax: 401-456-6768
Length: 2 Yrs
Program ID: 150-43-31-028

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Bruce A. Hawtho, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409-772-2863 Fax: 409-772-7355
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-48-21-147

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District Ben Taub General Hospital
Methodist Hospital
Veterans Affairs Medical Center (Houston)
Program Director: David P. Houston, MD
One Baylor Plaza, BCM 385
Suite 672E
Houston, TX 77030
Tel: 713-798-3360 Fax: 713-798-5790
E-mail: swat@bcm.tmc.edu
Length: 2 Yrs
Program ID: 150-48-21-056

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Lyndon B. Johnson General Hospital
Memorial Hermann Hospital System
Program Director: John D. Beville, MD
6831 Fannin, MBB 5-270
Houston, TX 77030
Tel: 713-500-5800 Fax: 713-500-0580
Length: 2 Yrs
Program ID: 150-48-31-130

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Willford Hall Medical Center (AFMC)
Program Director: Ronald A. Arroy, MD
2200 Bergquist Drive, Ste 1
Lackland AFB, TX 78236
Tel: 210-355-7827 Fax: 210-355-2277
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-48-12-065
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Michael Fischbach, MD
7700 Floyd Curl Drive
MC 7888
San Antonio, TX 78229
Tel: 210-567-4658 Fax: 210-567-4721
E-mail: fischbach@uthscsa.edu
Length: 2 Yrs
Program ID: 150-48-21-041
Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prog Director: H. James Williams, MD
900 E Medical Drive, 4252
Salt Lake City, UT 84132
Tel: 801-581-4333 Fax: 801-581-6009
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-49-21-148

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Prog Director: Sheldon M Cooper, MD
D-306 Green Bldg
55 Beaumont Avenue
Burlington, VT 05405
Tel: 802-656-3144 Fx: 802-656-3854
E-mail: sheldon.cooper@uvm.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 190-51-21-120

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Prog Director: Wael Jarjour, MD
Department of Internal Medicine
PO Box 900412
Charlottesville, VA 22908
Tel: 434-244-5324 Fax: 434-244-0578
E-mail: rheumfeu@virginia.edu
Length: 2 Yrs
Program ID: 301-01-18-023

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prog Director: William S Middleton Adjunct Professor
PO Box 989263
Richmond, VA 23298
Tel: 804-285-4506 Fax: 804-285-0983
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-51-21-039

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prog Director: Keith B Elkon, MD
Division of Rheumatology
PO Box 356479
Seattle, WA 98195
Tel: 206-543-3414 Fax: 206-685-9397
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 150-54-21-069

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William H Blesson Veterans Hospital
Prog Director: Kevin M Mckown, MD
950 Highland Avenue
Room H6-063 CSC
Madison, WI 53702
Tel: 608-284-9866 Fax: 608-284-6749
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-56-21-097

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prog Director: Mary E Cronin, MD
Rheumatology
2930 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414-456-7010 Fax: 414-456-6205
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 150-56-31-029

Selective Pathology (Pathology)

Connecticut
Hartford
Hartford Hospital Program
Sponsor: Hartford Hospital
Prog Director: Martin M Berman, MD
99 Seymour Street
PO Box 5057
Hartford, CT 06102
Tel: 860-545-2999
Length: 1 Yr
Program ID: 301-08-22-028

District of Columbia
Washington
Armed Forces Institute of Pathology Program
Sponsor: Armed Forces Institute of Pathology
Prog Director: William D Travis, MD
2301 NW 16th Street
Washington, DC 20306
Tel: 301-789-1781
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 301-10-13-023
US Armed Services Program

Illinois
Chicago
University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Prog Director: Robert Polberg, MD
1610 W Polk Street
446 CMW
Chicago, IL 60612
Tel: 312-996-2829
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 301-16-21-026

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prog Director: Lorraine C Racusen, MD
771 Pathology Building
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410-955-3477
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 301-29-21-024
Massachusetts

Boston
Beth Israel Deaconess Medical Center/Harvard Medical School Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: Laura C Collins, MD
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-2384
Length: 1 Yr
ACGME Approved/Offered Positions: 5
Program ID: 001-34-11-027

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Program Director: Christopher F Crum, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7530
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 001-34-11-009

Missouri

St Louis
Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Louis F Dehner, MD
600 S Euclid Avenue
Campus Box 8118
St Louis, MO 63110
Tel: 314 935-0150 Fax: 314 935-0027
Length: 1 Yr
ACGME Approved/Offered Positions: 7
Program ID: 001-28-31-025

New York

Buffalo
Roswell Park Cancer Institute Program
Sponsor: Roswell Park Cancer Institute
Program Director: Janet S Winston, MD
Elm & Carlton Street
Buffalo, NY 14203
Tel: 716 845-2373
Length: 1 Yr
ACGME Approved/Offered Positions: 6
Program ID: 001-35-21-016

New York
Hospital for Joint Diseases Orthopaedic Institute Program
Sponsor: Hospital for Joint Diseases Orthopaedic Institute
Program Director: German C Steinberg, MD
301 East 73rd Street
New York, NY 10021
Tel: 212 598-0231 Fax: 212 598-6057
Length: 1 Yr
Program ID: 001-35-21-005

Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: David S Klimstra, MD
1275 York Avenue
New York, NY 10021
Tel: 212 639-2410 Fax: 212 772-8521
Length: 1 Yr
ACGME Approved/Offered Positions: 17
Program ID: 001-35-21-011

Office of the Chief Medical Examiner-City of New York Program
Sponsor: Office of Chief Medical Examiner-City of New York
Program Director: Barbara A Sampson, MD, PhD
520 First Avenue
New York, NY 10165
Tel: 212 447-2335 Fax: 212 447-4300
Length: 1 Yr
ACGME Approved/Offered Positions: 2
Program ID: 001-35-31-033

Pennsylvania

Philadelphia
Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Arthur S Patchefsky, MD
Fox Chase Cancer Center
333 Cottman Avenue
Philadelphia, PA 19111
Tel: 215 732-6270 Fax: 215 732-2860
E-mail: a_patchefsky@fccc.edu
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 001-41-31-018

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Program Director: Gordon H Yu, MD
3400 Spruce Street, 6 Founders Philadelphia, PA 19104
Tel: 215 662-3311
Length: 1 Yr
Program ID: 001-41-31-009

University of Pennsylvania Program A
Sponsor: University of Pennsylvania Health System
Program Director: Gordon H Yu, MD
3400 Spruce Street, 6 Founders Philadelphia, PA 19104
Tel: 215 662-3311
Length: 1 Yr
Program ID: 001-41-31-030

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Program Director: Leon Barney, MD
300 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-3709 Fax: 412 647-6231
Length: 1 Yr
Program ID: 001-41-11-030

University of Pittsburgh Medical Center Medical Education/Magee-Women's Hospital Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Magee-Women's Hospital
Program Director: David J Dabbs, MD
300 Halbot Street
Pittsburgh, PA 15213
Tel: 412 647-4851
Length: 1 Yr
Program ID: 001-41-33-005

Texas

Houston
University of Texas MD Anderson Cancer Center Program
Sponsor: University of Texas MD Anderson Cancer Center
Program Director: Aspelag Sahin, MD
1515 Holcombe, Pathology/Fellowship, Box 085
Houston, TX 77030
Tel: 713 794-1600 Fax: 713 794-0789
Length: 1 Yr
ACGME Approved/Offered Positions: 14
Program ID: 001-48-21-010

University of Texas MD Anderson Cancer Center Program A
Sponsor: University of Texas MD Anderson Cancer Center
Program Director: Asrinsi Mulpida, MD
Pathology/Fellowship Unit #085
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 793-3154
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 001-48-12-081

Virginia

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Margaret M Grimes, MD
PO Box 980662
Richmond, VA 23298
Tel: 804 828-8739 Fax: 804 828-8055
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 001-61-12-054

Washington

Seattle
PhenoPath Laboratories Program
Sponsor: PhenoPath Laboratories
Program Director: Allen M Gown, MD
551 N 34th St, Suite 100
Seattle, WA 98103
Tel: 206 374-8000 Fax: 206 374-9009
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 001-64-21-022
Accredited Programs in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
3801 19th Street South, SRC/130
Birmingham, AL 35249
Tel: 205-934-3303 Fax: 205-975-974
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-01-21-001

California

Orange

University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
4900 Atlantic Avenue
Long Beach, CA 90804
Tel: 562-494-2703 Fax: 562-494-3118
E-mail: veron.11n@mod.va.gov
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-05-21-014

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Pgm Director:inder Perkash, MD
3801 Miranda Avenue
SCMC Service (158)
Palo Alto, CA 94304
Tel: 650-493-5000 Fax: 650-853-3455
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 845-05-21-007

Florida

Miami

University of Miami-Jackson Memorial Medical Center Program
Sponsor: Veterans Affairs Medical Center (Miami) Jackson Memorial Hospital/Jackson Health System
Pgm Director: Andrew J. Shermman, MD, MS
1190 NW 14th Terrace
Suite 1-40
Miami, FL 33136
Tel: 305-243-4787 Fax: 305-243-3286
E-mail: m.sipilay@miami.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 845-11-21-018

Tampa

James A. Haley Veterans Hospital/University of South Florida Program
Sponsor: University of South Florida College of Medicine
James A. Haley Veterans Hospital
Shriners Hospitals for Children (Tampa)
Tampa General Hospital
Pgm Director: Steven G. Scott, DO
13000 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813-978-7530 Fax: 813-978-5862
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-11-21-016

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Rehabilitation Institute of Chicago
Pgm Director: David Chen, MD
345 East Superior Street, Room 1146
Chicago, IL 60611
Tel: 312-506-3978 Fax: 312-338-7815
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-12-16-020

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Pgm Director: Yvonne Lucero, MD
PO Box 5000
Maywood, IL 60141
Tel: 708-262-2244 Fax: 708-521-7600
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-10-21-010

Massachusetts

Boston

Harvard Medical School Program
Sponsor: Spaulding Rehabilitation Hospital
Boston VA Healthcare System (Brockton-West Roxbury)
Brigham and Women's Hospital
Pgm Director: Sunil Sabharwal, MD
1400 VFW Parkway
West Roxbury, MA 02132
Tel: 617-337-7700 Fax: 617-368-5538
E-mail: Sunil.Sabharwal2@med.va.gov
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-24-31-002

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Pgm Director: Cristina L Sadowsky, MD
4444 Forest Park Avenue (Suite E 226)
Box 8518
St. Louis, MO 63108
Tel: 314-454-7707 Fax: 314-454-5200
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 845-26-21-011

New Jersey

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Kessler Institute for Rehabilitation
Pgm Director: Steven Kirshblum, MD
36 Bergen Street, ADRC 101
Newark, NJ 07103
Tel: 973-997-3100 Fax: 973-997-5148
E-mail: Skirschblum@kessler-rehab.com
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 845-33-21-003

New York

New York

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Veterans Affairs Medical Center (Bronx)
Pgm Director: Adam B. Stein, MD
1455 Madison Avenue, Box 1249
New York, NY 10029
Tel: 212-659-6593 Fax: 212-659-5013
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 845-35-12-015

Pennsylvania

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program
Sponsor: University of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian-Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Pgm Director: John A Hertan III, MD
1405 Shady Avenue
Pittsburgh, PA 15217
Tel: 412-420-3443 Fax: 412-420-8369
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 845-41-18-017

Texas

Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Pgm Director: Lance Goetz, MD
VA North Texas Health Care System
4500 S Lancaster Road (128)
Dallas, TX 75368
Tel: 214-857-2751 Fax: 214-857-1579
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 845-49-21-912

Graduate Medical Education Directory 2004-2005
## Accredited Programs in Sports Medicine (Emergency Medicine)

### Houston
**Baylor College of Medicine Program**
- **Sponsor:** Baylor College of Medicine
- **Institute for Rehabilitation and Research**
- **Memorial Hermann Hospital System**
- **Veterans Affairs Medical Center (Houston)**
- **Program Director:** Sally A. Holmes, MD
- **Tel:** 713 799-5035
- **Fax:** 713 797-5904
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 2
- **Program ID:** 345-48-12-021

**University of Texas at Houston Program**
- **Sponsor:** University of Texas Medical School at Houston Institute for Rehabilitation and Research
- **Memorial Hermann Hospital System**
- **Veterans Affairs Medical Center (Houston)**
- **Program Director:** Kenneth C. Parsons, MD
- **Education, B-107, TMPR**
- **1333 Morningside**
- **Houston, TX 77030**
- **Tel:** 713 797-5282
- **Fax:** 713 797-5904
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-45-21-009

### San Antonio
**University of Texas Health Science Center at San Antonio Program**
- **Sponsor:** University of Texas Medical School at San Antonio University Health System
- **Program Director:** Douglas B. Barber, MD
- **7703 Floyd Curl Drive**
- **San Antonio, TX 78229**
- **Tel:** 210 567-5351
- **Fax:** 210 567-5354
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-45-21-022

### Virginia
**Richmond**
**Virginia Commonwealth University Health System Program**
- **Sponsor:** Virginia Commonwealth University Health System
- **Hunter Holmes McGuire VA Medical Center (Richmond)**
- **Medical College of Virginia Hospitals**
- **Program Director:** Prabhakaran K Nambiar, MD
- **1301 Broad Rock Boulevard**
- **Richmond, VA 23298**
- **Tel:** 804 675-5392
- **Fax:** 804 675-5323
- **E-mail:** prabhakaran3000@yahoo.com
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 3
- **Program ID:** 345-51-21-004

### Washington
**Seattle**
**University of Washington Program**
- **Sponsor:** University of Washington School of Medicine
- **Children's Hospital and Regional Medical Center**
- **Harborview Medical Center**
- **Veterans Affairs Medical Center**
- **VA Puget Sound Health Care System**
- **Program Director:** Steven A. Stein, MD
- **SCI Svc (128), Paget Sound Hlth Care**
- **1660 Columbia Way South**
- **Seattle, WA 98108**
- **Tel:** 206 764-2372
- **Fax:** 206 764-2799
- **E-mail:** stein@u.washington.edu
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-54-21-006

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**Wisconsin**
**Milwaukee**
**Medical College of Wisconsin Program**
- **Sponsor:** Medical College of Wisconsin Affiliated Hospitals, Inc
- **Program Director:** Clement T. Zablocki Veterans Affairs Medical Center
- **Tel:** 414 384-2000
- **Fax:** 414 382-5293
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 1
- **Program ID:** 345-36-12-018

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**Sports Medicine (Emergency Medicine)**

### New York
**Rochester**
**University of Rochester Program**
- **Sponsor:** Strong Memorial Hospital of the University of Rochester
- **Program Director:** Kenneth R. Veeninga, MD, MBA
- **Box 655**
- **601 Elmwood Avenue**
- **Rochester, NY 14642**
- **Tel:** 585 245-2977
- **Fax:** 585 340-3051
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 1
- **Program ID:** 116-35-31-004

### Ohio
**Dayton**
**Wright State University Program**
- **Sponsor:** Wright State University School of Medicine
- **Kettering Medical Center**
- **Program Director:** James W. Warden, MD
- **5460 Far Hills Avenue**
- **Dayton, OH 45429**
- **Tel:** 937 386-3940
- **Fax:** 937 386-3940
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 2
- **Program ID:** 116-35-12-003

### Pennsylvania
**Pittsburgh**
**Allegheny General Hospital Program**
- **Sponsor:** Allegheny General Hospital
- **Program Director:** Edward D. Snell, MD
- **1307 Federal Street**
- **2nd Floor**
- **Pittsburgh, PA 15212**
- **Tel:** 412 359-6501
- **Fax:** 412 359-6265
- **Length:** 1 Yr
- **ACGME Approved/Offered Positions:** 2
- **Program ID:** 116-41-21-001
Sports Medicine (Family Practice)

Alabama

Birmingham

Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
Prgm Director: Tracy Bay, MD
1313 1st Street South
Birmingham, AL 35206
Tel: 205-314-2521  Fax: 205-314-2543
E-mail: taylor.walter@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 127-01-24-406

Huntsville

University of Alabama Medical Center (Huntsville) Program
Sponsor: University of Alabama Hospital
Huntsville Hospital
Prgm Director: Michael M Linder, MD
301 Governors Drive
Huntsville, AL 35801
Tel: 256-551-4637  Fax: 256-551-4633
E-mail: francisp@uasom.uab.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-01-24-406

California

Camp Pendleton

Naval Hospital (Camp Pendleton) Program
Sponsor: Naval Hospital (Camp Pendleton)
Prgm Director: Kevin T Seufert, MD
Naval Hospital
Camp Pendleton, CA 92055
Tel: 760-725-1813  Fax: 760-385-0146
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-05-21-068

US Armed Services Program

Fontana

Kaiser Permanente Southern California (Fontana) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Fontana)
Prgm Director: Aaron Hubin, MD
9985 Sierra Avenue
Fontana, CA 92335
Tel: 909-427-6376  Fax: 909-427-6616
E-mail: aaron.l.hubin@kp.org
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 127-05-21-063

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Daniel V Vagli, MD
4950 Sunset Blvd, Suite 4B
Los Angeles, CA 90027
Tel: 323-783-5816  Fax: 323-783-4006
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-05-13-069

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: John P DiFlorio, MD
50-080 CHS
19833 Le Conte Ave
Los Angeles, CA 90095
Tel: 310-794-6263  Fax: 310-794-6667
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-05-21-018

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Prgm Director: Mark D Bracker, MD
Division of Family Medicine
9600 Gilman Drive #0807
La Jolla, CA 92030
Tel: 858-543-5474  Fax: 858-543-5996
E-mail: jocommnr,ucl.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-05-91-004

San Jose

San Jose Medical Center Program
Sponsor: San Jose Medical Center
Prgm Director: Michael J Henahan, DO
25 North 14th Street
Suite 1000
San Jose, CA 95112
Tel: 408-977-4500  Fax: 408-977-4456
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-06-91-019

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Kevin S Bass, MD
1403 W Locita Blvd, #102
Harbor City, CA 90710
Tel: 310-534-6221  Fax: 310-335-7205
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-05-21-070

Colorado

Denver

University of Colorado (University Hospital) Program
Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: John C Hill, DO
2149 S Holly Street
Denver, CO 80222
Tel: 303-584-7917  Fax: 303-584-7960
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-07-31-035

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
St Francis Hospital and Medical Center
Prgm Director: Thomas H Trojan, MD
99 Woodland Street
Hartford, CT 06102
Tel: 860-714-6520  Fax: 860-714-8079
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-08-13-067

Florida

Daytona Beach

Hai!i!afxa Medical Center Program
Sponsor: Hafiifxa Medical Center
Prgm Director: John A Shelton Jr, MD
Family Practice Residency Program
503 North Clyde Morris Blvd
Daytona Beach, FL 32114
Tel: 386-254-4171  Fax: 386-258-4887
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-11-21-036

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed Mayo Clinic
College of Medicine
St Luke's Hospital
Prgm Director: Walter C Taylor III, MD
4550 San Pablo Road
Jacksonville, FL 32224
Tel: 904-953-0622  Fax: 904-953-0626
E-mail: taylorwalter@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-11-14-972

St Petersburg

Bayfront Medical Center Program
Sponsor: Bayfront Medical Center
Prgm Director: Edward R Gillett, MD
700 Sixth Street South
St Petersburg, FL 33701
Tel: 727-880-6156  Fax: 727-553-7340
E-mail: fp-web@bayfront.org
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 127-11-21-041

Georgia

Albany

Phoebe Putney Memorial Hospital Program
Sponsor: Phoebe Putney Memorial Hospital
Prgm Director: Sean T Bryan, MD
2336 Dawson Road, #2200
Albany, GA 31707
Tel: 229-312-8786  Fax: 229-312-8743
E-mail: sbryan@ppmh.org
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-11-31-075

Graduate Medical Education Directory 2004-2005
Hawaii

Honolulu

University of Hawaii Program
Sponsor: University of Hawaii John A Burns School of Medicine
Prgm Director: Frank E. Girosi, MD
1271 University Ave
Honolulu, HI 96822
Tel: 808 956-8874  Fax: 808 956-5506
E-mail: sportsmed@hawaii.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-14-31-074

Idaho

Boise

Family Practice Residency of Idaho Program
Sponsor: Family Practice Residency of Idaho St Alphonson Regional Medical Center
Trellis Valley Hospital
Prgm Director: Thomas J. Begley, MD, MPH
522 North Raynold
Boise, ID 83704
Tel: 208 367-6000  Fax: 208 367-6123
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-18-21-097

Illinois

Berwyn

MacNeal Memorial Hospital Program
Sponsor: MacNeal Memorial Hospital Rush University Medical Center
Prgm Director: John M. Schaefer, MD
1775 West Dempster Street - 6 South
Park Ridge, IL 60068
Tel: 708 783-3599  Fax: 708 783-3565
E-mail: r hernndez@macneal.com
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-18-21-049

Park Ridge

Advocate Lutheran General Hospital Program
Sponsor: Advocate Lutheran General Hospital
Prgm Director: William W. Briner, Jr, MD
1775 West Dempster Street - 6 South
Park Ridge, IL 60068
Tel: 847 723-7160  Fax: 847 723-6616
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 127-18-21-049

Quincy

Southern Illinois University (Quincy) Program
Sponsor: Southern Illinois University School of Medicine
Prgm Director: James M. Daniels, MD, PhD
115 North 4th Street, Suite B
Quincy, IL 62301
Tel: 217 224-4884  Fax: 217 224-7950
Length: 1 Yr
Program ID: 127-16-23-079

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Prgm Director: Kevin M. Gabbe, MD
6230 South Bend Medical Center
University School of Medicine (South Bend)
P.O. Box 1388
South Bend, IN 46637
Tel: 574 230-6000  Fax: 574 230-6001
E-mail: kmgabbe@indiana.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-17-21-041

South Bend

Memorial Hospital of South Bend Program
Sponsor: Memorial Hospital of South Bend
Prgm Director: Mark E. Lavelle, MD
410 683-2130
5889 Garfield Drive
South Bend, IN 46637
Tel: 574 230-6000  Fax: 574 230-6001
E-mail: mlavelle@memorial.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 127-17-21-042

St Joseph's Regional Medical Center (South Bend) Program
Sponsor: St Joseph's Regional Medical Center (South Bend)
Memorial Hospital of South Bend
Prgm Director: Stephen M. Simmons, MD
5889 Garfield Drive
South Bend, IN 46637
Tel: 574 230-6000  Fax: 574 230-6001
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-17-21-043

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Prgm Director: Robert H. Hsiao, MD
49008
302 Kentucky Clinic
Lexington, KY 40509
Tel: 502 323-6661  Fax: 502 323-6661
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 127-26-21-042

Maine

Portland

Maine Medical Center Program
Sponsor: Maine Medical Center
Prgm Director: William W. Dickey, MD
224 Congress Street
Portland, ME 04101
Tel: 207 794-7389  Fax: 207 794-1918
E-mail: dextor@mmc.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 127-22-21-035

Maryland

Baltimore

University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Andrew M. Tucker, MD
Suite 300
Timonium, MD 21093
Tel: 410 388-2130  Fax: 410 863-2130
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-23-21-051

Massachusetts

Worcester

University of Massachusetts (Fitchburg) Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
Prgm Director: James Broadhurst, MD
119 Belmont Street, 3rd Floor
Worcester, MA 01605
Tel: 508 334-6111  Fax: 508 334-6404
Length: 1 Yr
Program ID: 127-24-13-080

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Robert E. Nissenson, MD
12003 Women's Hospital
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 615-2689  Fax: 734 615-2687
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 127-25-21-007

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Steven J. Karlares, DO
6853 Second Avenue
Detroit, MI 48202
Tel: 313 876-8319  Fax: 313 876-5381
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 127-26-21-064

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ/Kalamazoo Center for Medical Studies
Prgm Director: William W. Briner, Jr, MD
224 Congress Street
Portland, ME 04101
Tel: 207 794-7389  Fax: 207 794-1918
E-mail: dextor@mmc.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 127-22-21-035

Graduate Medical Education Directory 2004-2005 949
Lansing
Sparrow Hospital/Michigan State University Program
Sponsor: Sparrow Hospital
Program Director: Randolph Pearson, MD
1210 E Michigan Avenue
PO Box 30480
Lansing, MI 48909
Tel: 517-364-5760
Length: 1 Yr
Program ID: 127-25-21-091

Southfield
Providence Hospital and Medical Centers Program
Sponsor: Providence Hospital and Medical Centers
Program Director: Scott Ethorne, MD
3065 Northwestern Highway
Suite 30
Parramount Hills, MI 48334
Tel: 248-865-8030 Fax: 248-865-4031
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 127-25-21-022

New Jersey
Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
St Peter's University Hospital
Program Director: Dennis A Cardone, DO
Dept of Family Medicine, MEB 378C
One Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732-557-76d9 Fax: 732-235-6309
Length: 1 Yr
Program ID: 127-38-21-690

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Jeffrey R Byromski, DO
Box 2672
Durham, NC 27710
Tel: 919-684-3591 Fax: 919-681-6357
E-mail: byromski01@duke.edu
Length: 1 Yr
Program ID: 127-96-21-005

Greensboro
Moses H Cone Memorial Hospital Program
Sponsor: Moses H Cone Memorial Hospital
Program Director: Karl B Fields, MD
1125 N Church Street
Greensboro, NC 27401
Tel: 336-837-6122 Fax: 336-837-7078
Length: 1 Yr
ACGME Approved/Offered Positions: 3
Program ID: 127-26-21-098

Mississippi
Jackson
Ole Miss Family Medicine Program
Sponsor: University of Mississippi Medical Center
Program Director: Fred E Ewing, MD
1500 Meeks Hall
University, MS 38677
Tel: 662-915-2307 Fax: 662-915-2288
Length: 1 Yr
Program ID: 127-25-21-020

Missoiri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Program Director: James J Kinderknecht, MD
M226 Health Sciences Center
Columbia, MO 65212
Tel: 573-882-6982 Fax: 573-882-9096
Length: 1 Yr
ACGME Approved/Offered Positions: 1
Program ID: 127-29-21-049

Montana
Billings
Montana Family Practice Sports Medicine Program
Sponsor: Montana Family Medicine Residency St Vincent Hospital and Health Center
Program Director: Roxanne Fahrenwald, MD
123 S 27th Street
Billings, MT 59101
Tel: 406-247-3206 Fax: 406-247-3207
E-mail: info@montana.medicine.washington.edu
Length: 1 Yr
Program ID: 127-29-11-078

Ohio
Cleveland
Fairview Health System Program
Sponsor: Fairview Health System/Fairview Hospital
Cleveland Clinic Foundation
Program Director: Robert J Dimoff, MD
9600 Euclid Avenue, A-41
Cleveland, OH 44195
Tel: 216-444-2185 Fax: 216-445-7362
Length: 1 Yr
Program ID: 127-38-21-047

Columbus
Grant Medical Center (OhioHealth) Program
Sponsor: Grant Medical Center (OhioHealth)
McConnell Heart Health Center
Program Director: Thomas A Pommering, DO
111 South Grant Avenue
Columbus, OH 43215
Tel: 614-566-9896 Fax: 614-566-9073
Length: 1 Yr
Program ID: 127-38-21-009

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: John A Lombardo, MD
3050 Kenny Road
Columbus, OH 43221
Tel: 614-293-5320 Fax: 614-293-4398
Length: 1 Yr
Program ID: 127-38-21-031

Toledo
Toledo Hospital Program
Sponsor: Toledo Hospital
Program Director: Roger J Kruse, MD
3665 N Reynolds Rd
Toledo, OH 43616
Tel: 419-597-1700 Fax: 419-537-5666
Length: 1 Yr
Program ID: 127-38-21-011

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Program Director: James R Barrett, MD
900 NE 16th Street
Oklahoma City, OK 73104
Tel: 405-271-6818 Fax: 405-271-4366
Length: 1 Yr
Program ID: 127-39-21-012

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Saint Francis Health System
Program Director: Jeffrey Ensel, MD
6080 S Yale, Suite 500
Tulsa, OK 74136
Tel: 918-494-9300 Fax: 918-494-9355
E-mail: nlang@uco.com
Length: 1 Yr
Program ID: 127-39-21-013
<table>
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<tr>
<th>State</th>
<th>Program Name</th>
<th>Sponsor</th>
<th>Program Director/Contact Information</th>
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<tr>
<td>Pennsylvania</td>
<td>St Vincent Health Center Program</td>
<td>Sponsior: St Vincent Health Center</td>
<td>Pgm Dir: Jonathan D. McKeil, MD</td>
<td>1 Yr</td>
<td>127-41-21-061</td>
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<tr>
<td></td>
<td>Springfield, PA, 19524</td>
<td></td>
<td>Tel: 215-696-5106 Fax: 814-452-5607</td>
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<td>University of Pittsburgh Medical Center Education (St Margaret) Program</td>
<td>Sponsors: Univ of Pittsburgh Medical Center Medical Education Program</td>
<td>UPMC St Margaret Pgm Dir: David A Stone, MD</td>
<td>1 Yr</td>
<td>127-41-21-025</td>
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<td>Tel: 412-623-2088 Fax: 412-623-6253</td>
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<td>University of Pittsburgh Medical Center Medical Education/Presbyterian</td>
<td>UPMC Presbyterian Shadyside Pgm Dir: David A Stone, MD</td>
<td>Dept of Family Practice</td>
<td>1 Yr</td>
<td>127-41-21-025</td>
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<td></td>
<td>Shadyside Hospital Program</td>
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<td>5230 Centre Avenue Room 510 Pittsburgh, PA, 15222</td>
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<td>Tel: 412-623-2088 Fax: 412-623-6253</td>
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<td>Methodist Hospitals of Dallas/University of Texas Southwestern Medical School</td>
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<td>Fort Worth Medical School</td>
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<td>Hospital System Program</td>
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<td>Crozer-Keystone Health System Program</td>
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<td>Springfield Hospital Pgm Dir: Brian J. Shible, DO</td>
<td>1 Yr</td>
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<td>1200 E Woodland Avenue Suite 200 Springfield, PA, 19064</td>
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<td></td>
<td></td>
<td>Tel: 610-660-4491 Fax: 610-338-6391</td>
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<td>University of Washington Medical School</td>
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<td>Harry S Truman Hospital Program</td>
<td>Sponsor: University of Kansas Hospital</td>
<td>Truman County Hospital</td>
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<td>Tel: 817-927-1290 E-mail: <a href="mailto:hstumar@hshnetwork.org">hstumar@hshnetwork.org</a></td>
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<td>University of Texas Southwestern Medical School</td>
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**South Carolina**

- **Columbia**
  - Program: Palmetto Health/University of South Carolina School of Medicine Program
  - Sponsor: Palmetto Health
  - Pgm Dir: Thomas D. Armenty, MD
  - 3200 Colonial Drive
  - Columbia, SC 29603
  - Tel: 803-434-6116 Fax: 803-434-7620
  - Length: 1 Yr ACGME Approved/Offered Positions: 2
  - Program ID: 127-41-21-015

- **Tennessee**
  - **Knoxville**
    - Program: University of Tennessee Medical Center at Knoxville Program
    - Sponsor: University of Tennessee Graduate School of Medicine
    - Pgm Dir: Kenneth M. Biskel, MD, MBA
    - 1984 Alcoa Highway
    - Box U-87
    - Knoxville, TN 37933
    - Tel: 865-544-6652 Fax: 865-544-6232
    - E-mail: kiviel@sak.edu
    - Length: 1 Yr ACGME Approved/Offered Positions: 1
    - Program ID: 127-41-21-044

- **Texas**
  - **Dallas**
    - Program: Methodist Hospitals of Dallas/University of Texas Southwestern Medical School Program
    - Sponsor: Methodist Hospitals of Dallas
    - Pgm Dir: David S. Rose, MD
    - 3500 W Wycliff Road
    - Dallas, TX 75237
    - Tel: 214-947-5420 Fax: 214-947-5245
    - Length: 1 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 127-41-21-016

- **Utah**
  - **Provo**
    - Program: Utah Valley Regional Medical Center Program
    - Sponsor: Utah Valley Regional Medical Center
    - Pgm Dir: Matthew P. Horsch, MD
    - 1134 North 500 West, Suite 102
    - Provo, UT 84604
    - Tel: 801-577-7940 Fax: 801-577-7927
    - Length: 1 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 127-41-21-058

- **Salt Lake City**
  - Program: University of Utah Program
    - Sponsor: University of Utah Medical Center
    - Pgm Dir: Elizabeth Joy, MD
    - 550 South Hospital Blvd
    - Salt Lake City, UT 84112
    - Tel: 801-581-8000 Fax: 801-585-3939
    - Length: 1 Yr ACGME Approved/Offered Positions: 1
    - Program ID: 127-41-21-069

- **Virginia**
  - **Fort Belvoir**
    - Program: National Capital Consortium (DeWitt Army Community Hospital) Program
    - Sponsor: National Capital Consortium
    - DeWitt Army Community Hospital
    - Malcolm Grow Medical Center
    - Virginia Hospital Center-Arlington
    - Pgm Dir: Francis G. O’Connor, MD
    - 4301 Jones Bridge Road
    - Bethesda, MD 20814
    - Tel: 301-205-8652 Fax: 301-205-8652
    - Length: 1 Yr ACGME Approved/Offered Positions: 4
    - Program ID: 127-41-21-037
    - US Armed Services Program

- **Washington**
  - Program: University of Washington Program
    - Sponsor: University of Washington School of Medicine
    - University of Washington Medical Center
    - Pgm Dir: Michael K. Eshelman, MD
    - 206-685-1044 Fax: 206-615-6652
    - Length: 1 Yr ACGME Approved/Offered Positions: 1
    - Program ID: 127-41-21-089

---
West Virginia
Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Prgm Director: Ross M Patton, MD
1600 Medical Center Drive #1500
Huntington, WV 25701
Tel: 304 691-1189  Fax: 304 691-1153
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-55-31-062

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Proedtert Memorial Lutheran Hospital
Prgm Director: Craig C Young, MD
c/o Dr Craig Young Box 26099
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 807-7460  Fax: 414 807-7499
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 127-56-21-029

Sports Medicine (Internal Medicine)

Indiana
Muncie
Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Prgm Director: Thomas L Sevles, MD
Central Indiana Sports Medicine
3600 West Bethel Avenue
Muncie, IN 47304
Tel: 765 215-5770  Fax: 765 284-4266
Length: 1 Yr
Program ID: 167-17-21-002

Pennsylvania
Philadelphia
Pennsylvania Hospital of the University of Pennsylvania Health System Program
Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Gary W Dabichman, MD
727 Delancey Street
Philadelphia, PA 19106
Tel: 215 820-6239  Fax: 215 820-6223
E-mail: byrneR@pahosp.com
Length: 1 Yr
Program ID: 167-41-12-004

Surgery-General

Alabama
Birmingham
Baptist Health System Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Prgm Director: Joseph T Williams Jr, MD
701 Princeton Avenue SW
4 East
Birmingham, AL 35211
Tel: 205 783-3191  Fax: 205 783-3164
E-mail: Thomas.Williams@bhsala.com
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 440-01-21-020

Carraway Methodist Medical Center Program
Sponsor: Carraway Methodist Medical Center
DCH Regional Medical Center
Prgm Director: Kimball I Maull, MD
Department of Surgical Education
1600 Carraway Boulevard
Birmingham, AL 35234
Tel: 205 592-6230  Fax: 205 592-1575
Length: 5 Yrs  ACGME Approved/Offered Positions: 18
Program ID: 440-01-12-021

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Kirby I Bland, MD
1922 7th Avenue South
Room 301 Kracke Building
Birmingham, AL 35294
Tel: 205 975-2199  Fax: 205 975-2199
Length: 5 Yrs  ACGME Approved/Offered Positions: 47
Program ID: 440-01-21-022

Mobile
University of South Alabama Medical Center Program
Sponsor: University of South Alabama Hospitals
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Prgm Director: Joseph LeClecre II, MD
2451 Fillingston Street
Department of General Surgery
Mobile, AL 36611
Tel: 251 471-7999  Fax: 251 471-7022
Length: 5 Yrs  ACGME Approved/Offered Positions: 54
Program ID: 440-01-11-024

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Prgm Director: John J Pierara, MD
1900 N 12th Street, Suite 910
Phoenix, AZ 85006
Tel: 602 259-2283  Fax: 602 465-9112
E-mail: holly.wailey@bannerhealth.com
Length: 5 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 440-03-22-026
French Camp
San Joaquin General Hospital Program
Sponsor: San Joaquin General Hospital
St Joseph's Medical Center
University of California (Davis) Medical Center
Program Director: Nathaniel M Matlolo, MD
Department of Surgery
500 West Hospital Road
French Camp, CA 95321
Tel: 209 468-6210 Fax: 209 468-6246
Length: 5 Yrs ACGME Approved/Offered Positions: 10
Program ID: 440-05-12-064

Kaiser Permanent Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
LAC + USC Medical Center
Program Director: J Craig Collins, MD
4740 Sunset Blvd, 3rd Floor
Department of Surgery
Los Angeles, CA 90027
Tel: 323 783-5442 Fax: 323 783-9747
E-mail: hilmyya.balanair@kp.org
Length: 5 Yrs ACGME Approved/Offered Positions: 23
Program ID: 440-05-12-058

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Program Director: Darryl T Hiyama, MD
73-244 CBS
Box 95004
Los Angeles, CA 90095
Tel: 310 650-5591 Fax: 310 667-3369
Length: 5 Yrs ACGME Approved/Offered Positions: 59
Program ID: 440-05-11-014

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
USC University Hospital
Program Director: Jeffrey H Peters, MD
1510 San Pablo Street, Suite 514
Los Angeles, CA 90033
Tel: 213 443-5748 Fax: 213 443-6887
Length: 5 Yrs ACGME Approved/Offered Positions: 67
Program ID: 440-05-11-039

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Program Director: Russell A Williams, MD
Department of Surgery
101 The City Drive
Orange, CA 92866
Tel: 714 456-7352 Fax: 714 456-8205
Length: 5 Yrs ACGME Approved/Offered Positions: 38
Program ID: 440-06-21-053

Pasadena
Huntington Memorial Hospital Program
Sponsor: Huntington Memorial Hospital
Program Director: Steven G Katz, MD
100 West California Boulevard
PO Box 7013
Pasadena, CA 91109
Tel: 626 396-5160 Fax: 626 386-2914
E-mail: jane.tannous@huntingtonhospital.com
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-05-11-047

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
Program Director: Lynnette A Schein, MD
2315 Stockton Blvd
Room 6069
Sacramento, CA 95817
Tel: 916 734-2734 Fax: 916 734-5613
Length: 5 Yrs ACGME Approved/Offered Positions: 60
Program ID: 440-05-21-091

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Program Director: Joseph C Jensen, MD
Department of Surgery, S01 530
4001 West Markham
Little Rock, AR 72205
Tel: 501 686-6037 Fax: 501 686-5656
Length: 5 Yrs ACGME Approved/Offered Positions: 38
Program ID: 440-05-21-029

California
Bakersfield
Kern Medical Center Program
Sponsor: Kern Medical Center
Program Director: Ray S Chung, MD
1530 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2276 Fax: 661 326-2282
Length: 5 Yrs ACGME Approved/Offered Positions: 21
Program ID: 440-05-31-008

San Francisco
University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Children's Hospital Central California
Community Medical Centers-University Medical Center
VA Central California Health Care System
Program Director: Steven V Parks, MD
Department of Surgery
445 S Cedar Avenue
Fresno, CA 93702
Tel: 559 459-3770 Fax: 559 459-3719
E-mail: surgery@ucsf.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 18
Program ID: 440-05-21-032

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)
Riverside County Regional Medical Center
Program Director: Arnold Tabuenca, MD
11175 Campus Street
Room 1110B
Loma Linda, CA 92534
Tel: 909 558-4329 Fax: 909 558-4872
Length: 5 Yrs ACGME Approved/Offered Positions: 53
Program ID: 440-05-21-034

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Alan T Lefor, MD, MPH
Department of Surgery
8700 Beverly Blvd #6215
Los Angeles, CA 90048
Tel: 323 423-5374 Fax: 323 423-2694
Length: 5 Yrs ACGME Approved/Offered Positions: 21
Program ID: 440-05-11-037

Charles R Drew University Program
Sponsor: Charles R Drew University of Medicine and Science
California Hospital Medical Center
LAC-King/Drew Medical Center
Long Beach Memorial Medical Center
Program Director: Rosalyn P Scott, MD, MSA
12011 S Wilmingon Ave
Suite 3015
Los Angeles, CA 90059
Tel: 310 686-4520 Fax: 310 635-2079
E-mail: rosscot@crowns.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 38
Program ID: 440-05-11-040

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
Program Director: Lynnette A Schein, MD
2315 Stockton Blvd
Room 6069
Sacramento, CA 95817
Tel: 916 734-2734 Fax: 916 734-5613
Length: 5 Yrs ACGME Approved/Offered Positions: 60
Program ID: 440-05-21-091

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Program Director: James A Wurmeke, MD
Dept of Surgery/Room 5385
1601 N Campbell Avenue/POB 245058
Tucson, AZ 85724
Tel: 520 624-7747 Fax: 520 626-2247
E-mail: setli@email.arizona.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 440-05-21-027

Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Program Director: William M Stone, MD
13600 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 391-8000 Fax: 480 391-7345
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-05-31-062

Graduate Medical Education Directory 2004-2005
953

Accredited Programs in Surgery-General

Programs
San Diego
Naval Medical Center (San Diego)
Program
Sponsor: Naval Medical Center (San Diego)
Scripps Mercy Hospital
Program Director: Robert P Carrillo, MD
34900 Rob Wilson Drive
San Diego, CA 92134
Tel: 619 532-7579  Fax: 619 532-7673
Length: 5 Yrs  ACGME Approved/Offered Positions: 40
Program ID: 440-05-12-613
US Armed Services Program

University of California (San Diego)
Program
Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Program Director: David Esterer, MD
200 W Arbor Dr
Mail Code 9402
San Diego, CA 92103
Tel: 619 643-6899  Fax: 619 643-3769
E-mail: crупе@ucsd.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 45
Program ID: 440-05-21-948

San Francisco
University of California (San Francisco)
Program
Sponsor: University of California (San Francisco) School of Medicine
Kaiser Permanente Medical Center (San Francisco)
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Linda M Beily, MD
513 Parnassus Ave, S220
Department of Surgery
San Francisco, CA 94143
Tel: 415 476-1229  Fax: 415 476-1734
Length: 5 Yrs  ACGME Approved/Offered Positions: 79
Program ID: 440-05-21-052

University of California San Francisco (East Bay) Program
Sponsor: University of California (San Francisco) School of Medicine
Alameda County Medical Center
University of California (Davis) School of Medicine
University of California (San Francisco) Medical Center
Program Director: Terrence R Lin, MD
Department of Surgery
1411 East 31st Street
Oakland, CA 94602
Tel: 510 487-8577  Fax: 510 487-5017
Length: 5 Yrs  ACGME Approved/Offered Positions: 45
Program ID: 440-05-21-393

Santa Barbara
Santa Barbara Cottage Hospital
Program
Sponsor: Santa Barbara Cottage Hospital
Kaiser Foundation Hospital (Los Angeles)
Program Director: Kenneth Wuxman, MD
PO Box 689
Pueblo at Bath St
Santa Barbara, CA 93102
Tel: 805 589-7161  Fax: 805 589-7217
Length: 5 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 440-05-13-658

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Ralph Greco, MD
300 Pasteur Drive, Suite H-3591
Stanford, CA 94305
Tel: 650 726-1355  Fax: 650 726-1360
Length: 5 Yrs  ACGME Approved/Offered Positions: 57
Program ID: 440-05-21-654

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Christian M De Virgilio, MD
1000 W Camron Street, Box 461
Torrance, CA 90609
Tel: 310 222-5263  Fax: 310 783-1582
Length: 5 Yrs  ACGME Approved/Offered Positions: 59
Program ID: 440-05-21-056

Travis AFB
David Grant Medical Center Program
Sponsor: David Grant Medical Center
Kaiser Foundation Hospital (Vallejo)
University of California (Davis) Medical Center
Program Director: Jon Perlstein, MD
60th MSGS/SGQCR
101 Bodega Circle
Travis AFB, CA 95635
Tel: 707 423-5180  Fax: 707 423-7479
Length: 5 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 440-05-31-001
US Armed Services Program

Colorado
Denver
Exempla St Joseph Hospital Program
Sponsor: Exempla St Joseph Hospital
Denver Health Medical Center
Program Director: Jeffrey R Clark, MD
1835 Franklin Street
Denver, CO 80218
Tel: 303 837-7265  Fax: 303 866-8044
Length: 5 Yrs  ACGME Approved/Offered Positions: 28
Program ID: 440-07-22-067

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Program Director: Mark R Nebl, MD
4200 East Ninth Avenue
Campus Box C-302
Denver, CO 80262
Tel: 303 515-7448
Length: 5 Yrs  ACGME Approved/Offered Positions: 65
Subspecialties: CSS
Program ID: 440-07-21-058

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
University of Connecticut Health Center/John Dempsey Hospital
Program Director: Joseph M Cicetta, MD
Department of Surgery
293 Farmington Avenue
Farmington, CT 06020
Tel: 860 673-3467  Fax: 860 670-1460
Length: 5 Yrs  ACGME Approved/Offered Positions: 40
Program ID: 440-05-21-680

New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Program Director: Kenneth A Ciardullo, MD
1450 Chapel Street
New Haven, CT 06511
Tel: 203 759-5445  Fax: 203 875-5248
Length: 5 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 440-05-21-663

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Bridgewater Hospital
Veterans Affairs Medical Center (West Haven)
Program Director: John Seashore, MD
Department of Surgery
333 Cedar Street
New Haven, CT 06509
Tel: 203 756-2497  Fax: 203 773-3299
Length: 5 Yrs  ACGME Approved/Offered Positions: 47
Program ID: 440-08-21-064

Stamford
Stamford Hospital/Columbia University College of Physicians and Surgeons Program
Sponsor: Stamford Hospital
Program Director: James E Barone, MD
St Luke's Hospital at West Broad St
PO Box 9317
Stamford, CT 06904
Tel: 203 325-7470
Fax: 203 325-7088
Length: 5 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 440-05-21-064

Waterbury
St Mary's Hospital (Waterbury) Program
Sponsor: St Mary's Hospital
Program Director: Stanley J Dudrick, MD
56 Franklin Street
Department of Surgery
Waterbury, CT 06706
Tel: 203 574-6514  Fax: 203 574-6189
Length: 5 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 440-08-81-065

Waterbury Hospital Health Center Program
Sponsor: Waterbury Hospital Health Center
Program Director: Edward M Kowal, MD
64 Robbins St
Waterbury, CT 06721
Tel: 203 577-7267  Fax: 203 573-6073
Length: 5 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 440-06-11-666

Graduate Medical Education Directory 2004-2005
Delaware

Wilmington

Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Prgm Director: D Bruce Panasuk, MD
4735 Ogletown-Stanton Road
Suite 2111, MAP-2
Newark, DE 19713
Tel: 302 735-4500 Fax: 302 735-4513
E-mail: bpanasuk@christianacare.org
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 440-09-11-067

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS), Holy Cross Hospital, or Silver Spring Veterans Affairs Medical Center (Washington, DC)
Prgm Director: Paul Lin, MD
Mail Stop Number 4210
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 737-6777 Fax: 202 737-3219
Length: 5 Yrs ACGME approved/Offered Positions: 33
Program ID: 440-10-21-068

Howard University Program
Sponsor: Howard University Hospital
Prgm Director: Debra H Ford, MD
2041 Georgia Avenue, NW
Washington, DC 20009
Tel: 202 805-1446 Fax: 202 805-1066
E-mail: surgery@howard.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 33
Program ID: 440-10-21-070

Washington Hospital Center Program
Sponsor: Washington Hospital Center
Prgm Director: John R Kirkpatrick, MD
116 Irving St, NW
Suite G353
Washington, DC 20010
Tel: 202 877-5183 Fax: 202 877-3699
E-mail: Maia.Rodgers@medstar.net
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 440-10-31-071

Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
Prgm Director: William G Canne, MD
200011-31-000
Jacksonville

Mayo School of Graduate Medical Education (Jacksonville Program)
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Prgm Director: Stephen A. Ford, MD
P.O. Box 241430
Jacksonville, FL 32241
Tel: 904 596-0421 Fax: 904 596-0430
E-mail: cleary.margaret@mayo.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-11-21-005

University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Mayo Clinic (Jacksonville)
Prgm Director: Richard A. Hinder, MD, PhD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 596-0421 Fax: 904 596-0430
E-mail: cleary.margaret@mayo.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 440-11-21-070

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Dwayne G Hudson, MD
Department of Surgery, (B310)
PO Box 183101
Miami, FL 33101
Tel: 305 585-1200 Fax: 305 585-6043
E-mail: TSpencer@med.miami.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 54
Program ID: 440-11-21-074

Miami Beach

Mount Sinai Medical Center of Florida Program
Sponsor: Mount Sinai Medical Center of Florida, Inc
Prgm Director: Manuel Oviedo, MD
4300 Alton Road, Suite 212A
Miami Beach, FL 33140
Tel: 305 674-2700 Fax: 305 674-2789
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-11-22-076

Orlando

Orlando Regional Healthcare Program
Sponsor: Orlando Regional Healthcare
Prgm Director: Mark L Friedell, MD
1414 South Kuhl Avenue
Orlando, FL 32806
Tel: 407 841-5142 Fax: 407 848-3696
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-11-11-076

Tampa

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Prgm Director: Richard R Karl, MD
Tampa General Hospital
Hillsborough Veterans Affairs Medical Center (Bay Pines)
Co-Sponsor: University of South Florida College of Medicine
Prgm Director: Richard R Karl, MD
12001 Bruce B Downs Blvd
MDC Box 16
Tampa, FL 33612
Tel: 813 974-6169 Fax: 813 974-8106
Length: 5 Yrs ACGME Approved/Offered Positions: 40
Program ID: 440-11-31-078

Georgia

Atlanta

Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Prgm Director: David Rosenthal, MD
300 Parkway Drive, NE
Dept of Surgery, Box 423
Atlanta, GA 30312
Tel: 404 360-4411 Fax: 404 265-4899
E-mail: devro@storence.com
Length: 5 Yrs ACGME Approved/Offered Positions: 16
Program ID: 440-12-22-060

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Prgm Director: William E. Scott, MD
12901 Bruce B Downs Blvd
Emory University Hospital
1330 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 777-2926 Fax: 404 244-3870
E-mail: programadmin@emory.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 32
Program ID: 440-12-21-079

Morehouse School of Medicine Program
Sponsor: Morehouse School of Medicine
Prgm Director: Paul H. Brik, MD
3600 Louisiana Avenue, SW
Atlanta, GA 30310
Tel: 404 616-3582 Fax: 404 616-3801
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-12-21-397

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Prgm Director: Temple E. Walker, MD
1414 South Kuhl Avenue
Orlando, FL 32806
Tel: 407 841-5142 Fax: 407 848-3696
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-11-11-076

Programs

Accredited Programs in Surgery-General

Graduate Medical Education Directory 2004-2005

955
Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Prgm Director: Richard H Bell Jr, MD

Veterans Affairs Chicago Health Care System

Program ID: 440-12-31-084

Tul: 312 292-8008 Fax: 312 292-7404

Length: 5 Yrs ACGME Approved/Offered Positions: 18

Program ID: 440-12-31-365

US Armed Services Program

Macon

Mercer University School of Medicine Program

Sponsor: Medical Center of Central Georgia

Prgm Director: Martin L. Dalton, MD

Program ID: 440-12-31-082

Dalton, Martin@mccg.org

Length: 5 Yrs ACGME Approved/Offered Positions: 15

Program ID: 440-12-31-083

Savannah

Mercer University School of Medicine (Savannah) Program

Sponsor: Memorial Health-University Medical Center Medical Director: Steven Brower, MD

Program ID: 440-12-31-086

Length: 5 Yrs ACGME Approved/Offers Positions: 15

Program ID: 440-12-31-084

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine

Kuakini Medical Center

Queen’s Medical Center

St Francis Medical Center

Starr Clinic and Hospital

Prgm Director: Danny M Takanishi Jr, MD

PO Box 23089

Honolulu, HI 96813

Tel: 808-586-2921 Fax: 808-586-3020

Length: 5 Yrs ACGME Approved/Offers Positions: 29

Program ID: 440-14-21-985

Tripler AMC

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center

Kaiser Foundation Hospital (Moomalu)

Prgm Director: Mathew H Chung, MD

Department of Surgery, MCHKS-DSG

Tul: 808 433-3458 Fax: 808 433-6593

Length: 5 Yrs ACGME Approved/Offers Positions: 22

Program ID: 440-14-12-008

US Armed Services Program

University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program

Sponsor: University of Illinois College of Medicine at Chicago

Advocate Illinois Masonic Medical Center

Advocate Lutheran General Hospital

Mercy Hospital and Medical Center

St Francis Hospital

Prgm Director: Vijay K Maker, MD

Program ID: 440-16-21-099

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center - Edward Hines, Jr., Veterans Affairs Hospital

Resurrection Medical Center

Prgm Director: Cheryl G Gabram, MD, MBA

2160 S First Ave

Maywood, IL 60153

Tel: 708-537-2080 Fax: 708-337-3810

Length: 5 Yrs ACGME Approved/Offers Positions: 49

Program ID: 440-16-21-099

North Chicago

Finch University of Health Sciences/ Chicago Medical School Program

Sponsor: Finch University of Health Sciences/Chicago Medical School

Mount Sinai Hospital Medical Center of Chicago

Swedish Covenant Hospital

Prgm Director: Michael Zdon, MD

Mount Sinai Medical Center

California Avenue at 15th Street

Chicago, IL 60608

Tel: 773 257-6464 Fax: 773 257-6448

E-mail: zdonm@finchmc.edu

Length: 5 Yrs ACGME Approved/Offers Positions: 24

Program ID: 440-16-21-383

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria

OSF St Francis Medical Center

Prgm Director: Norman R Bates, MD

Department of Surgery

624 NE Glen Avenue at 15th Street

Peoria, IL 61603

Tel: 309 655-2383 Fax: 309 655-3910

Length: 5 Yrs ACGME Approved/Offers Positions: 16

Program ID: 440-16-21-101

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine

Memorial Medical Center

St John’s Hospital

Prgm Director: John B Fortune, MD

300 N Rutledge

PO Box 18028

Springfield, IL 62704

Tel: 217 545-4401 Fax: 217 545-3529

E-mail: bcarter@siuemed.edu

Length: 5 Yrs ACGME Approved/Offers Positions: 25

Program ID: 440-16-21-102

Graduate Medical Education Directory 2004-2005
Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Keith D Lillimon, MD
205 Emerson Hall
540 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-6966  Fax: 317 274-1709
Length: 5 Yrs  ACGME Approved/Offered Positions: 63
Program ID: 440-17-21-106

Iowa

Des Moines

Central Iowa Health System (Iowa Methodist Medical Center) Program
Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Broadlawns Medical Center
Veterans Affairs Central Iowa Health Care System
Prgm Director: Douglas D Borner, MD
1415 Woodland Avenue
Suite 140
Des Moines, IA 50309
Tel: 515 241-5001  Fax: 515 241-4080
Length: 5 Yrs  ACGME Approved/Offered Positions: 19
Program ID: 440-18-20-105

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: William J Sharp, MD
Department of Surgery
200 Hawkins drive, 41565CP
Iowa City, IA 52242
Tel: 319 356-1097  Fax: 319 384-6306
Length: 5 Yrs  ACGME Approved/Offered Positions: 38
Program ID: 440-16-21-107

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
Dwight D Eisenhower Veterans Affairs Medical Center
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Romanos Delcore, MD
Murphy Building, Room 4945
3901 Rainbow Blvd
Kansas City, KS 66105
Tel: 913 948-7399  Fax: 913 948-7540
E-mail: genrsurg residency@kumc.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 33
Program ID: 440-19-21-108

University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St. Francis
Wichita Medical Center
Prgm Director: R Larry Beamer, MD
Department of Surgery
929 North St Francis
Wichita, KS 67214
Tel: 316 290-5900  Fax: 316 291-7882
Length: 5 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 440-19-21-387

University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St. Francis
Wichita Medical Center
Prgm Director: R Larry Beamer, MD
Department of Surgery
929 North St Francis
Wichita, KS 67214
Tel: 316 290-5900  Fax: 316 291-7882
Length: 5 Yrs  ACGME Approved/Offered Positions: 32
Program ID: 440-19-21-387

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Eric D Endean, MD
General Surgery
800 Rose Street, C224
Lexington, KY 40506
Tel: 859 323-4540  Fax: 859 323-8946
Length: 5 Yrs  ACGME Approved/Offered Positions: 49
Program ID: 440-20-21-112

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Rosair Children's Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: William C Chadicle, MD
Department of Surgery
Health Sciences Center
Louisville, KY 40292
Tel: 502 852-0181  Fax: 502 852-9315
Length: 5 Yrs  ACGME Approved/Offered Positions: 49
Subspecialties: HSS
Program ID: 440-20-21-113

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Earl K Long Medical Center
Medical Center of Louisiana at New Orleans University Medical Center (LaLaayette)
Veterans Affairs Medical Center (New Orleans)
Prgm Director: J Patrick O'Leary, MD
1542 Tulane Ave
11th Floor
New Orleans, LA 70112
Tel: 504 568-4731  Fax: 504 568-2916
E-mail: joleary@lsuhsc.edu
Length: 5 Yrs  ACGME Approved/Offered Positions: 63
Program ID: 440-21-21-114

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Prgm Director: George M Frauman, MD
Department of Surgery
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4010  Fax: 504 842-3124
Length: 5 Yrs  ACGME Approved/Offered Positions: 29
Program ID: 440-21-21-115

Tulane University Program
Sponsor: Tulane University School of Medicine
Huey P Long Regional Medical Center
Medical Center of Louisiana at New Orleans
Toero Infrastruct
Tulane University Hospital and Clinics
Prgm Director: Robert L Frewitz, MD
1430 Tulane Ave
Department of Surgery SL122
New Orleans, LA 70112
Tel: 504 884-1662  Fax: 504 884-1874
Length: 5 Yrs  ACGME Approved/Offered Positions: 42
Program ID: 440-21-21-116

Shreveport

Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
R A Conway Medical Center
Oertor Brooks Veterans Affairs Medical Center
Prgm Director: Donnie F Aultman, MD
1901 E Kings Hwy
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-0100  Fax: 318 675-6141
Length: 5 Yrs  ACGME Approved/Offered Positions: 36
Program ID: 440-21-21-117

Maine

Portland

Maine Medical Center Program
Sponsor: Maine Medical Center
Prgm Director: Michael E Curci, MD
Department of Surgery
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2515  Fax: 207 871-6389
Length: 5 Yrs  ACGME Approved/Offered Positions: 17
Program ID: 440-22-21-119

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Sinai Hospital of Baltimore
Prgm Director: Julie A Pfeilstueck, MD
600 North Wolfe Street
855 Blalock
Baltimore, MD 21287
Tel: 443 287-3497  Fax: 443 287-3900
Length: 5 Yrs  ACGME Approved/Offered Positions: 68
Program ID: 440-23-21-392
St Agnes HealthCare Program  
Sponsor: St Agnes Hospital  
Prgm Director: Richard S. Sponko, MD  
900 Caton Avenue  
Department of Surgery - Box 207  
Baltimore, MD 21224  
Tel: 410 408-9214  
Fax: 410 951-4007  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 20  
Program ID: 440-23-22-123

Union Memorial Hospital Program  
Sponsor: Union Memorial Hospital  
Franklin Square Hospital Center  
Prgm Director: Richard F. Heitmiller, MD  
201 W University Parkway  
Baltimore, MD 21218  
Tel: 410 554-2000  
Fax: 410 554-2389  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 19  
Length: 3 Yrs  
ACGME Approved/Offered Positions: 19  
Subspecialty: BSS  
Program ID: 440-23-21-127

University of Maryland Program  
Sponsor: University of Maryland Medical System  
Mercy Medical Center  
Veterans Affairs Medical Center (Baltimore)  
Prgm Director: Barbara L. Eason, MD  
22 South Greene Street  
Baltimore, MD 21201  
Tel: 410 398-8877  
Fax: 410 398-5919  
E-mail: bbaleason@umm.edu  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 40  
Program ID: 440-23-21-128

Bethesda  
National Capital Consortium (Bethesda) Program  
Sponsor: National Capital Consortium  
National Naval Medical Center (Bethesda)  
Prgm Director: John W DeNobile, MD  
Department of General Surgery  
8901 Wisconsin Avenue  
Bethesda, MD 20892  
Tel: 301 295-4434  
Fax: 301 295-0950  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 28  
Program ID: 440-23-21-014

US Armed Services Program  
National Capital Consortium Program  
Sponsor: National Capital Consortium  
Walter Reed Army Medical Center  
Prgm Director: COL MC Craig D. Shriver, MD  
Heaton Pavilion, General Surgery Service/SC  
6900 Georgia Avenue  
Washington, DC 20037  
Tel: 202 783-3418  
Fax: 202 782-6200  
E-mail: craig.shriver@wva.army.mil  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 16  
Program ID: 440-18-11-007

Massachusetts  
Boston  
Beth Israel Deaconess Medical Center Program  
Sponsor: Beth Israel Deaconess Medical Center  
Mount Auburn Hospital  
Prgm Director: Josef F. Fischer, MD  
110 Francis Street, Suite 8A  
Boston, MA 02115  
Tel: 617 632-9776  
Fax: 617 632-7424  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 71  
Program ID: 440-24-21-010

Boston University Medical Center Program  
Sponsor: Boston Medical Center  
Veterans Affairs Medical Center (Boston)  
Prgm Director: James M. Becker, MD  
Boston Medical Center  
88 E Newton St Room G515  
Boston, MA 02118  
Tel: 617 638-8442  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 46  
Program ID: 440-24-21-131

Brigham and Women's Hospital Program  
Sponsor: Brigham and Women's Hospital  
Boston VA Healthcare System (Brockton-West Roxbury)  
Faulkner Hospital  
Prgm Director: Stanley W. Ashley, MD  
75 Francis Street  
CA-404  
Boston, MA 02115  
Tel: 617 736-6739  
Fax: 617 736-1728  
E-mail: surgeryeducation@partners.org  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 49  
Program ID: 440-24-21-135

Caritas St Elizabeth's Medical Center Program  
Sponsor: Caritas St Elizabeth's Medical Center of Boston  
Good Samaritan Medical Center-Cushing Campus  
Prgm Director: Dr. Martin J. Lepore  
735 Cambridge St  
Boston, MA 02135  
Tel: 617 788-3890  
Fax: 617 788-3419  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 23  
Program ID: 440-24-21-136

Massachusetts General Hospital Program  
Sponsor: Massachusetts General Hospital  
Salem Hospital  
Prgm Director: Charles M. Pergianos, MD  
Surgical Residency Office  
55 Fruit Street, GRB 425  
Boston, MA 02114  
Tel: 617 729-2800  
Fax: 617 724-3440  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 58  
Program ID: 440-24-21-132

Tufts-New England Medical Center Program  
Sponsor: Tufts-New England Medical Center  
Prgm Director: William C. Mackey, MD  
750 Washington Street  
Boston, MA 02111  
Tel: 617 636-9067  
Fax: 617 636-6003  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 21  
Program ID: 440-24-21-134

Burlington  
Lahey Clinic Program  
Sponsor: Lahey Clinic  
Prgm Director: David Brans, MD  
41 Mall Road  
Burlington, MA 01805  
Tel: 781 744-6688  
Fax: 781 744-3646  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 21  
Program ID: 440-24-21-101

Pittsfield  
Berkshire Medical Center Program  
Sponsor: Berkshire Medical Center  
Prgm Director: Peter J. Sadighi, MD  
Berkshire Medical Center  
725 North Street  
Pittsfield, MA 01201  
Tel: 413 447-1074  
Fax: 413 447-1074  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 13  
Program ID: 440-24-21-187

Springfield  
Baystate Medical Center/Tufts University School of Medicine Program  
Sponsor: Baystate Medical Center  
Prgm Director: Richard B. Waite, MD, PhD  
759 Chestnut Street  
Springfield, MA 01109  
Tel: 413 794-5165  
Fax: 413 794-1835  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 28  
Program ID: 440-24-11-188

Worcester  
University of Massachusetts Program  
Sponsor: University of Massachusetts Medical School  
Prgm Director: Timothy C. Costel, MD  
55 Lake Avenue North  
Department of Surgery  
Worcester, MA 01655  
Tel: 508 856-3714  
Fax: 508 334-3309  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 42  
Program ID: 440-24-21-139

Michigan  
Ann Arbor  
St Joseph Mercy Hospital Program  
Sponsor: St Joseph Mercy Health System  
Prgm Director: Seth W. Wall, MD  
5301 E Huron River Drive  
P.O. Box 965, RHB-2115  
Ann Arbor, MI 48106  
Tel: 734 712-3732  
Fax: 734 712-3745  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 20  
Program ID: 440-23-11-140

University of Michigan Program  
Sponsor: University of Michigan Hospitals and Health Centers  
Veterans Affairs Medical Center (Ann Arbor)  
Prgm Director: Gerard M. Doherty, MD  
2207 Taubman Center  
1600 E Medical Center Drive  
Ann Arbor, MI 48109  
Tel: 734 615-4741  
Fax: 734 936-5725  
E-mail: UMHS-surgery.education@med.umich.edu  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 43  
Program ID: 440-35-21-141

Detroit  
Henry Ford Hospital Program  
Sponsor: Henry Ford Hospital  
Prgm Director: Alexander D. Shepard, MD  
Department of Surgery  
2799 W Grand Blvd  
Detroit, MI 48202  
Tel: 313 916-3505  
Fax: 313 916-7554  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 37  
Program ID: 440-35-12-145

St John Hospital and Medical Center Program  
Sponsor: St John Hospital and Medical Center  
Prgm Director: Larry B. Lloyd, MD  
22011 Morrice Road, PBI - Suite 332  
Detroit, MI 48236  
Tel: 313 343-7343  
Fax: 313 343-7378  
Length: 5 Yrs  
ACGME Approved/Offered Positions: 24  
Program ID: 440-24-21-145

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>Program</th>
<th>Sponsor</th>
<th>Program Director</th>
<th>Tel</th>
<th>Fax</th>
<th>E-mail</th>
<th>Length</th>
<th>Accreditation</th>
<th>Program ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne State University/Detroit Medical Center Program</td>
<td>Sponsor: Wayne State University/Detroit Medical Center</td>
<td>Prm: Director: James O'Bryant, MD</td>
<td>313.577.5000, Fax: 313.577.5010</td>
<td><a href="mailto:surgapp@surgery.wayne.edu">surgapp@surgery.wayne.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 51</td>
<td>440-26-21-148</td>
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<tr>
<td>Grand Rapids</td>
<td>Grand Rapids Medical Education and Research Center/Michigan State University Program</td>
<td>Sponsor: Grand Rapids Medical Education and Research Center</td>
<td>Spectrum Health-Butterworth Campus</td>
<td>616.391.6961, Fax: 616.391.6611</td>
<td><a href="mailto:gensurg@kcmu.edu">gensurg@kcmu.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 49</td>
<td>440-26-21-110</td>
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<tr>
<td>Kalamazoo</td>
<td>Kalamazoo Center for Medical Studies/Michigan State University Program</td>
<td>Sponsor: Michigan State Univ/Kalamazoo Center for Medical Studies</td>
<td>Bronson Methodist Hospital</td>
<td>616.337.6250, Fax: 616.337.6441</td>
<td><a href="mailto:nars05l@tc.umn.edu">nars05l@tc.umn.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 14</td>
<td>440-25-21-99</td>
</tr>
<tr>
<td>Lansing</td>
<td>Michigan State University Program</td>
<td>Sponsor: Michigan State University College of Human Medicine</td>
<td>Ingham Regional Medical Center</td>
<td>517.367.2496, Fax: 517.367.2486</td>
<td><a href="mailto:surgapp@surgery.umsmed.edu">surgapp@surgery.umsmed.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 26</td>
<td>440-26-21-386</td>
</tr>
<tr>
<td>Pontiac</td>
<td>North Oakland Medical Centers Program</td>
<td>Sponsor: North Oakland Medical Centers</td>
<td>Prm: Director: Yvan J Silva, MD</td>
<td>734.857.7184, Fax: 734.857.6713</td>
<td><a href="mailto:lashof610@kcmu.edu">lashof610@kcmu.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 12</td>
<td>440-26-21-154</td>
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<tr>
<td>St Joseph Mercy-Oakland Program</td>
<td>Sponsor: St Joseph Mercy-Oakland</td>
<td>Prm: Director: Allen Silbergeld, MD, PhD</td>
<td>440-25-21-1157</td>
<td>248.868-8844</td>
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<tr>
<td>Royal Oak</td>
<td>William Beaumont Hospital Program</td>
<td>Sponsor: William Beaumont Hospital</td>
<td>Prm: Director: Gerald B Zelenock, MD</td>
<td>313.577.5000, Fax: 313.577.5010</td>
<td><a href="mailto:surgapp@surgery.umsmed.edu">surgapp@surgery.umsmed.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 33</td>
<td>440-26-12-158</td>
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<tr>
<td>Saginaw</td>
<td>Synergy Medical Education Alliance Program</td>
<td>Sponsor: Synergy Medical Education Alliance</td>
<td>Covenant HealthCare System-Cooper Campus</td>
<td>989.886.6800, Fax: 989.886.6899</td>
<td><a href="mailto:gensurg@kcmu.edu">gensurg@kcmu.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 10</td>
<td>440-25-21-159</td>
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<tr>
<td>Southfield</td>
<td>Providence Hospital and Medical Centers Program</td>
<td>Sponsor: Providence Hospital and Medical Centers</td>
<td>Sinai Grace Hospital</td>
<td>248.849.5380</td>
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<tr>
<td></td>
<td>Minnesota</td>
<td>Minneapolis</td>
<td>Hennepin County Medical Center Program</td>
<td>Sponsor: Hennepin County Medical Center</td>
<td>Prm: Director: Joan M Van Camp, MD</td>
<td>734.857.7184, Fax: 734.857.6713</td>
<td><a href="mailto:lashof610@kcmu.edu">lashof610@kcmu.edu</a></td>
<td>5 Yrs</td>
</tr>
<tr>
<td></td>
<td>University of Minnesota Program</td>
<td>Sponsor: University of Minnesota Medical School</td>
<td>Fairview University Medical Center</td>
<td>Alfred M. Zelenock, MD</td>
<td>612.626.2500, Fax: 612.626.2000</td>
<td><a href="mailto:lashof610@kcmu.edu">lashof610@kcmu.edu</a></td>
<td>5 Yrs</td>
<td>ACGME Approved/Offered Positions: 53</td>
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<tr>
<td>Rochester</td>
<td>Mayo School of Graduate Medical Education (Rochester) Program</td>
<td>Sponsor: Mayo School of Grad Med Ed-Mayo Clinic</td>
<td>College of Medicine</td>
<td>Robert W. Durbin, MD</td>
<td>507.284-7314, Fax: 507.284-0014</td>
<td></td>
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<tr>
<td></td>
<td>University of Minnesota Medical Center Program</td>
<td>Sponsor: University of Minnesota School of Medicine</td>
<td>Medical Education Alliance</td>
<td>Karen R Borman, MD</td>
<td>507.284-7314, Fax: 507.284-0014</td>
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</tbody>
</table>
### Kansas City
**University of Missouri at Kansas City Program**

**Sponsor:** University of Missouri-Kansas City School of Medicine  
**St Luke's Hospital**  
**Truman Medical Center**  
**Veteran Affairs Medical Center (Kansas City)**  
**Prgm. Director:** Charles W Van Way III, MD  
**Tel:** 402 280-4231  
**Fax:** 402 280-4381  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 29  
**Program ID:** 440-38-21-168

### Nebraska
**Las Vegas**

**University of Nevada Program**

**Sponsor:** University of Nevada School of Medicine  
**Veterans Affairs Medical Center of Southern Nevada**  
**Prgm. Director:** John Pidlon, MD  
**Suite 302**  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 19  
**Program ID:** 440-31-21-378

**New Hampshire**

**Lebanon**

**Dartmouth-Hitchcock Medical Center Program**

**Sponsor:** Mary Hitchcock Memorial Hospital  
**Veteran Affairs Medical Center (White River Junction)**  
**Prgm. Director:** Richard W Dow, MD  
**One Medical Center Drive**  
**Lebanon, NH 03766**  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 34  
**Program ID:** 440-31-21-177

**New Jersey**

**Camden**

**UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

**Sponsor:** Cooper Hospital/University Medical Center  
**Prgm. Director:** Steven E Ross, MD  
**3 Three Cooper Plaza, Suite 411**  
**Camden, NJ 08103**  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 15  
**Program ID:** 440-33-21-175

**Livingston**

**St Barnabas Medical Center Program**

**Sponsor:** St Barnabas Medical Center  
**Prgm. Director:** Michael A Marano, MD  
**84 Old Short Hills Road**  
**Department of Surgery**  
**Livingston, NJ 07039**  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 26  
**Program ID:** 440-33-22-181

**Long Branch**

**Monmouth Medical Center Program**

**Sponsor:** Monmouth Medical Center  
**Newark Beth Israel Medical Center**  
**Prgm. Director:** Michael A Goldfarb, MD  
**300 Second Avenue**  
**Long Branch, NJ 07740**  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 20  
**Program ID:** 440-33-21-182

### Missouri
**Morristown**

**Atlantic Health System (Morristown) Program**

**Sponsor:** Atlantic Health System  
**Morristown Memorial Hospital**  
**Prgm. Director:** John J Castronovo Jr, MD  
**100 Madison Ave**  
**Morristown, NJ 07960**  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 23  
**Program ID:** 440-33-11-183

**Newark**

**UMDNJ-New Jersey Medical School Program**

**Sponsor:** UMDNJ-New Jersey Medical School  
**St Michael's Medical Center (Cathedral Health Services, Inc)**  
**UMDNJ-University Hospital**  
**Veteran Affairs New Jersey Health Care System**  
**Prgm. Director:** Peter J Pappas, MD  
**185 S Orange Avenue**  
**973 975-6601**  
**Fax:** 973 975-6691  
**E-mail:** njms-res-surgery@umdnj.edu

**Piscataway**

**UMDNJ-Robert Wood Johnson Medical School Program**

**Sponsor:** UMDNJ-Robert Wood Johnson Medical School  
**Jersey Shore University Medical Center**  
**Medical Center at Princeton**  
**Robert Wood Johnson University Hospital**  
**Prgm. Director:** Thomas V Whalen, MD  
**PO Box 19**  
**909 Route 527**  
**New Brunswick, NJ 08903**  
**Tel:** 732 235-8878

**South Orange**

**Seton Hall University School of Graduate Medical Education (St Francis) Program**

**Sponsor:** Seton Hall University School of Graduate Medical Education  
**St Francis Medical Center**  
**Prgm. Director:** Louis G Paves, Jr, MD  
**601 Hamilton Avenue, Room B-158**  
**Trenton, NJ 08629**  
**Tel:** 609 589-6598  
**Fax:** 609 589-6332  
**Length:** 5 years  
**ACGME Approved/Offered Positions:** 15  
**Program ID:** 440-33-31-169

### New Mexico
**Albuquerque**

**University of New Mexico Program**

**Sponsor:** University of New Mexico School of Medicine  
**Prgm. Director:** Mark Langford, MD  
**915 Camino de Salud North East**  
**Dept of Surgery, ACC2**  
**Albuquerque, NM 87131**  
**Tel:** 505 272-4161  
**Fax:** 505 272-4651  
**E-mail:** genrsurgery@salud.unm.edu

**Graduate Medical Education Directory 2004-2005**

960
### New York

#### Albany

**Albany Medical Center Program**  
**Sponsor:** Albany Medical Center  
**Director:** Joseph N. Cunningham Jr., MD  
**Program Director:**  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 13  
**Program ID:** 440-35-21-231

#### Bronx

**Albert Einstein College of Medicine Program**  
**Sponsor:** Albert Einstein College of Medicine of Yeshiva University  
**Program Director:**  
**Length:** 3 yrs  
**ACGME Approved/Offered Positions:** 17  
**Program ID:** 440-35-21-222

**Bronx-Lebanon Hospital Center Program**  
**Sponsor:** Bronx-Lebanon Hospital Center  
**Program Director:** Paul H. Germs, MD  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 25  
**Program ID:** 440-35-11-206

**New York Medical College (Our Lady of Mercy) Program**  
**Sponsor:** New York Medical College  
**Length:** 3 yrs  
**ACGME Approved/Offered Positions:** 24  
**Program ID:** 440-35-11-408

#### Brooklyn

**Brookdale University Hospital and Medical Center Program**  
**Sponsor:** Brookdale University Hospital and Medical Center  
**Program Director:** Richard J. Fogler, MD  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 25  
**Program ID:** 440-35-21-207

**Brooklyn Hospital Center Program**  
**Sponsor:** Brooklyn Hospital Center  
**Program Director:** Romulo L. Genato, MD  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 30  
**Program ID:** 440-35-31-208

### Maimonides Medical Center Program

**Sponsor:** Maimonides Medical Center  
**Program Director:**  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 17  
**Program ID:** 440-35-21-222

### SUNY Health Science Center at Brooklyn Program

**Sponsor:** SUNY Health Science Center at Brooklyn  
**Program Director:**  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 33  
**Program ID:** 440-35-21-237

### Buffalo

**SUNY at Buffalo Graduate Medical-Dental Education Consortium Program**  
**Sponsor:** SUNY at Buffalo Graduate Medical-Dental Education Consortium  
**Program Director:**  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 55  
**Program ID:** 440-35-21-203

### Cooperstown

**Bassett Healthcare Program**  
**Sponsor:** Bassett Healthcare  
**Program Director:**  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 18  
**Program ID:** 440-35-31-197

### East Meadow

**Nassau University Medical Center Program**  
**Sponsor:** Nassau University Medical Center  
**Program Director:**  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 26  
**Program ID:** 440-35-12-198

### Flushing

**New York Hospital Medical Center of Queens/Cornell University Medical College Program**  
**Sponsor:** New York Hospital Medical Center of Queens  
**Program Director:** Howard I. Tenenbein, MD  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 28  
**Program ID:** 440-35-11-205

### Great Neck

**North Shore-Long Island Jewish Health System Program**  
**Sponsor:** North Shore-Long Island Jewish Health System  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 58  
**Program ID:** 440-35-13-111

### Jamaica

**New York Medical College (Brooklyn-Queens) Program**  
**Sponsor:** New York Medical College  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 10  
**Program ID:** 440-35-21-210

### New Rochelle

**New York Medical College (Sound Shore) Program**  
**Sponsor:** New York Medical College  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 21  
**Program ID:** 440-35-11-204

### New York

**Albert Einstein College of Medicine at Beth Israel Medical Center Program**  
**Sponsor:** Beth Israel Medical Center  
**Program Director:** Ronald S. Chamberlain, MD  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 30  
**Program ID:** 440-35-31-208

### Harlem Hospital Center Program

**Sponsor:** Harlem Hospital Center  
**Length:** 5 yrs  
**ACGME Approved/Offered Positions:** 25  
**Program ID:** 440-35-11-204
Lenox Hill Hospital Program  
Sponsor: Lenox Hill Hospital  
Program Director: Michael Leisman, MD  
100 E 78th St  
S-Loggia  
New York, NY 10021  
Tel: 212 434-2150 Fax: 212 434-3083  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 34  
Program ID: 440-35-11-217

Mount Sinai School of Medicine (Cabrinii) Program  
Sponsor: Mount Sinai School of Medicine  
Program Director: Maurizio Dallana, MD  
227 E 19th Street  
Dept of Surgery 0306  
New York, NY 10003  
Tel: 212 996-6737 Fax: 212 996-3464  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 15  
Program ID: 440-35-21-209

Mount Sinai School of Medicine Program  
Sponsor: Mount Sinai School of Medicine  
Director: Marci J. Hallock, MD  
Department of Surgery  
One Gustave L Levy Place Box 1259  
New York, NY 10029  
Tel: 212 241-8571 Fax: 212 987-0600  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 22  
Program ID: 440-35-21-225

New York Medical College at St Vincent's Hospital and Medical Center of New York Program  
Sponsor: New York Medical College  
St Vincent’s Catholic Medical Centers (Manhattan)  
Metropolitan Hospital Center  
Sisters of Charity Hospital  
Program Director: Marc E. Wallack, MD  
170 West 12th Street  
Crosby 802  
New York, NY 10011  
Tel: 212 694-6344 Fax: 212 694-8356  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 53  
Program ID: 440-35-21-234

New York Presbyterian Hospital (Columbia Campus) Program  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Columbia Campus)  
Overlook Hospital  
Program Director: Mark A. Hardy, MD  
Milstein Hospital 765-313  
177 Fort Washington Avenue  
New York, NY 10032  
Tel: 212 305-3033 Fax: 212 305-8233  
E-mail: ma@columbia.edu  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 50  
Program ID: 440-35-21-229

New York Presbyterian Hospital (Cornell Campus) Program  
Sponsor: New York Presbyterian Hospital  
New York Presbyterian Hospital (Cornell Campus)  
Program Director: Thomas J. Fabey III, MD  
525 East 84th Street  
New York, NY 10021  
Tel: 212 746-0180 Fax: 212 746-8802  
E-mail: tf3200@med.cornell.edu  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 57  
Program ID: 440-35-21-211

New York University School of Medicine Program  
Sponsor: New York University School of Medicine  
Bellevue Hospital Center  
Manhattan VA Health Care System  
NYU Downtown Hospital  
Program Director: Thomas B. Gouge, MD  
50 Fourth Avenue  
NY 1116  
New York, NY 10016  
Tel: 212 263-6811 Fax: 212 263-8216  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 46  
Program ID: 440-35-21-204

St Luke's-Roosevelt Hospital Center Program  
Sponsor: St Luke's-Roosevelt Hospital Center  
St Luke's-Roosevelt Hospital Center-St Luke's Division  
St Luke's-Roosevelt Hospital Center-St Luke's Division  
Program Director: Ann M. Rogers, MD  
1000 3rd Avenue, Suite 26  
New York, NY 10019  
Tel: 212 523-7780 Fax: 212 523-5405  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 36  
Program ID: 440-35-21-383

Rochester University of Rochester Program  
Sponsor: Strong Memorial Hospital of the University of Rochester  
Highland Hospital of Rochester  
Rochester General Hospital  
Program Director: James L. Peacock, MD  
601 Elmwood Avenue  
Department of Surgery  
Rochester, NY 14642  
Tel: 585 275-2772 Fax: 585 275-5357  
E-mail: karen_kozlowski@urmc.rochester.edu  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 48  
Program ID: 440-35-21-240

Staten Island Staten Island University Hospital Program  
Sponsor: Staten Island University Hospital  
Program Director: Gene F Coppa, MD  
475 Seaview Avenue  
Staten Island, NY 10305  
Tel: 718 228-0598 Fax: 718 228-8586  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 30  
Program ID: 440-35-11-226

Stony Brook SUNY at Stony Brook Program  
Sponsor: University Hospital - SUNY at Stony Brook  
Veterans Affairs Medical Center (Northport)  
Whitmore-Albany Hospital  
Program Director: Eugene Mohan, MD  
Health Science Center 19-030  
Nicolis Road  
Stony Brook, NY 11794  
Tel: 631 444-1791 Fax: 631 444-7055  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 46  
Program ID: 440-35-21-242

Syracuse SUNY Upstate Medical University Program  
Sponsor: SUNY Upstate Medical University  
Community-General Hospital of Greater Syracuse  
Crouse Hospital  
Veterans Affairs Medical Center (Syracuse)  
Program Director: Paul R. Cunningham, MD  
Department of Surgery  
760 E Adams Street  
Syracuse, NY 13210  
Tel: 315 464-6553 Fax: 516 464-6239  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 43  
Program ID: 440-35-21-244

Valhalla New York Medical College at Westchester Medical Center Program  
Sponsor: New York Medical College  
St Vincent's Medical Center  
Westchester Medical Center  
Program Director: John A. Savino, MD  
Department of Surgery  
1001 North Oak Avenue  
Valhalla, NY 10595  
Tel: 914 594-4352 Fax: 914 594-2839  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 28  
Program ID: 440-35-21-227

North Carolina Chapel Hill University of North Carolina Hospitals Program  
Sponsor: University of North Carolina Hospitals  
Wake Medical Center  
Program Director: Anthony A. Moyer, MD, PhD  
Department of Surgery  
136 Burnett-Wenick Building, CB #7056  
Chapel Hill, NC 27599  
Tel: 919 966-4853 Fax: 919 966-7841  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 48  
Program ID: 440-36-21-245

Charlotte Carolinas Medical Center Program  
Sponsor: Carolinas Medical Center  
Program Director: Frederick I. Greene, MD  
Department of General Surgery  
P.O. Box 22861  
Charlotte, NC 28222  
Tel: 704 355-3175 Fax: 704 355-5619  
E-mail: general.surgery@carolinashealthcare.org  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 16  
Program ID: 440-39-12-246

Durham Duke University Hospital Program  
Sponsor: Duke University Hospital  
Durham Regional Hospital  
Veterans Affairs Medical Center (Asheville)  
Veterans Affairs Medical Center (Durham)  
Program Director: Michael A. Smoter, MD  
P.O. Box 9445  
Durham, NC 27710  
Tel: 919 681-3516 Fax: 919 681-7934  
E-mail: chb007@mc.duke.edu  
Length: 5 Yrs  
AOGME Approved/Offered Positions: 60  
Program ID: 440-36-21-247
Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: Carl E Halich, MD
Department of Surgery
Pitt County Medical Center
Greenville, NC 27839
Tel: 252 618-6262 Fax: 252 816-9156
Length: 5 Yrs  ACGME Approved/Offered Positions: 24
Program ID: 440-36-11-248

Wilmington
New Hanover Regional Medical Center Program
Sponsor: New Hanover Regional Medical Center
Program Director: Don K Yokoyama, MD, MBA
2131 South 17th Street
PO Box 9025
Wilmington, NC 28402
Tel: 910 343-4161 Fax: 910 760-4630
Length: 5 Yrs  ACGME Approved/Offered Positions: 11
Program ID: 440-36-31-249

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: J Wayne Meredith, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-7579 Fax: 336 716-5414
Length: 5 Yrs  ACGME Approved/Offered Positions: 45
Program ID: 440-36-51-250

North Dakota
Grand Forks
University of North Dakota Program
Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Altru Health System Hospital
Veterans Affairs Medical and Regional Office Center (Fargo)
Program Director: Robert P Stica, MD
501 North Columbia Road
Department of Surgery
Grand Forks, ND 58203
Tel: 701 777-3067 Fax: 701 777-3066
Length: 5 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 440-36-21-370

Ohio
Akron
Akron General Medical Center/NEOUCOM Program
Sponsor: Akron General Medical Center
Program Director: Daniel P Guyton, MD
400 Wabash Avenue
Akron, OH 44307
Tel: 330 344-6234 Fax: 330 344-6672
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 440-38-11-282

Summa Health System/NEOUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Program Director: Daune L Donovan, MD
335 E Market Street
PO Box 2000
Akron, OH 44309
Tel: 330 375-3645 Fax: 330 375-3754
Length: 5 Yrs  ACGME Approved/Offered Positions: 17
Program ID: 440-38-21-251

Cincinnati
Jewish Hospital of Cincinnati Program
Sponsor: Jewish Hospital of Cincinnati
Program Director: Elliott J Pegelman, MD
747 E Galbraith Road
Cincinnati, OH 45229
Tel: 513 957-5421 Fax: 513 957-5499
Length: 5 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 440-38-31-254

TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
Franciscan Medical Center - Western Hills
TriHealth - Bethesda Hospital
TriHealth - Good Samaritan Hospital
Program Director: Richard W Walling, MD
375 Doherty Avenue
Cincinnati, OH 45209
Tel: 513 372-2220
Length: 5 Yrs  ACGME Approved/Offered Positions: 21
Program ID: 440-38-31-253

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christ Hospital
Veterans Affairs Medical Center (Cincinnati)
Program Director: Robert H Bower, MD
201 Albert Sabin Way ML 0588
Cincinnati, OH 45207
Tel: 513 558-5581 Fax: 513 558-3474
Length: 5 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 440-38-21-255

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Debra J Graham, MD
University Hospitals of Cleveland
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-4400 Fax: 216 444-4201
Length: 5 Yrs  ACGME Approved/Offered Positions: 22
Program ID: 440-38-21-309

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Allan Siperstein, MD
Department of Surgery/ABO
4100 Elyria Ave
Cleveland, OH 44106
Tel: 216 444-5274 Fax: 216 445-5653
E-mail: surgeon@ccf.org
Length: 5 Yrs  ACGME Approved/Offered Positions: 22
Program ID: 440-38-22-257

Fairview Health System Program
Sponsor: Fairview Health System/Fairview Hospital
Fairview Hospital
Program Director: Richard C Tread, MD
Department of Surgery
18501 Lorain Avenue
Cleveland, OH 44111
Tel: 216 476-1756 Fax: 216 476-7883
Length: 5 Yrs  ACGME Approved/Offered Positions: 20
Program ID: 440-38-22-258

Columbus
Mount Carmel Program
Sponsor: Mount Carmel
Program Director: Thomas H Hartmann, MD
Department of Surgery
793 W State Street
Columbus, OH 43222
Tel: 614 234-5989 Fax: 614 234-2772
E-mail: thotn@mountcarmel.org
Length: 5 Yrs  ACGME Approved/Offered Positions: 15
Program ID: 440-38-32-256

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Mark W Arnold, MD
316-A Muirhead Hall
1585 Upham Drive
Columbus, OH 43210
Tel: 614 293-8704 Fax: 614 293-4063
Length: 5 Yrs  ACGME Approved/Offered Positions: 40
Program ID: 440-38-31-264

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Program Director: Oscar R Ruiz, MD
Medical Education Department
3930 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-5760 Fax: 614 566-6852
E-mail: umanning@ohiohealth.com
Length: 5 Yrs  ACGME Approved/Offered Positions: 14
Program ID: 440-38-13-266

Dayton
Wright State University Program
Sponsor: Wright State University School of Medicine
Program Director: Paula M Terneski, MD
One Wyoming Street
Suite 7000, Weber Center for Health Education
Dayton, OH 45409
Tel: 937 389-2177 Fax: 937 208-3105
Length: 5 Yrs  ACGME Approved/Offered Positions: 47
Program ID: 440-38-21-266

Huron Hospital Program
Sponsor: Huron Hospital
Rohnes Memorial Hospital
Program Director: Raphael S Chung, MD, MBA
18861 Terrace Road
Cleveland, OH 44112
Tel: 216 761-4223 Fax: 216 761-3499
Length: 5 Yrs  ACGME Approved/Offered Positions: 13
Program ID: 440-38-22-259

East Cleveland
Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio Medical College of Ohio Hospital St Vincent Mercy Medical Center
Prgm Director: Edgar D Stare, MD, PhD Mulford Library 3045 Arlington Avenue Toledo, OH 43614 Tel: 419 385-6598 Fax: 419 383-6636 Length: 5 Yrs ACGME Approved/Offered Positions: 28 Program ID: 440-38-21-269

Youngstown
St Elizabeth Health Center/NEOUCOM Program
Sponsor: St Elizabeth Health Center Prgm Director: Michael S Kavic, MD 1044 Belmont Avenue PO Box 1700 Youngstown, OH 44501 Tel: 800 422-3699 Fax: 330 480-3640 Length: 5 Yrs ACGME Approved/Offered Positions: 20 Program ID: 440-38-11-270

Western Reserve Care System/NEOUCOM Program
Sponsor: Forum Health/Western Reserve Care System (Youngstown) Northside Medical Center Prgm Director: Mark Hirko, MD 500 Gypsy Lane PO Box 240 Youngstown, OH 44501 Tel: 330 884-3472 Fax: 330 884-5690 Length: 5 Yrs ACGME Approved/Offered Positions: 13 Program ID: 440-38-21-271

Pennsylvania
Abington
Abington Memorial Hospital Program
Sponsor: Abington Memorial Hospital Prgm Director: John S Kukora, MD 1200 Old York Road Abington, PA 19001 Tel: 215 481-7464 Fax: 215 481-2159 Length: 5 Yrs ACGME Approved/Offered Positions: 19 Program ID: 440-41-13-279

Allentown
Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital Prgm Director: Gary G Nicholas, MD Department of Surgery Cedar Crest and I-78, PO Box 689 Allentown, PA 18106 Tel: 610 402-8966 Fax: 610 402-1867 Length: 5 Yrs ACGME Approved/Offered Positions: 23 Program ID: 440-41-21-260

Bethlehem
St Luke's Hospital Program
Sponsor: St Luke's Hospital Prgm Director: Joel C Rosenfeld, MD General Surgery Residency 801 Ostrum Street Bethlehem, PA 18015 Tel: 610 954-2355 Fax: 610 954-6450 Length: 5 Yrs ACGME Approved/Offered Positions: 10 Program ID: 440-41-21-398

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System Prgm Director: Alfred P Kennedy, MD Department of General Surgery 100 North Academy Avenue Danville, PA 17822 Tel: 570 271-6385 Fax: 570 271-5765 E-mail: meded@geisinger.edu Length: 5 Yrs ACGME Approved/Offered Positions: 16 Program ID: 440-41-21-263

Easton
Easton Hospital Program
Sponsor: Easton Hospital (Northampton Hospital Corporation) Prgm Director: Harpeet Kohli, MD 200 S 21st Street Department of Surgery Easton, PA 18042 Tel: 610 250-4775 Fax: 610 250-4851 Length: 5 Yrs ACGME Approved/Offered Positions: 14 Program ID: 440-41-31-284

Harrisburg
PinnacleHealth Hospitals Program
Sponsor: PinnacleHealth Hospitals Prgm Director: Michael J Holman, MD Department of Surgery BMAB 5 205 South Front Street Harrisburg, PA 17104 Tel: 717 231-8755 Fax: 717 231-8756 E-mail: etucecc@pinnaclehealth.org Length: 5 Yrs ACGME Approved/Offered Positions: 12 Program ID: 440-41-21-384

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center Prgm Director: Robert C Lerner, MD 500 University Drive PO Box 850 H149 Hershey, PA 17033 Tel: 717 531-5272 Fax: 717 531-3649 Length: 5 Yrs ACGME Approved/Offered Positions: 37 Program ID: 440-41-21-287

Johnstown
Temple University/Conemaugh Valley Memorial Hospital Program
Sponsor: Conemaugh Valley Memorial Hospital Prgm Director: Michael P Nairan, DO 1086 Franklin Street Johnstown, PA 15905 Tel: 814 534-9330 Fax: 814 534-3279 Length: 5 Yrs ACGME Approved/Offered Positions: 12 Program ID: 440-41-11-286

Philadelphia
Albert Einstein Healthcare Network Program

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann) Crozer-Chester Medical Center Hahnemann University Hospital (Toset Health System) Medical College of Pennsylvania Hosp (Tenes Health System) Prgm Director: Barry D Mann, MD 3300 Henry Avenue, 8th Floor Philadelphia, PA 19129 Tel: 215 842-7663 Fax: 215 842-1085 Length: 5 Yrs ACGME Approved/Offered Positions: 41 Program ID: 440-41-12-286

Oklahoma
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine OU Medical Center OU Medical Center - Children's Hospital Veterans Affairs Medical Center (Oklahoma City) Prgm Director: M Alex Jacocks, MD Williams Pavilion Building PO Box 26001 - Room WP2140 Oklahoma City, OK 73190 Tel: 405 271-6308 Fax: 405 271-3991 E-mail: judy-wheeler@ouhsc.edu Length: 5 Yrs ACGME Approved/Offered Positions: 30 Program ID: 440-39-21-273

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa St John Medical Center Prgm Director: Thomas A Beughan, MD Department of Surgery 4502 E 41st Street Tulsa, OK 74135 Tel: 918 744-3100 Fax: 918 744-3367 Length: 5 Yrs ACGME Approved/Offered Positions: 19 Program ID: 440-39-21-274

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital Kaiser Foundation Hospitals-Northwest Region Legacy Emanuel Hospital and Medical Center Legacy Good Samaritan Hospital and Medical Center St Vincent Hospital and Medical Center Veterans Affairs Medical Center (Portland) Prgm Director: Karen Devaney, MD 3181 SW Sam Jackson Pk Rd, L223 Portland, OR 97239 Tel: 503 494-7758 Fax: 503 494-5616 Length: 5 Yrs ACGME Approved/Offered Positions: 74 Program ID: 440-49-21-278

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa St John Medical Center Prgm Director: Thomas A Beughan, MD Department of Surgery 4502 E 41st Street Tulsa, OK 74135 Tel: 918 744-3100 Fax: 918 744-3367 Length: 5 Yrs ACGME Approved/Offered Positions: 19 Program ID: 440-39-21-274

Philadelphia
Albert Einstein Healthcare Network Program

Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann) Crozer-Chester Medical Center Hahnemann University Hospital (Toset Health System) Medical College of Pennsylvania Hosp (Tenes Health System) Prgm Director: Barry D Mann, MD 3300 Henry Avenue, 8th Floor Philadelphia, PA 19129 Tel: 215 842-7663 Fax: 215 842-1085 Length: 5 Yrs ACGME Approved/Offered Positions: 41 Program ID: 440-41-12-286

Graduate Medical Education Directory 2004-2005
Graduate Hospital Program
Sponsor: Graduate Hospital (Tenet Health System)
Hahnemann University Hospital (Tenet Health System)
Prog Director: Philip C Wey, MD
Pepper Pavilion, Suite 1101
1650 Lombard Street
Philadelphia, PA 19146
Tel: 215 899-6294 Fax: 215 899-6587
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 440-41-3293

MERCY CATHOLIC MEDICAL CENTER PROGRAM
Sponsor: Mercy Catholic Medical Center
Mercy Hospital of Philadelphia
Prog Director: Chris D Taarnaa, MD
3130 Lancaster Avenue
Darby, PA 19023
Tel: 610 237-4505 Fax: 610 237-4339
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-41-3297

PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM PROGRAM
Sponsor: Pennsylvania Hospital (UPHS)
Prog Director: Alan L Schuricht, MD
301 S 8th Street, Suite 6 D
Education Office
Philadelphia, PA 19106
Tel: 215 899-6880 Fax: 215 893-8407
E-mail: alschuricht@hotmail.com
Length: 5 Yrs ACGME Approved/Offered Positions: 14
Program ID: 440-41-11298

TEMPLE UNIVERSITY PROGRAM
Sponsor: Temple University Hospital
Crozer-Chester Medical Center
Fox Chase Cancer Center
Prog Director: Daniel T Dempsey, MD
3401 N Broad St
Broad & Ontario Streets
Philadelphia, PA 19140
Tel: 215 707-3604 Fax: 215 707-1915
Length: 5 Yrs ACGME Approved/Offered Positions: 30
Program ID: 440-41-21300

THOMAS JEFFERSON UNIVERSITY PROGRAM
Sponsor: Thomas Jefferson University Hospital
Veterans Affairs Medical Center (Wilmington)
Prog Director: John C Kairys, MD
1015 Walnut Street
Suite 620
Philadelphia, PA 19107
Tel: 215 955-6884 Fax: 215 955-2878
Length: 5 Yrs ACGME Approved/Offered Positions: 45
Program ID: 440-41-21301

UNIVERSITY OF PENNSYLVANIA PROGRAM
Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Prog Director: Jon B Morris, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 665-6105 Fax: 215 665-7089
Length: 5 Yrs ACGME Approved/Offered Positions: 50
Program ID: 440-41-21302

PITTSBURGH PROGRAM
Sponsor: Allegheny General Hospital
Prog Director: Charles P Cobb, MD
230 East North Avenue
Pittsburgh, PA 15213
Tel: 412 359-6907 Fax: 412 359-2312
E-mail: gardner@wpahs.org
Length: 5 Yrs ACGME Approved/Offered Positions: 32
Program ID: 440-41-12303

Mercy Hospital of Pittsburgh Program
Sponsor: Mercy Hospital of Pittsburgh
Prog Director: Kurt B Stahlfeld, MD
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 229-8900 Fax: 412 229-8900
Length: 5 Yrs ACGME Approved/Offered Positions: 20
Program ID: 440-41-12305

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC St Margaret
Pittsburgh, PA 15224
Tel: 412 578-4036 Fax: 412 578-1404
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 440-41-12008

Sayre Guthrie/Robert Packer Hospital Program
Sponsor: Robert Packer Hospital
Prog Director: Sushil K Gupta, MD
One Guthrie Square
Sayre, PA 18640
Tel: 570 882-3585 Fax: 570 882-3509
Length: 5 Yrs ACGME Approved/Offered Positions: 19
Program ID: 440-41-12309

Wynnewood Lankenau Hospital Program
Sponsor: Lankenau Hospital
Byrn Mawr Hospital
University of Pennsylvania Health System
Prog Director: Robert D Smink Jr, MD
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 645-6110 Fax: 610 645-3354
E-mail: mariano@mhhs.org
Length: 5 Yrs ACGME Approved/Offered Positions: 12
Program ID: 440-41-11296

York Hospital Program
Sponsor: York Hospital
Prog Director: L Peter Fielding, MD
1001 South George Street
York, PA 17405
Tel: 717 851-2772 Fax: 717 851-4510
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-41-12310

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine
Gonzalez Martinez Oncologic Hospital
University Hospital
University of Puerto Rico Hospital at Carolina
Veterans Affairs Medical Center (San Juan)
Prog Director: Juan J Llojo, MD
Medical Sciences Campus
GPO Box 365007
San Juan, PR 00936
Tel: 787 761-2440 Fax: 787 758-1119
E-mail: jjllojo@ucoop.pr
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 440-41-21313

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital/Lifespan
Miriam Hospital/Lifespan
Providence Medical Education Program
Sponsor: Brown University Program
Prog Director: William G Cluff, MD
Rhode Island Hospital
553 Eddy Street
Providence, RI 29093
Tel: 401 444-6611 Fax: 401 444-6612
Length: 5 Yrs ACGME Approved/Offered Positions: 46
Program ID: 440-48-21314

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Savannah and St Peter's Medical Center (Charleston)
Prog Director: Thomas E Brother, MD
96 Jonathan Lucas, P.O. Box 560163
Charleston, SC 29463
Tel: 843 792-0072 Fax: 843 792-8286
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 440-48-21315

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
William Jennings Bryan Dorn Veterans Hospital
Prog Director: Richard M Bell, MD
University of South Carolina
Two Bichard Medical Park, #402
Columbia, SC 29203
Tel: 803 256-2567 Fax: 803 256-9545
Length: 5 Yrs ACGME Approved/Offered Positions: 17
Program ID: 440-49-21316
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<td>Sponsor: Greenville Hospital System</td>
<td>Program Director: Spence M Taylor, MD</td>
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<td><strong>Spartanburg Regional Healthcare System Program</strong></td>
<td>Sponsor: Spartanburg Regional Healthcare System</td>
<td>Program Director: Richard R Orr, MD, MPH</td>
<td>5 Yrs</td>
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<td><strong>University of Tennessee College of Medicine at Chattanooga Program</strong></td>
<td>Sponsor: University of Tennessee College of Medicine-Chattanooga</td>
<td>Program Director: Elmer M. Odey, MD</td>
<td>5 Yrs</td>
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<td><strong>Johnson City</strong></td>
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<td><strong>East Tennessee State University Program</strong></td>
<td>Sponsor: James H Quillen College of Medicine</td>
<td>Program Director: William Brown, MD</td>
<td>5 Yrs</td>
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<td><strong>John Tarpley, MD</strong></td>
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<td><strong>University of Tennessee Medical Center at Knoxville Program</strong></td>
<td>Sponsor: University of Tennessee Medical Center-Graduate School of Medicine</td>
<td>Program Director: Mitchell H Goldman, MD</td>
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<td><strong>Vanderbilt University Program</strong></td>
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<td>Program Director: John L Turphey, MD</td>
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<td><strong>Dallas</strong></td>
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<td><strong>Baylor University Medical Center Program</strong></td>
<td>Sponsor: Baylor University Medical Center</td>
<td>Program Director: John Peter Smith Hospital (Tarrant County Hospital District)</td>
<td>5 Yrs</td>
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<td><strong>Texas Tech University (El Paso) Program</strong></td>
<td>Sponsor: Texas Tech University Health Science Center</td>
<td>Program Director: Thomas V Taylor, MD</td>
<td>5 Yrs</td>
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<td><strong>University of Texas Medical Branch Hospitals Program</strong></td>
<td>Sponsor: University of Texas Medical Branch Hospitals</td>
<td>Program Director: William Beaumont Army Medical Center</td>
<td>5 Yrs</td>
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<td><strong>Houston</strong></td>
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<td><strong>Baylor College of Medicine Program</strong></td>
<td>Sponsor: Baylor College of Medicine</td>
<td>Program Director: Charles F McCollum, MD</td>
<td>5 Yrs</td>
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Note: Lengths are generally 3-5 years, depending on the specific program and specialty.
University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Length: 5 Yrs
Tel: 713 590-2379 - Fax: 713 590-2356
E-mail: angela@buhmc.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 48
Program ID: 049-48-21-337

Lubbock
Texas Tech University (Lubbock) Program
Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Program Director: Art G Halldorsson, MD
Department of Surgery
5601 4th Street
Lubbock, TX 79403
Tel: 806 743-2370 - Fax: 806 743-1475
Length: 5 Yrs ACGME Approved/Offered Positions: 18
Program ID: 049-48-21-363

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
San Antonio Uniformed Services Health Education Consortium
University Health System
Willard Hall Medical Center (AFTC)
Program Director: Melanie L. Richardson, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-9711
E-mail: smithla@uthscsa.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 76
Program ID: 049-48-21-338

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Program Director: Randall W Smith, MD
2401 S 1st Street
Temple, TX 76508
Tel: 254 724-3300 - Fax: 254 724-9587
Length: 5 Yrs ACGME Approved/Offered Positions: 26
Program ID: 049-48-21-339

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Length: 5 Yrs
Tel: 801 581-4488 - Fax: 801 581-6812
E-mail: acmeinfo@utah.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 37
Program ID: 049-48-21-340

Vermont
Burlington
University of Vermont Program
Sponsor: Fletcher Allen Health Care
Program Director: Kenneth H Sartorelli, MD
Surgery Education Office, Fletcher House 309
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 447-4272 - Fax: 802 447-5552
Length: 5 Yrs ACGME Approved/Offered Positions: 25
Program ID: 049-50-21-341

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Veterns Affairs Medical Center (Salem)
Program Director: Bruce D Schimmer, MD
PO Box 800191
Charlottesville, VA 22908
Tel: 434 924-8307 - Fax: 434 243-5791
Length: 5 Yrs ACGME Approved/Offered Positions: 43
Program ID: 049-51-21-342

Falls Church
Inova Fairfax Hospital Program
Sponsor: Inova Fairfax Hospital
Virginia Commonwealth University School of Medicine
Program Director: H David Reines, MD
3300 Gallows Road
Falls Church, VA 22042
Tel: 703 698-3563 - Fax: 703 698-2338
E-mail: h.david.reines@inova.com
Length: 5 Yrs ACGME Approved/Offered Positions: 15
Program ID: 049-51-21-412

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Leigh Hospital
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Program Director: L D Britt, MD
6th Floor, Hoffheimer Hall
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-8050 - Fax: 757 446-8851
Length: 5 Yrs ACGME Approved/Offered Positions: 35
Program ID: 049-51-21-343

Portsmouth
Naval Medical Center (Portsmouth) Program
Sponsor: Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Program Director: Beth R Jastak, MD
Department of General Surgery (code 0611)
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 966-3447 - Fax: 757 966-0980
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 049-51-32-315
US Armed Services Program

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Program Director: Brian J Kaplan, MD
PO Box 981135
Richmond, VA 23296
Tel: 804 885-0765 - Fax: 804 885-5595
E-mail: surgery@vcu.edu
Length: 5 Yrs ACGME Approved/Offered Positions: 41
Program ID: 049-51-21-344

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center - Roanoke Memorial Hospitals
Carilion Medical Center-Roanoke Community Hospital
Program Director: Ross S Durham, MD
Bellview Avenue at Jefferson Street
Box 13067
Roanoke, VA 24033
Tel: 540 981-6280
Length: 5 Yrs ACGME Approved/Offered Positions: 29
Program ID: 049-51-31-345

Washington
Seattle
Swedish Medical Center (First Hill) Program
Sponsor: Swedish Medical Center-Seattle
Barrington Medical Center
Program Director: Michael J Hart, MD
747 Broadway
Surgery Residency Program, Suite 731
Seattle, WA 98122
Tel: 206 386-2123 - Fax: 206 386-6293
Length: 5 Yrs ACGME Approved/Offered Positions: 13
Program ID: 049-54-32-347

University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Program Director: Karen D Horvath, MD
1189 NE Pacific Street
Box 986410
Seattle, WA 98105
Tel: 206 543-3987 - Fax: 206 543-8136
Length: 5 Yrs ACGME Approved/Offered Positions: 48
Program ID: 049-54-32-418

Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Harborview Medical Center
Program Director: Richard C Thrifty, MD
925 Sorensen St
RC-GMS
Seattle, WA 98111
Tel: 206 683-6079 - Fax: 206 683-2007
Length: 5 Yrs ACGME Approved/Offered Positions: 28
Program ID: 049-54-12-349
Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Prgm Director: Kenneth S Azarow, MD
General Surgery Service
MCCH-1ST
Taco, WA 98431
Tel: 253 968-2401  Fax: 253 968-5800
Length: 5 Yrs  AGME Approved/Offered Positions: 2
Program ID: 440-54-12-011
US Armed Services Program

West Virginia
Charleston
Charleston Area Medical Center/West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: John A DeLuca, MD
3110 MacCorkle Ave
Charleston, WV 25304
Tel: 304 347-1394  Fax: 304 338-9868
Length: 5 Yrs  AGME Approved/Offered Positions: 19
Program ID: 440-55-11-351

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: John T Walker, MD
1600 Medical Center Dr, Suite 3500
Huntington, WV 25701
Tel: 304 691-1282  Fax: 304 691-1287
Length: 5 Yrs  AGME Approved/Offered Positions: 18
Program ID: 440-55-21-396

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Louis A Johnson Veterans Affairs Medical Center
Prgm Director: Cynthia F Graves, MD
Health Sciences Center N, Room 7720
PO Box 9238
Morgantown, WV 26506
Tel: 304 293-5169  Fax: 304 293-4711
Length: 5 Yrs  AGME Approved/Offered Positions: 23
Program ID: 440-55-21-352

Wisconsin
La Crosse
Gundersen Lutheran Medical Foundation Program
Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic
Lutheran Hospital-La Crosse
Prgm Director: Thomas H Coghill, MD
1818 South Avenue
Mail Code G01 505
La Crosse, WI 54601
Tel: 608 782-3199  Fax: 608 775-4460
Length: 5 Yrs  AGME Approved/Offered Positions: 10
Program ID: 440-56-12-354

Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: David M Mahvi, MD
600 Highland Avenue
H4/724A Clinical Science Center
Madison, WI 53792
Tel: 608 263-1400  Fax: 608 263-7650
Length: 5 Yrs  AGME Approved/Offered Positions: 30
Program ID: 440-56-21-355

Marshfield
Marshfield Clinic-St Joseph's Hospital Program
Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: Randolph E Szlabick, MD
Marshfield Clinic
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715 297-7318  Fax: 715 297-3235
E-mail: szlabick.randolph@marshfieldclinic.org
Length: 5 Yrs  AGME Approved/Offered Positions: 10
Program ID: 440-56-21-356

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Columbia Hospital
Prides Family and Children's Medical Hospital
Prgm Director: Thomas A Wiggers, MD
Department of Surgery
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 806-9082  Fax: 414 806-8841
Length: 5 Yrs  AGME Approved/Offered Positions: 45
Program ID: 440-56-21-357

Surgical Critical Care (General Surgery)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Medical Center
Children's Hospital of Alabama
Prgm Director: Loring W Wae, MD
Department of Surgery
703 South 19th Street (Suite 112)
Birmingham, AL 35224
Tel: 205 694-8680
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 442-01-21-079

California
Fresno
University of California (San Francisco)/Fresno Program
Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Prgm Director: Krista L Kaus, MD
445 S Cedar Avenue
Fresno, CA 93702
Tel: 559 459-5779  Fax: 559 459-3719
Length: 1 Yr  AGME Approved/Offered Positions: 1
Program ID: 442-05-21-067

Los Angeles
Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Prgm Director: N Michael Shabot, MD
5700 Beverly Boulevard
Department of Surgery - Room 8216
Los Angeles, CA 90048
Tel: 310 423-8873
E-mail: michael.shabot@chs.org
Length: 1 Yr  AGME Approved/Offered Positions: 2
Program ID: 442-05-21-046

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
LAC + USC Medical Center
USC University Hospital
Prgm Director: Thomas V Berne, MD
Department of Surgery, Room 9900
1200 N State Street
Los Angeles, CA 90033
Tel: 323 266-7720  Fax: 323 266-6996
Length: 1 Yr  AGME Approved/Offered Positions: 3
Program ID: 442-05-21-058

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Prgm Director: Mariannne Cimn, MD
101 The City Drive, South
Bldg 53, Room 307, R1 81
Orange, CA 92868
Tel: 714 456-6840  Fax: 714 456-6048
E-mail: dmhasson@uci.edu
Length: 1 Yr  AGME Approved/Offered Positions: 1
Program ID: 442-05-21-003
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<th>Program ID</th>
<th>Telephone</th>
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<th>Length</th>
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<th>Position</th>
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<tr>
<td>442-06-21-017</td>
<td>808 545-5201</td>
<td><a href="mailto:jzowig@ucdavis.edu">jzowig@ucdavis.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>University of California, Davis (Davis) Health System Program</td>
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<tr>
<td>442-06-21-046</td>
<td>203 733-4280</td>
<td><a href="mailto:ksriram41@hotmail.com">ksriram41@hotmail.com</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>Yale-New Haven Medical Center Program</td>
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<td>442-09-21-093</td>
<td>916 734-7755</td>
<td><a href="mailto:e-jmp@uofco.edu">e-jmp@uofco.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>University of Colorado Hospital Program</td>
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<td>442-06-21-075</td>
<td>303 436-6572</td>
<td><a href="mailto:jhoyt@ucdavis.edu">jhoyt@ucdavis.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 1</td>
<td>Program:</td>
<td>San Francisco University of California (San Francisco) Program</td>
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<tr>
<td>442-07-13-094</td>
<td>773 296-7199</td>
<td><a href="mailto:kjtowsings@ucdavis.edu">kjtowsings@ucdavis.edu</a></td>
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<td>ACGME Approved/Offered Positions: 1</td>
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<td><a href="mailto:kjtowsings@ucdavis.edu">kjtowsings@ucdavis.edu</a></td>
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<td>442-06-21-046</td>
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<td><a href="mailto:ksriram41@hotmail.com">ksriram41@hotmail.com</a></td>
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<td>ACGME Approved/Offered Positions: 2</td>
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<td>New Haven Yale-New Haven Medical Center Program</td>
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<td>442-08-21-020</td>
<td>808 545-5201</td>
<td><a href="mailto:jzowig@ucdavis.edu">jzowig@ucdavis.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>San Diego University of California (San Diego) Program</td>
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<td>442-08-21-045</td>
<td>203 733-4280</td>
<td><a href="mailto:ksriram41@hotmail.com">ksriram41@hotmail.com</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>San Francisco University of California (San Francisco) Program</td>
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<td>442-08-21-020</td>
<td>808 545-5201</td>
<td><a href="mailto:jzowig@ucdavis.edu">jzowig@ucdavis.edu</a></td>
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<td>ACGME Approved/Offered Positions: 2</td>
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<td>New Haven Yale-New Haven Medical Center Program</td>
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<td>442-09-21-089</td>
<td>916 734-7755</td>
<td><a href="mailto:e-jmp@uofco.edu">e-jmp@uofco.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 1</td>
<td>Program:</td>
<td>District of Columbia Washington Hospital Center Program</td>
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<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>Washington University of Hawaii Honolulu Program</td>
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<td>442-09-21-099</td>
<td>916 734-7755</td>
<td><a href="mailto:e-jmp@uofco.edu">e-jmp@uofco.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 1</td>
<td>Program:</td>
<td>Florida Miami Jackson Memorial Hospital Program</td>
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<tr>
<td>442-11-21-004</td>
<td>773 899-4422</td>
<td><a href="mailto:mfrey@lumc.edu">mfrey@lumc.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>Orlando Orange County Regional Healthcare Program</td>
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<td>442-14-12-007</td>
<td>773 899-4422</td>
<td><a href="mailto:mfrey@lumc.edu">mfrey@lumc.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>Illinois Chicago Advocate Illinois Masonic Medical Center Program</td>
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<td>442-16-12-087</td>
<td>773 899-4422</td>
<td><a href="mailto:mfrey@lumc.edu">mfrey@lumc.edu</a></td>
<td>1 Yr</td>
<td>ACGME Approved/Offered Positions: 2</td>
<td>Program:</td>
<td>University of Hawaii John A Burns School of Medicine Program</td>
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</table>

### Accredited Programs in Surgical Critical Care (General Surgery)

**Sacramento**
- **University of California (Davis) Health System Program**
  - Sponsor: University of California (Davis) Medical Center
  - Program Director: John Owings, MD
  - Department of Surgery
  - 2315 Stockton Blvd, Rm 4209
  - Sacramento, CA 95817
  - Tel: 916 734-5505 Fx: 916 744-7756
  - Email: jzowig@ucdavis.edu
  - Length: 1 Yr ACGME Approved/Offered Positions: 2
  - Program ID: 442-06-21-017

**San Diego**
- **University of California (San Diego) Program**
  - Sponsor: University of California (San Diego) Medical Center
  - Program Director: David R Hotz, MD
  - 200 West Arbor Drive, #8885
  - San Diego, CA 92103
  - Tel: 860 545-7039 Fx: 860 543-7028
  - Length: 1 Yr ACGME Approved/Offered Positions: 2
  - Program ID: 442-06-21-046

**San Francisco**
- **University of California (San Francisco) Program**
  - Sponsor: University of California (San Francisco) School of Medicine
  - San Francisco General Hospital Medical Center
  - Program Director: Andre B Campbell, MD
  - 1001 Potrero Avenue
  - San Francisco, CA 94110
  - Tel: 415 206-4027
  - Length: 1 Yr ACGME Approved/Offered Positions: 1
  - Program ID: 442-07-13-094

**Colorado**
- **Denver**
  - **University of Colorado School of Medicine Program**
    - Sponsor: University of Colorado School of Medicine
    - Denver Health Medical Center
    - University of Colorado Hospital
    - Program Director: Jon M Burch, MD
    - 777 Bannock Street
    - Denver, CO 80206
    - Tel: 303 436-0528 Fx: 303 436-0572
    - Email: Jon.Burch@UCHSA.org
    - Length: 1 Yr ACGME Approved/Offered Positions: 1
    - Program ID: 442-07-13-094

**Florida**
- **Miami**
  - **Jackson Memorial Hospital Program**
    - Sponsor: Jackson Memorial Hospital/Jackson Health System
    - Program Director: Erik Barquist, MD
    - 1000 NW 16 Avenue, Fl747
    - Ryder Trauma Center
    - Miami, FL 33136
    - Tel: 305 585-4255 Fx: 305 265-7065
    - Length: 2 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 442-11-21-004

**Georgia**
- **Atlanta**
  - **Emory University Program**
    - Sponsor: Emory University School of Medicine
    - Emory University Hospital, Civic Memorial Hospital
    - Program Director: Grace S Rosokyl, MD
    - 128 W. Peachtree Street, SE
    - Atlanta, GA 30303
    - Tel: 404 350-3523 Fx: 404 616-7223
    - Length: 1 Yr ACGME Approved/Offered Positions: 1
    - Program ID: 442-12-21-009

**Hawaii**
- **Honolulu**
  - **University of Hawaii Program**
    - Sponsor: University of Hawaii John A Burns School of Medicine
    - Queen's Medical Center
    - Program Director: Michael J. Ye, MD
    - 1356 Lusitania Street, 6th Floor
    - Honolulu, HI 96813
    - Tel: 808 586-3900 Fx: 808 586-3022
    - Email: mihyes@hawaii.edu
    - Length: 1 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 442-14-12-008

**Illinois**
- **Chicago**
  - **Cook County Hospital Program**
    - Sponsor: John H Stroger Hospital of Cook County
    - Program Director: Keith Leib, MD
    - Division of Surgical Critical Care
    - 1901 West Harrison St Room 2550
    - Chicago, IL 60612
    - Tel: 312 864-3133 Fx: 312 864-9633
    - Email: kriram41@hotmail.com
    - Length: 1 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 442-16-12-087

  - **McCaw Medical Center of Northwestern University Program**
    - Sponsor: McCaw Medical Center of Northwestern University
    - Children's Memorial Hospital
    - Program Director: Susan R Luck, MD
    - Pediatric Surgery 603
    - 2900 Children's Plaza
    - Chicago, IL 60614
    - Tel: 773 899-4422 Fx: 773 899-4588
    - Length: 1 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 442-16-12-087

- **Orlando**
  - **Orange County Regional Healthcare Program**
    - Sponsor: Orlando Regional Healthcare
    - Program Director: Michael L Cheatham, MD
    - 86 W Underwood Street
    - Suite 301, MP 190
    - Orlando, FL 32805
    - Tel: 407 841-0326 Fx: 407 849-3686
    - Email: mikene@orch.org
    - Length: 1 Yr ACGME Approved/Offered Positions: 2
    - Program ID: 442-11-21-004

- **University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program**
  - Sponsor: University of Illinois College of Medicine at Chicago
  - Advocate Illinois Masonic Medical Center
  - Program Director: Richard J Fantus, MD
  - 836 West Wellington Avenue
  - Room 4613 Center Court
  - Chicago, IL 60614
  - Tel: 773 296-7003 Fx: 773 296-7199
  - Email: IMSACriticalCare@advocatehealth.com
  - Length: 1 Yr ACGME Approved/Offered Positions: 3
  - Program ID: 442-16-21-005

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**Graduate Medical Education Directory 2004-2005**

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Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Pgm Director: Paul A Kearney, MD
400 Rose Street
Department of Surgery, C2232
Lexington, KY 40536
Tel: 859 257-6366 Fax: 859 233-6840
E-mail: pkearney@uky.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 412-26-21-076

Louisville

University of Louisville Program
Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Pgm Director: Jorge L Rodriguez, MD
Department of Surgery
Louisville, KY 40205
Tel: 502 852-6767 Fax: 502 852-8915
E-mail: jlrodrig@louisville.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-26-21-069

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Pgm Director: John Patrick Hunt, MD
1541 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-7805 Fax: 504 568-4633
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-21-13-090

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Mary Jo Wright, MD
1430 Tulane Avenue
SL-22
New Orleans, LA 70112
Tel: 504 568-3900 Fax: 504 888-1882
E-mail: mwright@tulane.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-21-21-057

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Pgm Director: Pamela A Lipcott, MD
Dept of Surgery, B-600
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 955-3750 Fax: 410 614-0683
E-mail: plipcott@jhu.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-23-31-069

University of Maryland Program
Sponsor: University of Maryland Medical System
Pgm Director: Steven E Johnson, MD
Division of Surgical Critical Care
22 South Greene Street, T3832
Baltimore, MD 21201
Tel: 410 328-5830 Fax: 410 328-0687
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 442-23-21-032

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Pgm Director: Jonathan Critchlow, MD
110 Francis Street, Suite 3A
Boston, MA 02215
Tel: 617 632-0691 Fax: 617 632-7355
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-24-21-045

Boston University Medical Center Program
Sponsor: Boston Medical Center
Pgm Director: Richard C Dennis, MD
85 E Newton Street
Boston, MA 02118
Tel: 617 588-6406 Fax: 617 588-6452
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-24-21-011

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Pgm Director: Seblyn O Rogers Jr, MD, MPH
75 Francis Street
Boston, MA 02115
Tel: 617 582-0042 Fax: 617 582-0047
E-mail: sougers@partners.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-24-12-083

Children's Hospital Program
Sponsor: Children's Hospital
Pgm Director: Jay W Wilson, MD
300 Longwood Avenue, Pegas 3
Boston, MA 02215
Tel: 617 355-8007 Fax: 617 730-6310
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-24-01-092

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Pgm Director: Robert L Sherford, MD
55 Fruit Street, W06
Boston, MA 02114
Tel: 617 726-5033 Fax: 617 367-8026
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-24-21-064

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Pgm Director: Peter B Angood, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 858-2206 Fax: 508 858-4234
Length: 3 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-24-21-012

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Pgm Director: Robert B Bartlett, MD
1500 E Medical Center Drive
TC-2520 Taubman Health Care Center
Ann Arbor, MI 48109
Tel: 734 936-5622 Fax: 734 936-5830
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 442-25-21-013

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm Director: N Mathilda Hurt, MD
Department of Surgery
2790 W Grand Blvd
Detroit, MI 48202
Tel: 313 916-1052 Fax: 313 916-6007
E-mail: mthurt@hfhs.org
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-23-21-026

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Pgm Director: Marc L Cullen, MD
3001 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-5839 Fax: 313 666-7056
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-25-31-027

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program
Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health-Butterworth Campus
Pgm Director: Bruce W Bonnell, MD
Surgical Critical Care Fellowship
221 Michigan Street NE, Suite 300A
Grand Rapids, MI 49503
Tel: 616 391-3745 Fax: 616 391-8611
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-23-21-014

Minnesota

Minneapolis

Hennepin County Medical Center Program
Sponsor: Hennepin County Medical Center
Pgm Director: Arthur L Ney, MD
701 Park Avenue, South, #1308
Minneapolis, MN 55415
Tel: 612 870-9310 Fax: 612 904-4297
E-mail: phyllis.squires@co.hennepin.mn.us
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-26-21-072

Graduate Medical Education Directory 2004-2005
University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview University Medical Center
Region: Minneapolis-Hennepin County
Program: Internal Medicine
Program Sites: Minneapolis-Hennepin County
Program ID: 442-28-21-022

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program: Internal Medicine
Program Sites: St. Louis, MO
Program ID: 442-28-21-091

Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
Program Sites: Rochester
Program ID: 442-28-21-084

New Jersey
Camden
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Sponsor: Cooper Hospital-University Medical Center
Program: Internal Medicine
Program Sites: Camden, NJ
Program ID: 442-33-21-081

Stony Brook
SUNY at Stony Brook Program
Sponsor: Stony Brook University Hospital - SUNY at Stony Brook
Program: Internal Medicine
Program Sites: Stony Brook
Program ID: 442-35-21-094

Valhalla
New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Program Sites: Valhalla
Program ID: 442-35-11-003

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Sites: Chapel Hill
Program ID: 442-36-21-028

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Program Sites: Durham
Program ID: 442-36-21-037
Ohio
Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Pgm Director: Jay Johantgen, MD
231 Albert Sabol Way
PO Box 070558
Cincinnati, OH 45267
Tel: 513 558-5661 Fax: 513 558-3136
E-mail: jay.johantgen@uc.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-38-21-063

Pennsylvania
Allentown
Lehigh Valley Hospital/Pennsylvania State University Program
Sponsor: Lehigh Valley Hospital
Pgm Director: Michael Badellino, MD
Geddes Crest & F-8
PO Box 688
Allentown, PA 18105
Tel: 610 403-8666 Fax: 610 403-1667
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-54-31-047

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Robert N Cooney, MD
500 University Drive, MC H070
Hershey, PA 17033
Tel: 717 531-8441 Fax: 717 531-3940
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-41-21-041

Philadelphia
Drexel University College of Medicine (MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Graver-Chestnut Medical Center
Hahnemann University Hospital (Tenn Health System)
Medical College of Pennsylvania Hosp (Tenn Health System)
St Christopher's Hospital for Children (Tenn Health System)
Pgm Director: Thomas J Santora, MD
Department of Surgery
3800 Henry Avenue, 8th Floor
Philadelphia, PA 19129
Tel: 215 843-1095 Fax: 215 843-1095
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 442-41-21-055

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Pgm Director: Murray J Cohen, MD
1100 Walnut Street, 7th Floor
Philadelphia, PA 19107
Tel: 215 865-3300 Fax: 215 865-5570
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 442-41-21-060

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Pgm Director: Patrick M Reilly, MD
9440 Market Street, First Floor
Philadelphia, PA 19104
Tel: 215 667-7988 Fax: 215 667-8921
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program Id: 442-41-21-066

University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Pgm Director: Samuel Fisherman, MD
665 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 647-3133 Fax: 412 647-9060
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-41-21-056

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Pgm Director: Walter L Biffi, MD
363 Eddy Street
(ARC 110)
Providence, RI 02903
Tel: 401 444-2882 Fax: 401 444-6681
E-mail: samoskow@lifespan.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-43-21-044

South Carolina
Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Pgm Director: James Morrison, MD
Two Richland Medical Park
Suite 402
Columbia, SC 29203
Tel: 803 256-2857 Fax: 803 933-9545
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-45-11-095

Tennessee
Chattanooga
University of Tennessee College of Medicine at Chattanooga Program
Sponsor: University of Tennessee College of Medicine-Chattanooga
Pgm Director: Robert A Maxwell, MD
Chattanooga Unit, Department of Surgery
979 East Third Street, Suite 401
Chattanooga, TN 37403
Tel: 423 778-7665
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 442-47-21-091

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Pgm Director: Elaine L. Enderson, MD
1024 Alaxon Highway, U-11
Knoxville, TN 37920
Tel: 866 544-0230 Fax: 866 544-6908
E-mail: gtnp@utmcm.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 442-47-21-045

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Pgm Director: Martin A Creech, MD
866 Court Avenue
Suite G228
Memphis, TN 38163
Tel: 901 448-5914 Fax: 901 448-7689
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 442-47-21-024

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Pgm Director: Martin A Schreiber, MD
3131 SW Sam Jackson Park Rd, L229A
Portland, OR 97239
Tel: 503 494-5300 Fax: 503 494-6110
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 442-40-21-064
Dallas

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District Parkland Memorial Hospital
Program Director: Joseph P Minic, MD
Division of Burn/Trauma and Critical Care
5352 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-7295 Fax: 214 648-5477
E-mail: joseph.minic@utsouthwestern.edu
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-48-21-001

Fort Sam Houston
San Antonio Uniformed Services Health Education Consortium (BAMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Program Director: Tony W Banks, MD
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-5250 Fax: 210 916-1902
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-48-22-008
US Armed Services Program

Galveston
The University of Texas Medical Branch Program
Sponsor: University of Texas Medical Branch Hospitals
Shriners Hospitals for Children (Galveston Burns Institute)
Program Director: David N Herndon, MD
Shriners'Burn Hospital
810 Market Street
Galveston, TX 77555
Tel: 409 770-0711
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-48-31-099

Houston
Baylor College of Medicine/Ben Taub General Hospital Program
Sponsor: Baylor College of Medicine
Program Director: Matthew J Wall, MD
Ben Taub General Hospital
One Baylor Plaza, Suite 404D
Houston, TX 77030
Tel: 713 795-8431 Fax: 713 795-8941
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-48-12-076

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Program Director: Christine S Coccuvar, MD
6431 Fannin, MSB 4.384
Houston, TX 77030
Tel: 713 500-7194 Fax: 713 500-7288
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 442-48-21-098

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Program Director: Ronald Stewart, MD
7703 Floyd Curl Drive
Dept of Surgery/Trauma
San Antonio, TX 78229
Tel: 210 567-3023 Fax: 210 567-0003
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-48-12-091

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Timothy L Pruett, MD
PO Box 90079
Charlottesville, VA 22908
Tel: 434 924-9492
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-51-13-097

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Naval Medical Center (Norfolk)
Sentara Norfolk General Hospital
Program Director: Frederick J Cole, Jr, MD
812 Fairfax Avenue, Suite 610
Norfolk, VA 23507
Tel: 757 466-8910
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 442-51-13-099

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Program Director: Rao R Narayana, MD, MS
1200 East Broad, 15th Floor
Division of Trauma/Critical Care, West Hospital
Richmond, VA 23298
Tel: 804 898-7748 Fax: 804 897-0295
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-51-31-098

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Haborview Medical Center
Program Director: Ronald V Maier, MD
Dept of Surgery, Box 359796
355 Ninth Avenue
Seattle, WA 98104
Tel: 206 739-3399 Fax: 206 739-8582
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-54-21-090

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Froedtert Memorial Lutheran Hospital
Milwaukee, WI 53226
Tel: 414 866-8632 Fax: 414 866-8441
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 442-56-21-100

Programs
Surgical Critical Care (General Surgery)
Thoracic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Veteran Affairs Medical Center (Birmingham)
Prgm Director: Albert D Pacifico, MD
1900 University Blvd
TIV, Room 759
Birmingham, AL 35294
Tel: 205 894-6360 Fax: 205-034-7614
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-03-21-067

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Prgm Director: Jack G Copeland III, MD
1501 N Campbell Avenue
PO Box 24971
Tucson, AZ 85724
Tel: 520 626-4341 Fax: 520 626-5333
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-03-21-106

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Tamiki Antakli, MD
Slot 71B
4301 West Markham
Little Rock, AR 72205
Tel: 501 686-7984 Fax: 501 686-8603
E-mail: antaklitamiki@uams.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-04-21-008

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Prgm Director: Annes J Razouki, MD
11175 Campus Street
Suite 3111
Loma Linda, CA 92354
Tel: 909 558-4545 Fax: 909 558-0346
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-05-21-102

Los Angeles

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Mark D Flumkett, MD
Cardiothoracic Surgery
10833 Le Cooke Avenue
Los Angeles, CA 90006
Tel: 310 794-7891 Fax: 310 267-2111
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-05-21-013

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
Children's Hospital Los Angeles
Huntington Memorial Hospital
LAC + USC Medical Center
USC University Hospital
Prgm Director: Vaughn A Starnes, MD
USC Cardiothoracic Surgery
1510 S. San Pablo Street Suite 415
Los Angeles, CA 90033
Tel: 323 442-6961 Fax: 323 442-6961
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-05-22-011

Sacramento

University of California (Davis) Health System Program
Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: J Nilas Young, MD
Division of Thoracic Surgery
2221 Stockton Blvd 2nd Floor
Sacramento, CA 95817
Tel: 916 734-3811 Fax: 916 734-3866
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-21-112

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Stuart W James, MD
Division of Cardiothoracic Surgery
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-7777 Fax: 619 543-2552
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-21-109

San Francisco

University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center at the University of California
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Mark B Ratcliffe, MD
505 Parnassus, Suite M-503
San Francisco, CA 94143
Tel: 415 750-2100 Fax: 415 760-2181
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-05-21-015

Stanford

Stanford University Program
Sponsor: Stanford University Hospital
Lucille Salter Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Prgm Director: Bruce A Holtz, MD
Department of Cardiothoracic Surgery
Palo Alto Heart and Vascular Hospital
Stanford, CA 94305
Tel: 650 725-3856 Fax: 650 725-3846
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-05-21-016

Colorado

Denver

University of Colorado Program
Sponsor: University of Colorado School of Medicine
Children’s Hospital (The)
Veterans Affairs Medical Center (Denver)
Prgm Director: David A Pullerton, MD
4200 East 9th Avenue, Box C-910
Denver, CO 80262
Tel: 303 315-8527 Fax: 303 315-3035
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-07-21-017

Connecticut

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Prgm Director: John A Elhoffer, MD
333 Cedar Street
Cardiothoracic Surgery, MBB21
New Haven, CT 06519
Tel: 203 765-2794 Fax: 203 766-3346
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-08-21-018

District of Columbia

Washington

George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (UIH)
Johns Hopkins Hospital
Veterans Affairs Medical Center (Washington, DC)
Prgm Director: E Pendleton Alexander, MD
2100 Pennsylvania Avenue, Suite 6B
Washington, DC 20037
Tel: 202 274-8826 Fax: 202 274-8886
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-10-21-019
Florida

Gainesville

University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: William D Spontinis, MD
Division of Thoracic Surgery
PO Box 106596
Gainesville, FL 32610
Tel: 352 846-0364 Fax: 352 846-0356
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-11-21-020

Miami

Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida, Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Tomas A Salerno, MD
Cardiothoracic Surgery (RI-114)
1611 SW 12th Avenue
Miami, FL 33136
Tel: 305 586-5271 Fax: 305 587-2185
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-11-21-021

Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Robert A Gaunt, MD
1365 Clifton Road, NE
Emerson Hall 215
Atlanta, GA 30322
Tel: 404 778-3838 Fax: 404 778-5098
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-12-21-022

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Prgm Director: Kevin P Landello, MD, MSc
800 12th Street
Augusta, GA 30912
Tel: 706 721-3226 Fax: 706 721-7568
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-12-21-023

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Robert M Vanekco, MD
Galler Pavilion, 201 East Huron Street
Suite 10-105
Chicago, IL 60611
Tel: 312 695-5121 Fax: 312 695-1093
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-16-21-025

Rush University Medical Center Program
Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Robert S Higgins, MD
1652 West Congress Parkway
714 Jellicoe
Chicago, IL 60612
Tel: 312 924-9570 Fax: 312 924-9562
E-mail: Robert_Higgins@rush.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-16-21-027

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Alexander S Goita, MD, MS
Room 417 CSB (MC 958)
Chicago, IL 60612
Tel: 312 996-7936 Fax: 312 996-3013
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-16-21-029

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines Jr, Veterans Affairs Hospital
Prgm Director: Bryan K Foig, MD
Foxhall G McGaw Hospital
2160 South First Avenue
Maywood, IL 60153
Tel: 708 327-2509 Fax: 708 327-2504
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-16-31-030

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Medical Center
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: John W Brown, MD
Emerson Hall 215
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 634-7130 Fax: 317 274-3940
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-17-21-031

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Douglas M Behrendt, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3741 Fax: 319 356-3891
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-18-21-032

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Prgm Director: Victor A Ferraris, MD, PhD
Department of Surgery
800 Rose Street, TN 254
Lexington, KY 40506
Tel: 859 621-6519 Fax: 859 257-4062
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-20-21-116

Louisville

University of Louisville Louisiville Program
Sponsor: University of Louisville School of Medicine
Jewish Hospital
Kosair Children's Hospital (Norton Healthcare, Inc)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Laman A Gray Jr, MD
Department of Surgery
201 Abraham Flexner Way, Suite 1200
Louisville, KY 40202
Tel: 502 561-2180 Fax: 502 561-2190
E-mail: jfragill@louisville.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-20-21-105

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Lynn H Harrison Jr, MD
1542 Tulane Avenue, 7th Floor
New Orleans, LA 70112
Tel: 504 568-8754 Fax: 504 568-4683
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-21-21-117

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Prgm Director: P Michael McPadden, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-3350 Fax: 504 842-3193
E-mail: gme@ochsner.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-21-21-036
Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: William A Baumgartner, MD
Black: 618
600 North Wolfe Street
Baltimore, MD 21205
Tel: 410 955-5248 Fax: 410 955-3809
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-33-11-007

University of Maryland Program
Sponsor: University of Maryland Medical System
Program Director: Butley G Griffith, MD
Navy: 22 S Greene St
Baltimore, MD 21201
Tel: 410 328-3825 Fax: 410 328-2750
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-29-11-038

Bethesda

National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Philip C Corson, MD
1900 Georgia Avenue NW
Washington, DC 20037
Tel: 202 783-8488 Fax: 202 783-8285
E-mail: poccorson@navy.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-10-11-003
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Program Director: Frank W Sellke, MD
110 Francis Street, Suite 2A
Boston, MA 02215
Tel: 617 633-8385 Fax: 617 632-8387
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-30-11-003

Boston University Medical Center Program
Sponsor: Boston Medical Center
Children's Hospital
Lahey Clinic
Program Director: Richard J Shaheen, MD
Dept of Cardiothoracic Surgery
588 S Newton Street
Boston, MA 02118
Tel: 617 638-7550 Fax: 617 638-7228
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-34-21-040

Brigham and Women's Hospital/Children's Hospital Program
Sponsor: Brigham and Women's Hospital
Children's Hospital
Program Director: John O Byrne, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7676 Fax: 617 732-6550
E-mail: surgeryeducation@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-24-22-043

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Children's Hospital
Program Director: Douglas J Mathisen, MD
Harvard Medical School
55 Fruit Street, Blake 1570
Boston, MA 02214
Tel: 617 726-9626 Fax: 617 726-7687
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-24-11-040

Tuf's-New England Medical Center Program
Sponsor: Tuf's-New England Medical Center
Caritas St. Elizabeth's Medical Center of Boston
Program Director: Kenneth G Warner, MD
750 Washington Street, Box 266
Boston, MA 02111
Tel: 617 636-9355 Fax: 617 636-7616
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-24-21-042

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Children's Hospital
Program Director: Stephen J Lahay, MD
50 Lake Avenue North
Worcester, MA 01655
Tel: 508 334-3278 Fax: 508 334-7015
E-mail: jenningsq@umassmed.org
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-24-21-111

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: Mark E Wirtz, MD
3120 Taubman, Thoracic Surgery
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 615-2209 Fax: 734 615-2256
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-25-21-044

Detroit

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Bluff Hospital
Program Director: Larry W Stephenson, MD
3900 John R
Suite 2102 Harper Professional Building
Detroit, MI 48201
Tel: 313 744-1413 Fax: 313 993-6570
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-25-21-045

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: Al Morton Bolman, MD
Mayo Mail Code 207
425 East River Road, Room 347
Minneapolis, MN 55455
Tel: 612 625-3902 Fax: 612 625-1683
E-mail: bolman001@umn.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 466-26-21-046

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Mary's Hospital of Rochester
Program Director: Joseph A Dearnar, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 255-7026 Fax: 507 255-7074
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 466-26-21-047

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi Medical School
Veterans Affairs Medical Center (Jackson)
Program Director: Gregory M Aru, MD
2500 N State Street
Jackson, MS 39216
Tel: 601 894-5173 Fax: 601 894-5198
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-27-11-048

Missouri

Columbia

University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
Columbia University Hospitals and Clinics
Program Director: Richard A Schulte, MD
Division of Cardiothoracic Surgery MAJ312
One Hospital Drive
Columbia, MO 65212
Tel: 573 884-0504 Fax: 573 884-0437
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-28-21-049
Kansas City
St Luke's Hospital Program
Sponsor: St Luke's Hospital
Prgm Director: R Scott Stuart, MD
Medical Plaza II, Suite 50
4320 Westport Road
Kansas City, MO 64111
Tel: 816-561-3315 Fax: 816-531-8862
E-mail: suart@stlukes.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-29-13-009

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Director: Keith S Naunheim, MD
3635 Vista Avenue at Grand Blvd
PO Box 15220
St Louis, MO 63110
Tel: 314-577-8380 Fax: 314-577-8315
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-28-21-052

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
St Louis Children's Hospital Program
Prgm Director: Joel D Cooper, MD
Cardiothoracic Surgery, Box 8244
One Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314-362-6021 Fax: 314-367-8459
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-29-21-051

New Jersey
Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Prgm Director: Craig R Saunders, MD
201 Lyons Avenue at Osborne Terrace
Newark, NJ 07112
Tel: 973-936-6038 Fax: 973-923-4635
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-28-31-15-04

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-New Jersey University Hospital
Prgm Director: Barry C Earig, MD
150 Bergen Street, Suite F-103 University Hospital
Newark, NJ 07103
Tel: 973-972-3555 Fax: 973-972-3510
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-35-21-063

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Peter M Schols, MD
Division of Thoracic Surgery
PO Box 10, MSB 513
New Brunswick, NJ 08906
Tel: 732-335-7643 Fax: 732-335-7018
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-39-21-110

New Mexico
Albuquerque
University of New Mexico Program
Sponsor: University of New Mexico Program
University of New Mexico Health Sciences
Veteran Affairs Medical Center (Albuquerque)
Prgm Director: Jorge A Wernly, MD
1 University of New Mexico MSC 10510, AOC 2
Albuquerque, NM 87131
Tel: 505-272-6601 Fax: 505-272-6600
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-34-21-005

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Veteran Affairs Medical Center (Albany)
Prgm Director: Charles C Caruso, MD
47 New Scotland Avenue, MC 55
Albany, NY 12208
Tel: 518-262-5114 Fax: 518-262-5999
E-mail: canverc@mail.ucmc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-35-11-056

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weller Hospital
Prgm Director: Jeffrey P Gold, MD
Montefiore Medical Center
111 East 210th Street
Bronx, NY 10467
Tel: 718-926-7000 Fax: 718-231-7113
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-21-005

Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
Lutheran Medical Center
Maimonides Medical Center
University Hospital/SUNY Health Science Center at Brooklyn
Prgm Director: Joseph N Cunningham Jr, MD
600 6th Avenue
Brooklyn, NY 11219
Tel: 718-283-7603 Fax: 718-657-7899
E-mail: aazee@aaaj.com
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-11-006

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Albert Einstein College of Medicine at Long Island Jewish Medical Center
Prgm Director: L Michael Graner, MD
The Heart Institute, Box 2129
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718-470-7460 Fax: 718-393-1438
E-mail: lmgraver@eeinstein.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-35-21-062

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Scott J Swanson, MD
One Gustave L Levy Place
Box 1028
New York, NY 10029
Tel: 212-658-6615 Fax: 212-658-6618
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-35-31-064

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Craig R Smith, MD
177 Fort Washington Avenue
MSC 2N5-435
New York, NY 10032
Tel: 212-305-8312 Fax: 212-342-1602
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-31-069

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Karl H Krieger, MD
525 E 68th St, Suite 4346
Mail Box 110
New York, NY 10021
Tel: 212-746-5182 Fax: 212-746-8828
E-mail: jorres@med.cornell.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-35-31-160

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Audrey G Galloway, Jr, MD
530 First Avenue, Suite 9-V
New York, NY 10016
Tel: 212-263-7185 Fax: 212-263-6800
E-mail: galloway@cv.med.nyu.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-35-31-169

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: George L Hicks Jr, MD
591 Elmwood Avenue
Rochester, NY 14642
Tel: 585-275-5084 Fax: 585-244-7171
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-35-21-067
Accredited Programs in Thoracic Surgery

Ohio
Cleveland
Case Western Reserve University/
University Hospitals of Cleveland
Program
Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Program Director: Robert W Stewart, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 644-7268 Fax: 216 644-4960
E-mail: robert.stewart@uhosp.com
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-38-21-074

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Deluos M Congrove III, MD
9500 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-6763 Fax: 216 444-3119
E-mail: madisso@ccf.org
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 460-38-12-075

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Children's Hospital (Columbus)
Program Director: Robert E Michler, MD
410 W 10th Ave
N 847 · Doan Hall
Columbus, OH 43210
Tel: 614 293-7221 Fax: 614 293-7221
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-38-21-077

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Marvin D Peyton, MD
Post Office Box 20806
Oklahoma City, OK 73190
Tel: 405 271-5789 Fax: 405 271-2228
E-mail: Thoracic-Surgery@ouhsc.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-39-21-078

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: Ross Ungersleide, MD
3181 SE Sam Jackson Park Road, L333
Portland, OR 97239
Tel: 503 494-7850 Fax: 503 494-7855
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-40-21-079

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: David B Campbell, MD
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-3830 Fax: 717 531-0664
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-41-11-096

Philadelphia
Drexel University College of Medicine
(MCP Hahnemann) Program
Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnnemann University Hospital (Tent Health System)
St Christopher's Hospital for Children (Tent Health System)
Program Director: John W Entwistle III, MD, PhD
Broad and Vine Streets, MS 111
Philadelphia, PA 19102
Tel: 215 762-7605 Fax: 215 762-1585
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-41-21-104

Temple University Program
Sponsor: Temple University Hospital
Abington Memorial Hospital
Children's Hospital of Philadelphia
Program Director: James B McClurken, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-3605 Fax: 215 707-1576
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-41-13-116

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Children's Hospital of Philadelphia
Program Director: James T DiBiolo, MD
1025 Walnut St, Suite 609
Philadelphia, PA 19107
Tel: 215 685-6896 Fax: 215 655-6100
E-mail: James.DiBiolo@jefferson.edu
Length: 3 Yrs ACGME Approved/Offered Positions: 3
Program ID: 460-41-21-081

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Program Director: Michael A Acker, MD
Division of Cardiothoracic Surgery
3400 Spruce Street, 6 Silverstein
Philadelphia, PA 19104
Tel: 215 349-6305 Fax: 215 349-5788
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-41-21-092

Pittsburgh
Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: George J Magovern Jr, MD
320 E North Avenue
14th Floor, South Tower
Pittsburgh, PA 15221
Tel: 412 355-3715 Fax: 412 359-3875
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-41-31-094

Syracuse
SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Crouse Hospital
Program Director: Leslie J Kohman, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-6254 Fax: 315 464-6251
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-35-21-098

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Michael R Mill, MD
101 Manning Drive
Chapel Hill, NC 27599
Tel: 919 966-3381 Fax: 919 966-3478
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-36-11-069

Charlotte
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: Francis Robicsek, MD, PhD
1300 Blythe Boulevard
PO Box 3261
Charlotte, NC 28203
Tel: 704 355-4005 Fax: 704 355-6237
Length: 3 Yrs ACGME Approved/Offered Positions: 4
Program ID: 460-36-12-070

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Thomas A D'Amico, MD
Box 3459
Durham, NC 27710
Tel: 919 681-7905 Fax: 919 681-7905
Length: 3 Yrs ACGME Approved/Offered Positions: 9
Program ID: 460-36-21-071

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: Neal D Korn, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-3348 Fax: 336 716-3348
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 460-36-11-072
### Tennessee

#### Memphis

**University of Tennessee Program**

**Sponsor:** University of Tennessee College of Medicine, Baptist Hospital, LeBonheur Children's Medical Center, Methodist Healthcare, Memphis Regional Medical Center

- **Address:** 901 University Blvd, Memphis, TN 38163
- **Tel:** 901-448-5014
- **Fax:** 901-448-7089
- **Email:** prgms@agmcme.org
- **Length:** 2 years
- **Program ID:** 460-47-21-088

#### Nashville

**Vanderbilt University Program**

**Sponsor:** Vanderbilt University Medical Center, Vanderbilt Children's Hospital

- **Address:** 22nd Avenue South, Nashville, TN 37232
- **Tel:** 615-343-0444
- **Fax:** 615-343-0442
- **Length:** 2 years
- **Program ID:** 460-47-31-089

### South Carolina

#### Charleston

**Medical University of South Carolina Program**

**Sponsor:** Medical University of South Carolina College of Medicine

- **Address:** G3 Medical Center, 550 Main Street, Columbia, SC 29201
- **Tel:** 803-792-5897
- **Fax:** 803-792-9781
- **Length:** 3 years
- **Program ID:** 460-45-21-097

### Texas

#### Dallas

**University of Texas Southwestern Medical School Program**

**Sponsor:** University of Texas Southwestern Medical School, Children's Medical Center of Dallas, Parkland Memorial Hospital, Texas Children's Hospital

- **Address:** 6023 Harry Hines Boulevard, Dallas, TX 75390
- **Tel:** 214-645-7721
- **Fax:** 214-646-9708
- **Length:** 3 years
- **Program ID:** 460-48-12-004

### South Dakota

#### Rapid City

**Rapid City Regional Medical Center**

**Sponsor:** Rapid City Regional Medical Center

- **Address:** 3005 E 35th St, Rapid City, SD 57701
- **Tel:** 605-575-6751
- **Fax:** 605-575-6757
- **Length:** 2 years
- **Program ID:** 460-48-12-004

### Utah

#### Salt Lake City

**University of Utah Program**

**Sponsor:** University of Utah College of Medicine, School of Medicine and Dentistry, University of Utah School of Medicine

- **Address:** 1301 Florence St, Salt Lake City, UT 84132
- **Tel:** 801-581-5311
- **Fax:** 801-585-0496
- **Length:** 2 years
- **Program ID:** 460-48-21-095

### Virginia

#### Charlottesville

**University of Virginia Program**

**Sponsor:** University of Virginia Medical Center, School of Medicine

- **Address:** 110 E Market St, Charlottesville, VA 22908
- **Tel:** 434-243-2000
- **Fax:** 434-982-3885
- **Length:** 2 years
- **Program ID:** 460-48-21-095

#### Richmond

**Virginia Commonwealth University Health System Program**

**Sponsor:** Virginia Commonwealth University Health System, Medical College of Virginia, School of Medicine

- **Tel:** 804-628-0537
- **Fax:** 804-628-0537
- **Email:** adeanada@vcu.edu
- **Length:** 2 years
- **Program ID:** 460-51-11-097

### Accredited Programs in Thoracic Surgery
Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Pgm. Director: Edward D. Verrier, MD
Division of Thoracic Surgery
Box 356310, 1600 NE Pacific
Seattle, WA 98105
Tel: 206 685-3570  Fax: 206 616-9063
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 460-54-91-08

West Virginia
Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Monongalia General Hospital
Pgm. Director: Timothy S Hall, MD
Department of Surgery
6800 Health Sciences Center South
Morgantown, WV 26506
Tel: 304 293-1111  Fax: 304 293-5845
E-mail: thall@hsc.wvu.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 460-55-11-09

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm. Director: Milos M Edwards, BA, MD
600 Highland Avenue, CSC H4-208
Madison, WI 53792
Tel: 608 263-0439  Fax: 608 263-0437
E-mail: edwards@surgery.wisc.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 460-56-21-100

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
ProReact Memorial Lutheran Hospital
Pgm. Director: James S Tweddell, MD
ProReact Memorial Lutheran Hospital
9200 W Wisconsin Avenue
Milwaukee, WI 53222
Tel: 414 666-6000  Fax: 414 466-6216
E-mail: davis@mcw.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 3
Program ID: 460-56-21-101

Transitional Year

Alabama
Birmingham
Baptist Medical Center Program
Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Pgm. Director: Elizabeth D Ennis, MD
840 Montclair Road, Suite 317
Birmingham, AL 35213
Tel: 205 692-5659  Fax: 205 592-5694
Length: 1 Yr  ACGME Approved/Offered Positions: 15
Sponsoring Spec: BS, GS, IM
Program ID: 999-03-04-001

Arizona
Phoenix
Banner Good Samaritan Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Pgm. Director: Robert A Raschke, MD
1111 East McDowell Road
Department of Medicine
Phoenix, AZ 85016
Tel: 602 259-2206  Fax: 602 259-2064
E-mail: robert.raschke@bannerhealth.com
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: GS, IM, OBG, PD
Program ID: 999-03-00-004

Scottsdale
Mayo School of Graduate Medical Education (Scottsdale) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Pgm. Director: Mark K Edwin, MD
13400 East Shea Boulevard
CP 91C Med Ed
Scottsdale, AZ 85259
Tel: 480 301-9000  Fax: 480 301-9000
E-mail: weight.usan@mayo.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Sponsoring Spec: D, BD, GS, IM
Program ID: 999-03-00-225

Tucson
Tucson Hospitals Medical Education Program
Sponsor: Tucson Hospitals Medical Education Program Inc
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Pgm. Director: Tyler J Keast, MD
PO Box 41105
Tucson, AZ 85775
Tel: 520 324-6095  Fax: 520 324-3331
Length: 1 Yr  ACGME Approved/Offered Positions: 12
Sponsoring Spec: GS, IM
Program ID: 999-03-00-006

California
Bakersfield
Kern Medical Center Program
Sponsor: Kern Medical Center
Pgm. Director: Jennifer J Abrahm, MD
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2490
Length: 1 Yr  ACGME Approved/Offered Positions: 7
Sponsoring Spec: EM, GS, IM
Program ID: 999-05-00-222

Colton
Arrowhead Regional Medical Center Program
Sponsor: Arrowhead Regional Medical Center
Pgm. Director: David A Lanum, MD
400 S. Pepper Avenue
Colton, CA 92324
Tel: 909 580-6239  Fax: 909 580-6308
E-mail: vegac@armc.ahc.com
Length: 1 Yr  ACGME Approved/Offered Positions: 12
Sponsoring Spec: FP, GS
Program ID: 999-03-00-009

French Camp
San Joaquin General Hospital Program
Sponsor: San Joaquin General Hospital
Pgm. Director: James K Saffett, MD
500 West Hospital Road
French Camp, CA 95331
Tel: 209 465-6611  Fax: 209 468-6246
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Sponsoring Spec: FP, IM
Program ID: 999-05-00-243

Los Angeles
Charles R Drew Medical Center Program
Sponsor: Charles R Drew Univ of Medicine and Science
LAC-King/Drew Medical Center
Pgm. Director: Nancy F Hanna, MD
1721 East 130th Street
Los Angeles, CA 90060
Tel: 310 685-4744  Fax: 310 688-8169
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Sponsoring Spec: GS, IM
Program ID: 999-05-00-242

Oakland
Alameda County Medical Center Program
Sponsor: Alameda County Medical Center
Pgm. Director: Steven Sackrin, MD
1411 E 31st Street
Oakland, CA 94602
Tel: 510 487-6189  Fax: 510 487-4187
Length: 1 Yr  ACGME Approved/Offered Positions: 11
Sponsoring Spec: EM, IM
Program ID: 999-05-00-185
San Diego  
**Naval Medical Center (San Diego)**  
**Program**  
Sponsor: Naval Medical Center (San Diego)  
Progm Director: Cmdr Steven L Banks, DO  
34800 Bob Wilson Drive  
San Diego, CA 92134  
Tel: 619 532-8276  
Fax: 619 532-5507  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 27  
Sponsoring Spec: GS, IM, PD  
Program ID: 999-04-09-151

**Scripps Mercy Hospital Program**  
Sponsor: Scripps Mercy Hospital  
Progm Director: Andrew G Pong, MD  
Department of Graduate Medical Education  
4977 Fifth Avenue, MER 35  
San Diego, CA 92103  
Tel: 619 235-7230  
Fax: 619 260-7305  
E-mail: ping.andrew@scrippsinhealth.org  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 18  
Sponsoring Spec: IM, PD  
Program ID: 999-04-09-010

San Jose  
**Santa Clara Valley Medical Center Program**  
Sponsor: Santa Clara Valley Medical Center  
Progm Director: Jan M Eng, MD  
Department of Medicine, 4th Fl  
734 S Bascom Avenue  
San Jose, CA 95128  
Tel: 408 885-6505  
Fax: 408 885-6524  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 16  
Sponsoring Spec: EM, GS, IM, PD  
Program ID: 999-04-09-013

Torrance  
**Los Angeles County Harbor-UCLA Medical Center Program**  
Sponsor: Los Angeles County-Harbor-UCLA Medical Ctr  
Progm Director: Darrell W Harrington, MD  
1000 W Carson Street  
Torrance, CA 90609  
Tel: 310 222-2211  
Fax: 310 782-8590  
E-mail: ncaitrishuma@earthlink.net  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 20  
Sponsoring Spec: EM, GS, IM, PD  
Program ID: 999-04-09-019

Travis AFB  
**David Grant Medical Center Program**  
Sponsor: David Grant Medical Center  
Progm Director: Casey Dunnan, MD  
68th Medical Group/SGT  
101 Bodin Circle  
Travis AFB, CA 94535  
Tel: 707-423-3010  
Fax: 707-423-5107  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 4  
Sponsoring Spec: GS, IM, OBG, PD  
Program ID: 999-04-09-008

Colorado  
**Denver**  
**HealthOne Presbyterian-St Luke's Medical Center Program**  
Sponsor: HealthOne Presbyterian-St Luke's Medical Center  
Progm Director: Gregory J. Gahn, MD  
1710 E 18th Avenue 5G-East  
Denver, CO 80218  
Tel: 303 530-6741  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 13  
Sponsoring Spec: EM, IM  
Program ID: 999-07-00-017

Connecticut  
**Bridgeport**  
**St Vincent's Medical Center Program**  
Sponsor: St Vincent's Medical Center  
Progm Director: Cordelia T Grimun, MD, MPH  
2800 Main St  
Bridgeport, CT 06606  
Tel: 203 576-5745  
Fax: 203 576-5022  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 6  
Sponsoring Spec: DR, IM  
Program ID: 999-04-09-018

**Griffith Hospital Program**  
Sponsor: Griffith Hospital  
St Mary's Hospital  
Yale-New Haven Hospital  
Progm Director: Ramin Ahmadi, MD  
Department of Medicine  
130 Division Street  
Derby, CT 06418  
Tel: 203 772-7105  
Fax: 203 772-7186  
E-mail: nblaiga@griffinhealth.org  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 8  
Sponsoring Spec: GPM, GS, IM  
Program ID: 999-04-09-237

**New Haven**  
**Hospital of St Raphael Program**  
Sponsor: Hospital of St Raphael  
Progm Director: Ernest D Moritz, MD  
1490 Chapel St  
New Haven, CT 06511  
Tel: 203 798-2522  
Fax: 203 289-3222  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 9  
Sponsoring Spec: GS, IM  
Program ID: 999-04-09-020

**Delaware**  
**Wilmington**  
**Christiana Care Health Services Program**  
Sponsor: Christiana Care Health Services Inc  
Progm Director: Virginia U Collier, MD  
Christiana Hospital  
4755 Ogletown-Stanton Road  
Wilmington, DE 19718  
Tel: 302 733-6344  
Fax: 302 733-6886  
E-mail: transition.residency@christianacare.org  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 14  
Sponsoring Spec: FP, IM  
Program ID: 999-09-00-021

Florida  
**Jacksonville**  
**Mayo School of Graduate Medical Education (Jacksonville)**  
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic  
College of Medicine  
Mayo Clinic (Jacksonville)  
St Luke's Hospital  
Progm Director: Gary M Lee, MD  
4580 San Pablo Road  
Jacksonville, FL 32224  
Tel: 904 693-0426  
Fax: 904 693-0420  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 8  
Sponsoring Spec: DR, IM  
Program ID: 999-11-09-228

**Georgia**  
**Atlanta**  
**Emory University Program**  
Sponsor: Emory University School of Medicine  
Emory University Hospital  
Grady Memorial Hospital  
Veterans Affairs Medical Center (Atlanta)  
Progm Director: B. Kenneth Walker, MD  
Thomas K. Glenn Memorial Blvd  
69 Jesse Hill Jr Dr SE  
Atlanta, GA 30303  
Tel: 404 778-3420  
Fax: 404 735-3067  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 18  
Sponsoring Spec: DR, IM  
Program ID: 999-12-04-026

**Columbus**  
**The Medical Center Program**  
Sponsor: The Medical Center Inc  
Progm Director: Greg Foster, MD  
Department of Medical Education  
710 Center Street, Box 100  
Columbus, GA 31902  
Tel: 706 551-1400  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 4  
Sponsoring Spec: FP, GS  
Program ID: 999-12-06-229

**Fort Gordon**  
**Dwight David Eisenhower Army Medical Center Program**  
Sponsor: Dwight David Eisenhower Army Medical Ctr  
Progm Director: Karla K Hansen LT, MD  
Attn: MCHP GME  
Transitional Year Program  
Fort Gordon, GA 30905  
Tel: 706 787-1386  
Fax: 706 787-1745  
Length: 1 Yr  
**ACGME Approved/Offered Positions:** 9  
Sponsoring Spec: GP, IM  
Program ID: 999-13-04-029
Hawaii

Honolulu

University of Hawaii Program
Sponsor: Univ of Hawaii John A Burns School of Med
Kamakini Medical Center
Queen's Medical Center
Program Director: Cynthia S Hew, MD
University Tower, 7th Floor
1356 Lusitana Street
Honolulu, HI 96813
Tel: 808 586-7477  Fax: 808 586-7486
E-mail: uhtrans@hawaii.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 10
Sponsoring Spec: GS, DI, PD
Program ID: 999-14-00-031

Trailer AMC

Trailer Army Medical Center Program
Sponsor: Trailer Army Medical Center
Program Director: Conard C Belpas, MD
Department of Medicine
1 Jarrett White Road
Trailer AMC, HI 96850
Tel: 808 433-3474  Fax: 808 433-1559
Length: 1 Yr  ACGME Approved/Offered Positions: 17
Sponsoring Spec: GS, IM, OBG, PD
Program ID: 999-14-00-630

Illinois

Berwyn

MacNeal Memorial Hospital Program
Sponsor: MacNeal Memorial Hospital
Program Director: Katherine M Tynys, MD
3249 S Oak Park Ave
Berwyn, IL 60402
Tel: 708 783-3450  Fax: 708 783-9341
Length: 1 Yr  ACGME Approved/Offered Positions: 13
Sponsoring Spec: FP, IM
Program ID: 999-16-00-832

Chicago

Advocate Illinois Masonic Medical Center Program
Sponsor: Advocate Illinois Masonic Medical Center
Program Director: Norbert Nadler, MD
836 West Wellington Avenue
Room G-216
Chicago, IL 60657
Tel: 773 299-8187
Length: 1 Yr  ACGME Approved/Offered Positions: 10
Sponsoring Spec: EM, IM
Program ID: 999-16-00-634

Louis A Weiss Memorial Hospital/University of Chicago Program
Sponsor: Louis A Weiss Memorial Hospital
Program Director: William D Burnhart, MD
4646 North Marine Drive
Chicago, IL 60640
Tel: 773 564-5225  Fax: 773 564-5226
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: GS, IM
Program ID: 999-16-00-835

Resurrection Medical Center Program
Sponsor: Resurrection Medical Center
Loyola University Medical Center
Program Director: Michael S Rosenberg, MD
Medical Education Office
7435 W Talott Ave, 1 East
Chicago, IL 60626
Tel: 773 733-5144
Length: 1 Yr  ACGME Approved/Offered Positions: 10
Sponsoring Spec: EM, FP
Program ID: 999-16-00-207

St Joseph Hospital Program
Sponsor: St Joseph Hospital
Program Director: Stephen Grohmann, MD
2900 N Lake Shore Drive
Chicago, IL 60657
Tel: 773 685-3203  Fax: 773 871-2441
E-mail: dwhitley@freshhealthcare.org
Length: 1 Yr  ACGME Approved/Offered Positions: 6
Sponsoring Spec: GS, IM
Program ID: 999-16-00-033

Swedish Covenant Hospital Program
Sponsor: Swedish Covenant Hospital
Program Director: Michael J Fluharty, MD
5415 N California Ave
Chicago, IL 60625
Tel: 773 998-3998  Fax: 773 998-1448
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, GS
Program ID: 999-16-00-231

Evanston

McGaw Medical Center of Northwestern University (Evanston) Program
Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Program Director: Gregory W Rutecki, MD
3650 Ridge Avenue
Evanston, IL 60201
Tel: 847 578-2900  Fax: 847 578-2905
E-mail: grutecki@enth.org
Length: 1 Yr  ACGME Approved/Offered Positions: 10
Sponsoring Spec: AN, IM, N
Program ID: 999-16-00-037

St Francis Hospital of Evanston Program
Sponsor: St Francis Hospital
Program Director: Marko J Jachtorowycz, MD
Department of Medical Education
316 Ridge Avenue
Evanston, IL 60202
Tel: 847 516-3111
E-mail: marko@jstfrt.net
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, OBG
Program ID: 999-16-00-636

Oak Park

West Suburban Hospital Medical Center Program
Sponsor: West Suburban Hospital Medical Center
Program Director: Malcolm A Dean, MD
GME, Suite 1-700
3 Erie Court
Oak Park, IL 60302
Tel: 708 783-9608  Fax: 708 783-6655
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, IM
Program ID: 999-16-00-154

Indiana

Indianapolis

Indiana University School of Medicine/Methodist Hospital Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Program Director: Jack R Keene, MD
145 E 21st Street
PO Box 1397
Indianapolis, IN 46206
Tel: 317 962-8881  Fax: 317 962-2150
Length: 1 Yr  ACGME Approved/Offered Positions: 12
Sponsoring Spec: EM, FP, GS, IM, PD
Program ID: 999-17-00-040

St Vincent Hospital and Health Care Center Program
Sponsor: St Vincent Hospital and Health Care Center
Program Director: Robert H Love, MD
2001 W Wabash Street
Indianapolis, IN 46202
Tel: 317 226-2459  Fax: 317 338-6399
Length: 1 Yr  ACGME Approved/Offered Positions: 18
Sponsoring Spec: FP, IM
Program ID: 999-17-00-041

Muncie

Ball Memorial Hospital Program
Sponsor: Ball Memorial Hospital
Program Director: Gerard T Costello, MD
2401 University Ave
Muncie, IN 47302
Tel: 765 741-3095
Length: 1 Yr  ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, IM
Program ID: 999-17-00-157

Iowa

Des Moines

Broadlawns Medical Center Program
Sponsor: Broadlawns Medical Center
Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Program Director: Nicholas J Gallinot, MD
1801 Hickman Road
Des Moines, IA 50314
Tel: 515 282-2300  Fax: 515 282-2302
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Sponsoring Spec: FP, IM, PD
Program ID: 999-18-00-042

Central Iowa Health System (Iowa Methodist Medical Center) Program
Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Program Director: William J Yost, MD
1415 Woodland Avenue, Suite 140
Des Moines, IA 50309
Tel: 515 241-6361  Fax: 515 241-4080
Length: 1 Yr  ACGME Approved/Offered Positions: 4
Sponsoring Spec: GS, IM, PD
Program ID: 999-18-00-220
Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Program Director: Edwin W. Donnay, MD
ID: 999-21-00-047

Maryland
Andrews AFB
National Capital Consortium Program
Sponsor: National Capital Consortium
Malcolm Grow Medical Center
Program Director: Lt Col David E. Ainsman, MD
ID: 999-23-00-023
US Armed Services Program

Baltimore
Harbor Hospital Center Program
Sponsor: Harbor Hospital Center
Union Memorial Hospital
Program Director: Richard B. Williams, MD
ID: 999-23-00-050

Maryland General Hospital Program
Sponsor: Maryland General Hospital
Program Director: William C. Anthony, MD
ID: 999-23-00-049

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Program Director: Elizabeth A. McGuigan, MD
ID: 999-23-00-051

National Capital Consortium ( Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: Mary C. Naas, MD
ID: 999-24-00-019

Massachusetts
Boston
Caritas Carney Hospital Program
Sponsor: Caritas Carney Hospital
Program Director: Michael Barza, MD
ID: 999-22-00-015

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Lahay Clinic
Leendal Shattuck Hospital
Program Director: Salah Arajewi, MD
ID: 999-24-00-019

Framingham
MetroWest Medical Center/Harvard Medical School Program
Sponsor: MetroWest Medical Center/Framingham Union Hospital
Program Director: Matthias M. Nurnberger, MD
Department of Medical Education
115 Lincoln Street
Framingham, MA 01702
ID: 999-23-00-050

Newton
Newton-Wellesley Hospital Program
Sponsor: Newton-Wellesley Hospital
Massachusetts General Hospital
Program Director: Joseph R. Blatt, MD
Department of Medicine
255-1/2 Washington Street
Newton, MA 02168
ID: 999-23-00-049

Michigan
Ann Arbor
St Joseph Mercy Hospital Program
Sponsor: St Joseph Mercy Health System
Program Director: Jack H. Carman, MD
5001 E Huron River Drive, HBH-1115
PO Box 966
Ann Arbor, MI 48106
ID: 999-25-00-054

Dearborn
Oakwood Hospital Program
Sponsor: Oakwood Hospital
Program Director: Lyde D. Victor, MD, MBA
18101 Oakwood Blvd
Dearborn, MI 48124
ID: 999-25-00-054

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Bi-County Community Hospital
Program Director: Peter G. Coggan, MD, MEd
2790 W Grand Blvd
Detroit, MI 48202
ID: 999-23-00-050

St John Hospital and Medical Center Program
Sponsor: St John Hospital and Medical Center
Program Director: Adonis N. Norez, MD
Medical Education Building
22101 Moross Road
Detroit, MI 48234
ID: 999-23-00-050
<table>
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<th>Program</th>
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<th>Phone</th>
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<tr>
<td><strong>Wayne State University/Detroit Medical Center Program</strong></td>
<td>Wayne State University/Detroit Medical Center Children’s Hospital of Michigan</td>
<td>Dr. R. Uhl, MD</td>
<td>313-586-4046</td>
<td>313-966-1728</td>
<td>1 yr</td>
<td>16</td>
<td>EM, IM</td>
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<td><strong>Flint</strong></td>
<td>Hurley Medical Center/Michigan State University Program</td>
<td>Dr. F. B. Kachmar, MD</td>
<td>810-762-7345</td>
<td>313-586-4046</td>
<td>1 yr</td>
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<td>EM, IM</td>
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<td><strong>Grand Rapids</strong></td>
<td>Grand Rapids Medical Education and Research Center/Michigan State University Program</td>
<td>Dr. G. A. B. Wright, MD</td>
<td>616-391-3445</td>
<td>616-391-3139</td>
<td>1 yr</td>
<td>20</td>
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<td><strong>Kalamazoo</strong></td>
<td>Kalamazoo Center for Medical Studies/Michigan State University Program</td>
<td>Dr. J. L. Smith, MD</td>
<td>269-337-6309</td>
<td>269-337-4234</td>
<td>1 yr</td>
<td>8</td>
<td>FP, IM</td>
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<td><strong>Pontiac</strong></td>
<td>St Joseph Mercy-Oakland Program</td>
<td>Dr. J. F. Tarnes, MD</td>
<td>248-858-6833</td>
<td>248-858-6346</td>
<td>1 yr</td>
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<td><strong>Royal Oak</strong></td>
<td>William Beaumont Hospital Program</td>
<td>Dr. B. O. Chabria, MD</td>
<td>248-551-2417</td>
<td>248-551-0581</td>
<td>1 yr</td>
<td>16</td>
<td>EM, IM</td>
<td>999-25-00-178</td>
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<td><strong>Southfield</strong></td>
<td>Providence Hospital and Medical Centers Program</td>
<td>Dr. B. L. Kaplan, DO</td>
<td>248-849-8503</td>
<td>248-849-3524</td>
<td>1 yr</td>
<td>10</td>
<td>GS, IM</td>
<td>999-25-00-068</td>
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<td><strong>Minnesota</strong></td>
<td>Hennepin County Medical Center Program</td>
<td>Dr. L. J. Long, MD</td>
<td>612-873-4401</td>
<td>612-804-4401</td>
<td>1 yr</td>
<td>14</td>
<td>EM, IM</td>
<td>999-26-00-069</td>
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<td><strong>Missouri</strong></td>
<td>St Louis Forest Park Hospital Program</td>
<td>Dr. R. F. Burke, MD</td>
<td>314-758-3006</td>
<td>314-758-3923</td>
<td>1 yr</td>
<td>12</td>
<td>FP</td>
<td>999-25-00-179</td>
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<tr>
<td><strong>New York</strong></td>
<td>Maimonides Medical Center Program</td>
<td>Dr. J. C. DelliCiacco, MD</td>
<td>718-358-9168</td>
<td>718-358-8960</td>
<td>1 yr</td>
<td>10</td>
<td>GS, IM</td>
<td>999-35-00-024</td>
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<tr>
<td><strong>Cooperstown</strong></td>
<td>Bassett Healthcare Program</td>
<td>Dr. J. R. C. DelliCiacco, MD</td>
<td>607-547-4552</td>
<td>607-547-6161</td>
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<td><strong>Flushing</strong></td>
<td>Flushing Hospital Medical Center Program</td>
<td>Dr. R. Cobin, MD</td>
<td>718-670-2183</td>
<td>718-670-4440</td>
<td>1 yr</td>
<td>10</td>
<td>GS, IM</td>
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</table>

Graduate Medical Education Directory 2004-2005
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Sponsor: New York Hospital Medical Center of Queens
Program Director: Anthony Souggogi, MD
56-45 Main Street
Flushing, NY 11355
Tel: 718 670-1477 Fax: 718 660-1352
Email: aaasomogy@nyp.org
Length: 1 yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: GS, IM
Program ID: 999-35-00-225

Johnson City
United Health Services Hospitals Program
Sponsor: United Health Services Hospitals
Wilson Memorial Regional Medical Center (United Health Sv)
Program Director: Jeffrey A Marsh, MD
Medical Education Dept
33-57 Harrison Street
Johnson City, NY 13790
Tel: 607 763-6674 Fax: 607 794-1629
Length: 1 Yr ACGME Approved/Offered Positions: 7
Sponsoring Spec: FP, IM
Program ID: 999-35-00-081

New Rochelle
New York Medical College (Sound Shore) Program
Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Program Director: Jeffrey M Brensilver, MD
16 Guion Place
New Rochelle, NY 10803
Tel: 914 827-1181 Fax: 914 827-1171
Length: 1 Yr ACGME Approved/Offered Positions: 4
Sponsoring Spec: GS, IM
Program ID: 999-35-00-218

New York
Memorial Sloan-Kettering Cancer Center Program
Sponsor: Memorial Sloan-Kettering Cancer Center
Program Director: Jean T Santamaura, MD
1275 York Avenue, Box 420
Robust Building, Room 1239
New York, NY 10021
Tel: 212 639-3110 Fax: 212 432-2105
Length: 1 Yr ACGME Approved/Offered Positions: 6
Sponsoring Spec: GS, IM
Program ID: 999-35-00-241

New York Medical College at St. Vincent’s Hospital and Medical Center of New York Program
Sponsor: New York Medical College
St. Vincent's Catholic Medical Centers (Manhattan)
Program Director: Margaret D Smith, MD
Department of Medicine
151 West 11th Street
New York, NY 10011
Tel: 212 604-3134 Fax: 212 604-3555
Length: 1 Yr ACGME Approved/Offered Positions: 6
Sponsoring Spec: GS, IM, OB/G, PF, PD
Program ID: 999-35-00-083

Syracuse
St. Joseph’s Hospital Health Center Program
Sponsor: St. Joseph’s Hospital Health Center
Program Director: Robert T Friedman, MD
311 44th Street
Syracuse, NY 13208
Tel: 315 444-5545
Email: mbar@slideshade@sjh.org
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: EM, FP
Program ID: 999-35-00-084

North Dakota
Fargo
University of North Dakota Program
Sponsor: Univ. of North Dakota School of Medicine and Health Sciences
Medical Care-Health System
Program Director: David J Theige, MD
Medical & Academic Education
PO Box MC
Fargo, ND 58102
Tel: 701 234-5534 Fax: 701 234-7230
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: IM, FP
Program ID: 999-37-00-088

Ohio
Akron
Akron General Medical Center/NEUUCOM Program
Sponsor: Akron General Medical Center
Program Director: Joseph Finecchio, MD
400 Wabash Avenue
Akron, OH 44307
Tel: 330 344-6140 Fax: 330 353-9770
Length: 1 Yr ACGME Approved/Offered Positions: 4
Sponsoring Spec: EM, FP
Program ID: 999-38-00-093

Summa Health System/NEUUCOM Program
Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
St. Thomas Hospital (Summa Health System)
Program Director: Joseph Myers, MD
535 E Market St
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330 375-3772 Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: EM, IM
Program ID: 999-38-00-087

Cantoni
Aultman Hospital/NEUUCOM Program
Sponsor: Aultman Hospital
Program Director: Ronald D Crook, MD
3060 South 3rd Street
Canton, NY 14420
Tel: 330 363-6268 Fax: 330 588-3066
Length: 1 Yr ACGME Approved/Offered Positions: 4
Sponsoring Spec: FP, IM, OB/G
Program ID: 999-38-00-191

Columbus
Mount Carmel Program
Sponsor: Mount Carmel
Program Director: James N Parsons, MD
793 W State St
Columbus, OH 43222
Tel: 614 234-5229 Fax: 614 234-2772
Length: 1 Yr ACGME Approved/Offered Positions: 5
Sponsoring Spec: GS, IM
Program ID: 999-38-00-095

Riverside Methodist Hospitals (OhioHealth) Program
Sponsor: Riverside Methodist Hospitals (OhioHealth)
Program Director: Thomas J Roes, MD
Medical Education Department
3555 Olentangy River Road
Columbus, OH 43214
Tel: 614 560-4402
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: FP, IM
Program ID: 999-38-00-095

Kettering
Kettering Medical Center Program
Sponsor: Kettering Medical Center
Program Director: John A Shrader, MD
3535 Southern Boulevard
Kettering, OH 45429
Tel: 937 339-8993 Fax: 937 395-8999
Email: john.shrader@kmnetwork.org
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: EM, FP
Program ID: 999-38-00-096

Toledo
St. Vincent Mercy Medical Center/Mercy Health Partners Program
Sponsor: St. Vincent Mercy Medical Center
Program Director: John A Shrader, MD
3535 Southern Boulevard
Kettering, OH 45429
Tel: 937 339-8993 Fax: 937 395-8999
Email: john.shrader@kmnetwork.org
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: EM, FP
Program ID: 999-38-00-096

Oregon
Portland
Legacy Emanuel Hospital and Health Center Program
Sponsor: Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
Program Director: Elizabeth Eckstrom, MD, MPH
3535 Southern Boulevard
Kettering, OH 45429
Tel: 937 339-8993 Fax: 937 395-8999
Email: john.shrader@kmnetwork.org
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: EM, FP
Program ID: 999-38-00-096

Graduate Medical Education Directory 2004-2005
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<th>Program Name</th>
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<td>Allentown</td>
<td>Lehigh Valley Hospital/Pennsylvania State University Program</td>
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<td>Program ID</td>
<td>Cedar Crest and I-78, Allentown, PA 18105</td>
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<td>Tel: 610 402-0940  Fax: 610 402-1875</td>
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<td>Johnstown, PA 15906</td>
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<td>Tel: 814 554-9480  Fax: 814 554-3280</td>
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<td>Frankford Hospitals Program</td>
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<td>Philadelphia, PA 19141</td>
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<td>Tel: 215 612-4566  Fax: 215 612-4669</td>
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<td>Tel: 412 627-8494  Fax: 412 627-8590</td>
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<td>Tel: 787 740-4455  Fax: 787 740-4343</td>
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<td>Tel: 610 874-6114  Fax: 610 417-8373</td>
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<td>Tel: 717 851-3363  Fax: 717 851-3439</td>
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<td>San Antonio Uniformed Services Health Education Consortium (BAMC) Program</td>
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<td>Fort Worth</td>
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<td>Baylor College of Medicine University of Texas Medical School at Houston</td>
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<td>Houston</td>
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<td>University of Texas at Houston Program</td>
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<td>University of Texas Medical School at Houston</td>
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Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: Lt Col David W Birie, MD
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 392-7844
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: EM, IM, PD
Program ID: 999-45-00-192
US Armed Services Program

Roanoke
Carilion Health System Program
Sponsor: Carilion Health System
Carilion Medical Center - Roanoke Memorial Hospital
Carilion Medical Center-Roanoke Community Hospital
Prgm Director: William R Erwin Jr, MD
Carilion Health Systems
PO Box 13807
Roanoke, VA 24033
Tel: 703 861-7776
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-54-00-143

Utah
Salt Lake City
LDS Hospital Program
Sponsor: LDS Hospital
Prgm Director: Scott M Stevens, MD
5th Avenue & 6 Street
Salt Lake City, UT 84113
Tel: 801 498-1077 Fax: 801 498-2361
E-mail: ldsmalle@lhc.com
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, PD, GS
Program ID: 999-49-00-142

Washington
Seattle
Virginia Mason Medical Center Program
Sponsor: Virginia Mason Medical Center
Prgm Director: Larry K Dipiove, MD, MA
925 Seneca Street
H3-GME
Seattle, WA 98101
Tel: 206 585-6019 Fax: 206 585 2007
E-mail: reshma@vmmc.org
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, GS
Program ID: 999-54-00-144

Spokane
Deaconess Medical Center Program
Sponsor: Deaconess Medical Center
Prgm Director: Darryl Potyk, MD
800 W 5th Ave
PO Box 248
Spokane, WA 99210
Tel: 509 473-7159 Fax: 509 473-7197
Length: 1 Yr ACGME Approved/Offered Positions: 8
Sponsoring Spec: FP, IM
Program ID: 999-54-00-169

Sporkeone Medical Centers Program
Sponsor: Inland Empire Hospital Services Association
Sacred Heart Medical Center
Prgm Director: Lawrence G Schrock, MD
101 W 8th Avenue
PO Box 2555
Spokane, WA 99220
Tel: 509 474-3021 Fax: 509 474-5136
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: FP, IM, DR
Program ID: 999-54-00-145

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Prgm Director: Jennifer E Jorgensen, MD
Graduate Medical Education Office
Attn: MCRH-E2MME
Tacoma, WA 98431
Tel: 253 986-1511 Fax: 253 986-5926
E-mail: jennifer.jorgensen@madidarmy.mil
Length: 1 Yr ACGME Approved/Offered Positions: 22
Sponsoring Spec: EM, IM, GS
Program ID: 999-54-00-146

Wisconsin
La Crosse
Gundersen Lutheran Medical Foundation Program
Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic:
Lutheran Hospital-La Crosse
Prgm Director: Gregory P Thompson, MD
1836 South Avenue, C01-005
La Crosse, WI 54601
Tel: 608 775-6660 Fax: 608 775-4467
E-mail: gpthomps@gundluth.org
Length: 1 Yr ACGME Approved/Offered Positions: 10
Sponsoring Spec: IM, GS
Program ID: 999-56-00-147

Marshfield
Marshfield Clinic-St Joseph's Hospital Program
Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: John L Olson, MD
Medical Education Dept - 155
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715 386-3881 Fax: 715 387-5183
Length: 1 Yr ACGME Approved/Offered Positions: 4
Sponsoring Spec: IM, PD, GS
Program ID: 999-56-00-183

Milwaukee
Aurora Health Care Program
Sponsor: Aurora Health Care
St Luke's Medical Center
Prgm Director: Richard J Battifora, MD
2801 W Kinsman River Parkway
Physical Office Building, Suite 242
Milwaukee, WI 53215
Tel: 414 649-3323 Fax: 414 649-5158
E-mail: richard.battifora@aurora.org
Length: 1 Yr ACGME Approved/Offered Positions: 17
Sponsoring Spec: FP, IM
Program ID: 999-56-00-148

St Joseph Regional Medical Center/Medical College of Wisconsin Program
Sponsor: St Joseph Regional Medical Center
Prgm Director: Jananna Kottk, MD
5000 West Chambers Street
Milwaukee, WI 53210
Tel: 414 447-2249
Length: 1 Yr ACGME Approved/Offered Positions: 12
Sponsoring Spec: IM, DR
Program ID: 999-56-00-184
Undersea and Hyperbaric Medicine
(Preventive Medicine)

North Carolina

Durham Duke University Hospital Program
Sponsor: Duke University Hospital
Program Director: Bryant W Stolp, MD, PhD
DUMC 28823
Durham, NC 27710
Tel: 919 668-0720
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 399-96-12-001

Urology

Alabama

Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
St Vincent's Hospital
Veterans Affairs Medical Center (Birmingham)
Program Director: Anton J Buescher, MD
POT 1105
1520 3rd Avenue South
Birmingham, AL 35204
Tel: 205 834-1461 Fax: 205 834-1470
E-mail: savanu@uab.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-01-11-014

Arizona

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Program Director: Craig V Comiter, MD
1601 North Campbell Avenue
PO Box 245077
Tucson, AZ 85724
Tel: 520 625-6886 Fax: 520 625-4923
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 490-03-21-016

Arkansas

Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Care System
University Hospital of Arkansas
Program Director: Alex B Pfinzinger, MD
4301 W Markham Street, Ste 540
Little Rock, AR 72205
Tel: 501 666-5241 Fax: 501 666-5277
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-04-21-016

California

Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Program Director: Herbert C Ruckel, MD
111234 Anderson Street
Room A260
Loma Linda, CA 92354
Tel: 909 558-4106 Fax: 909 558-4806
E-mail: hstrngn@ahl.lumc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-05-21-019

Los Angeles
Kaiser Permanente Southern California (Los Angeles) Program
Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Kaiser Foundation Hospital (Bellflower)
Program Director: Gary C Bellman, MD
4900 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 783-5851 Fax: 323 783-7722
E-mail: Gary.C.Bellman@kp.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-05-12-020

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County-University of California/LAC+USC Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Program Director: Robert B Smith, MD
Room 65-134 CHS
Box 951738
Los Angeles, CA 90025
Tel: 310 206-8177 Fax: 310 206-5843
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-05-21-022

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC + USC Medical Center
Program Director: Elia C Skinner, MD
USC Norris Cancer Center
1441 Eastlake Avenue, Suite 7416
Los Angeles, CA 90084
Tel: 213 655-3705 Fax: 213 212-8064
E-mail: skinner@usc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-05-21-021

Orange
University of California (Irvine) Program
Sponsor: University of California (Irvine) Medical Center
Kaiser Foundation Hospitals (Anaheim)
VA Long Beach Healthcare System
Program Director: Regina M Hovey, MD
101 The City Drive South
Building 26, Rt 81
Orange, CA 92868
Tel: 714 456-7128 Fax: 714 456-7139
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-05-21-019

Sacramento
University of California (Davis) Health System Program
Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
Program Director: Roger K Low, MD
4800 Y Street, Suite 3500
Sacramento, CA 95817
Tel: 916 734-2623 Fax: 916 734-8084
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-05-21-017
San Diego
Naval Medical Center (San Diego) Program
Sponsor: Naval Medical Center (San Diego)
San Francisco General Hospital Medical Center
Program Director: Christopher L Arning, MD
3640 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-7212  Fax: 619 532-7224
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Subspecialties: UP
Program ID: 480-05-11-009

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Children’s Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Program Director: Joseph D Schmidt, MD
200 West Arbor Drive
San Diego, CA 92108
Tel: 619 543-5904  Fax: 619 543-6573
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 480-06-21-024

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Program Director: Jack W McAninch, MD
1001 Potrero Avenue
Room S2120
San Francisco, CA 94110
Tel: 415 547-3732  Fax: 415 206-5193
E-mail: jmccanch@urology.ucsf.edu
Length: 4 Yrs  ACGME Approved/Approved Positions: 12
Subspecialties: UP
Program ID: 480-06-21-025

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Lucile Packard Children’s Hospital at Stanford
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Program Director: Linda D Shortliffe, MD
Department of Urology, S-287 MC-5118
380 Pasteur Drive
Stanford, CA 94305
Tel: 650 498-5048  Fax: 650 723-4055
E-mail: urolog@med.stanford.edu
Length: 4 Yrs  ACGME Approved/Approved Positions: 8
Program ID: 480-06-21-026

District of Columbia
Washington
George Washington University Program
Sponsor: George Washington University School of Medicine
Children’s National Medical Center
George Washington University Hospital (EHS)
Inova Fairfax Hospital
Program Director: Michael J Mazzuk, MD
2150 Pennsylvania Avenue, NW
3-417
Washington, DC 20009
Tel: 202 785-2815  Fax: 202 785-4043
Length: 4 Yrs  ACGME Approved/Approved Positions: 6
Program ID: 480-06-11-029

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Children’s National Medical Center
Sibley Memorial Hospital
Veterans Affairs Medical Center (Washington, DC)
Program Director: John H Lynch, MD
Department of Urology
3000 Reservoir Road, NW (THUC)
Washington, DC 20007
Tel: 202 444-4688  Fax: 202 444-7573
Length: 4 Yrs  ACGME Approved/Approved Positions: 8
Program ID: 480-10-21-031

Howard University Program
Sponsor: Howard University Hospital
Program Director: Aaron G Jackson, MD
2041 Georgia Avenue, NW
Washington, DC 20009
Tel: 202 865-1314  Fax: 202 865-1647
Length: 4 Yrs  ACGME Approved/Approved Positions: 4
Program ID: 480-10-21-032

Florida
Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: Marc S Cohen, MD
1600 SW Archer Road, Barn N2-12
Gainesville, FL 32610
Tel: 352 392-5834  Fax: 352 392-5850
E-mail: msc@urology.ufl.edu
Length: 4 Yrs  ACGME Approved/Approved Positions: 8
Program ID: 480-11-21-034

Jacksonville
Mayo School of Graduate Medical Education (Jacksonville) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke’s Hospital
Program Director: Gregory A Broderick, MD
4599 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0430  Fax: 904 953-0430
E-mail: ja-urologyresidency@mayo.edu
Length: 4 Yrs  ACGME Approved/Approved Positions: 6
Program ID: 480-11-21-179

Miami
Jackson Memorial Hospital/Jackson Health System Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Veterans Affairs Medical Center (Miami)
Program Director: Angelo G Guise, MD
Department of Urology (D-11)
PO Box 019600 (M914)
Miami, FL 33101
Tel: 305 243-2979  Fax: 305 243-2979
Length: 4 Yrs  ACGME Approved/Approved Positions: 12
Program ID: 480-11-21-030

Tampa
University of South Florida Program
Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Program Director: Jorge L Lockhart, MD
4 Columbia Drive
Tampa, FL 33606
Tel: 813 258-0820  Fax: 813 258-0820
Length: 4 Yrs  ACGME Approved/Approved Positions: 8
Program ID: 480-11-21-169

Connecticut
Farmington
University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Connecticut Children’s Medical Center
Hartford Hospital
St Francis Hospital and Medical Center
Urology, S-287
University of Connecticut Hospital/John Dempsey Hospital
Program Director: Peter C Albertson, MD
253 Farmington Avenue
MC 9865
Farmington, CT 06030
Tel: 860 679-3467  Fax: 860 679-1318
Length: 4 Yrs  ACGME Approved/Approved Positions: 8
Program ID: 480-09-21-028

New Haven
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Waterbury Hospital Health Center
Program Director: Robert N Weiss, MD
PO Box 208601
800 Howard Avenue
New Haven, CT 06520
Tel: 203 785-2815  Fax: 203 785-4043
Length: 4 Yrs  ACGME Approved/Approved Positions: 6
Program ID: 480-06-11-029
Georgia

Atlanta

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Veterans Affairs Medical Center (Atlanta)
Program Director: Chad W. Ritenour, MD
1700 Clifton Road, NE, Room 3223A
Atlanta, GA 30322
Tel: 404-772-8415 Fax: 404-772-4396
E-mail: cwh_ritenour@emoryhealthcare.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480-12-21-039

Augusta

Medical College of Georgia Program
Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)
Program Director: Martha K. Torrisi, MD
Section of Urology
Room RA8408
Augusta, GA 30902
Tel: 706-721-5251 Fax: 706-721-2548
E-mail: mtorrisi@mcg.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-12-21-040

Hawaii

Tripler AMC

Tripler Army Medical Center Program
Sponsor: Tripler Army Medical Center
Kaiser Foundation Hospital (Moanalua)
Program Director: Ronald S. Sutherland, MD
Urology Service (MCHD-DSU)
1 Jarrett White Road
Honolulu, HI 96819
Tel: 808-433-2972 Fax: 808-433-7194
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-14-32-005
US Armed Services Program

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Northwestern University
Veterans Affairs Chicago Health Care System
Program Director: J. Quintin J. Clemens, MD, MS
Northwestern University
360 East Chicago Avenue, Tower 10-703
Chicago, IL 60611
Tel: 312-695-6124 Fax: 312-695-7008
E-mail: quintinj_c@northwestern.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480-16-21-045

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Charles F. McKenzie Jr, MD
1075 W Congress Parkway
Chicago, IL 60612
Tel: 312-942-4447 Fax: 312-942-4005
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-16-21-046

University of Chicago Program
Sponsor: University of Chicago Hospitals
Louis A. Weiss Memorial Hospital
Program Director: Charles B. Breden, MD
5841 South Maryland Avenue, MC 6038
Chicago, IL 60637
Tel: 773-702-6100 Fax: 773-702-1001
E-mail: tajbert@medicine.bsd.uchicago.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-16-21-047

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: Craig Niederberger, MD
840 S Wood Street
MC 3065
Chicago, IL 60612
Tel: 312-563-9330 Fax: 312-563-0174
E-mail: codye@uic.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-16-21-174

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Program Director: Robert C. Flanigan, MD
2160 South First Avenue
A3N2100
Maywood, IL 60153
Tel: 708-216-5100 Fax: 708-216-8472
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-16-21-146

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
St. John's Hospital
Program Director: Patrick R. Mckenna, MD
301 North 8th Street - Room 4B143C
PS Box 1666
Springfield, IL 62704
Tel: 217-545-8660 Fax: 217-545-7905
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-16-21-060

Louisiana

New Orleans

Ochsner Clinic Foundation/Louisiana State University Program
Sponsor: Ochsner Clinic Foundation
Children's Hospital
Medical Center of Louisiana at New Orleans
Program Director: Harold A. Fuselier Jr, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504-842-4803 Fax: 504-842-2009
E-mail: gme@ochsner.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-21-21-176

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Bernard E. Fowler, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-1006 Fax: 319-356-8564
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-19-21-053

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Program Director: James B. Trehan, MD
2901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913-588-8146 Fax: 913-588-7625
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-19-21-053

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Central Baptist Hospital
St Joseph Hospital
Program Director: Randall C. Broward, MD
800 Rose Street MS-283
Lexington, KY 40508
Tel: 859-362-6577 Fax: 859-212-1444
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-20-21-054
Tulane University Hospital and Clinics
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Pgm Director: Raju Thomas, MD
1430 Tulane Avenue
Box SL-42
New Orleans, LA 70112
Tel: 504 584-3704 Fax: 504 588-5669
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-21-21-008

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-Shreveport Hospital
Christian Schumpert Health System
Overton Brooks Veterans Affairs Medical Center
Pgm Director: Dennis D Veale, MD
1501 Kings Highway
PO Box 39502
Shreveport, LA 71130
Tel: 318 670-5669 Fax: 318 670-5665
E-mail: dvealemd@lsuhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-21-21-009

Maryland
Baltimore
Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Patrick C Walsh, MD
Johns Hopkins Hospital
600 N Wolfe St Marburg Bldg Rm 134
Baltimore, MD 21287
Tel: 410 614-3377 Fax: 410 955-0833
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-21-21-060

University of Maryland Program
Sponsor: University of Maryland Medical System
Johns Hopkins Hospital
Sinaial Hospital of Baltimore
Veterans Affairs Medical Center (Baltimore)
Pgm Director: Geoffrey N Sidar, MD
Department of Surgery, Rm SID18
22 S Greene Street
Baltimore, MD 21201
Tel: 410 398-5544 Fax: 410 328-0555
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-23-21-062

Bethesda
National Capital Consortium (Bethesda) Program
Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Pgm Director: John L Phillips, MD
Department of Urology
8001 Wisconsin Avenue
Bethesda, MD 20893
Tel: 301 319-4462
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-23-21-010
US Armed Services Program

National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Pgm Director: Col David G McLeod, MD, JD
Department of Surgery
Washington, DC 20070
Tel: 202 782-6408 Fax: 202 782-6418
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-18-21-004
US Armed Services Program

Massachusetts
Boston
Boston University Medical Center Program
Sponsor: Boston Medical Center
Children's Hospital
Veterans Affairs Medical Center (Boston)
Pgm Director: Richard K Babayan, MD
780 Harrison Avenue, Suite 606
Boston, MA 02118
Tel: 617 638-8485 Fax: 617 638-8487
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-24-21-063

Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brookline-West Roxbury)
Children's Hospital
Pgm Director: Jerome F Richie, MD
45 Francis Street, ASB2-3
Boston, MA 02115
Tel: 617 732-9227 Fax: 617 566-3475
E-mail: surgeryeducation@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480-24-21-064

Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Children's Hospital
Pgm Director: W Scott McDougall, MD
55 Fruit Street
GBR 1102
Boston, MA 02114
Tel: 617 726-3010 Fax: 617 726-6131
E-mail: cmurphy@partners.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-24-11-161

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Cantius St Elizabeth's Medical Center of Boston
Pgm Director: George T Klauber, MD
735 Washington Street
Box 142
Boston, MA 02111
Tel: 617 636-7906 Fax: 617 636-5349
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-24-21-165

Burlington
Lakey Clinic Program
Sponsor: Lakey Clinic
Children's Hospital
Maine Medical Center
Pgm Director: John A Libertino, MD
41 Mall Road
Burlington, MA 01805
Tel: 781 744-2511 Fax: 781 744-5605
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-24-22-065

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Veterans Affairs Medical Center (Togus)
Pgm Director: Pamela J Brillsworth, MD
56 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-6604 Fax: 508 856-3187
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-24-21-107

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Pgm Director: Gary J Fraedrich, MD
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-6801 Fax: 734 936-0127
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-25-21-066

Detroit
Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Pgm Director: James O Peabody, MD
2790 West Grand Boulevard
Detroit, MI 48202
Tel: 313 910-2054 Fax: 313 910-1462
E-mail: johansz@hfhs.org
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 480-25-11-067

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Veterans Affairs Medical Center (Detroit)
Pgm Director: Ajjay K Singla, MD
Harper Professional Office Building
4106 John R, Suite 1017
Detroit, MI 48201
Tel: 313 745-7381 Fax: 313 745-0464
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: UP
Program ID: 480-25-31-069

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Pgm Director: Amanzoo C Diokno, MD
3901 W 11 Mile Road
Royal Oak, MI 48073
Tel: 348 551-6012 Fax: 248 551-8107
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-25-13-071
Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Children’s Hospitals & Clinics - St Paul
Fairview University Medical Center
Veterans Affairs Medical Center (Minneapolis)

Prgm Director: Jon L. Peyer, MD
Box 294 Mayo Memorial Building
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 626-0662 Fax: 612 626-0428
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-28-21-072

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Rochester Methodist Hospital
St Mary’s Hospital of Rochester
Prgm Director: Michael I. Blute, MD
Gonda 7
200 First Street SW
Rochester, MN 55905
Tel: 507 284-1330 Fax: 507 284-4987
E-mail: blute.michael@mayo.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 20
Subspecialties: U
Program ID: 490-28-21-073

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: John S. Werner, MD
P.O. Box 1234
Jackson, MS 39216
Tel: 601 894-5185 Fax: 601 894-5100
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 490-37-21-070

New Jersey

Newark

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
St Barnabas Medical Center
UMDNJ University Hospital
Veterans Affairs New Jersey Health Care System

Prgm Director: Mark L. Jordan, MD
185 South Orange Avenue, MSB / G-536
University Heights
Newark, NJ 07103
Tel: 973 972-4488 Fax: 973 972-3892
E-mail: jordanml@umdnj.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-33-21-083

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Cooper Hospital-University Medical Center

Prgm Director: Kenneth B Cummings, MD
One Robert Wood Johnson Place, CN19
New Brunswick, NJ 08903
Tel: 732 235-7718 Fax: 732 235-6042
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-33-21-173

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
Los Alamos HealthCare System
University of New Mexico Health Sciences Center
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Thomas A Borden, MD
515 Camino De Salud
Department of Surgery/Division of Urology
Albuquerque, NM 87131
Tel: 505 272-3690 Fax: 505 272-3690
Length: 3 Yrs ACGME Approved/Offered Positions: 6
Program ID: 480-34-21-084

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
St Peter’s Hospital
Veterans Affairs Medical Center (Albany)
Prgm Director: Barry A Kogan, MD
South Clinical Campus-Division of Urology
22 Rackett Boulevard, Mail Code 208
Albany, NY 12208
Tel: 518 262-3326 Fax: 518 262-9650
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-33-21-085
Accredited Programs in Urology

Bronx
Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine
Pgm Director: Hong Kim, MD
Tel: 718-877-8274
Fax: 718-430-5838
Email: guoda.burr@downstate.edu
Length: 4 Yrs
Program ID: 480-35-21-089

New Hyde Park
Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Albert Einstein College of Medicine
Pgm Director: S. Kishore Reddy
Tel: 516-784-6400
Fax: 516-784-6402
Email: skreddy@lijhc.org
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 480-35-21-086

New York
Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Albert Einstein College of Medicine
Pgm Director: Charles R. Wolick, MD
Tel: 212-535-4266
Fax: 212-535-4267
Email: cawolick@einstein.yu.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 480-35-21-087

Stony Brook SUNY at Stony Brook Program
Sponsor: SUNY at Stony Brook
Pgm Director: Kenneth E. Goldstein, MD
Tel: 631-454-1318
Fax: 631-454-1319
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-108

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: William J. Schaff, MD
Tel: 315-464-6117
Fax: 315-464-6118
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-109

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Pgm Director: James O. Hill, MD
Tel: 914-594-4300
Fax: 914-594-4394
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-103

Brooklyn
Brookdale University Hospital and Medical Center Program
Sponsor: Brookdale University Hospital and Medical Center
Pgm Director: Michael J. Macchia, MD
Tel: 718-240-5353
Fax: 718-240-6605
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 480-35-21-091

Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Coney Island Hospital
Pgm Director: Douglas J. Toth, MD
Tel: 718-738-3453
Fax: 718-736-9603
Length: 4 Yrs
ACGME Approved/Offered Positions: 4
Program ID: 480-35-21-092

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Pgm Director: Richard J. Neuhaus, MD
Tel: 718-270-6556
Fax: 718-270-3848
Email: gongda.burr@downstate.edu
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 480-35-21-107

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Pgm Director: Gerald Sudrin, MD
Tel: 716-598-3198
Fax: 716-598-1888
Length: 4 Yrs
ACGME Approved/Offered Positions: 12
Program ID: 480-35-21-097

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Pgm Director: Howard M. Weintraub, MD
Tel: 212-500-6000
Fax: 212-500-6001
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-104

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Pgm Director: Neil C. Weinberg, MD
Tel: 585-922-1234
Fax: 585-922-1235
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-108

SUNY at Stony Brook Program
Sponsor: SUNY at Stony Brook
Pgm Director: Kenneth E. Goldstein, MD
Tel: 631-454-1318
Fax: 631-454-1319
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-109

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Pgm Director: William J. Schaff, MD
Tel: 315-464-6117
Fax: 315-464-6118
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-109

Valhalla New York Medical College at Westchester Medical Center Program
Sponsor: New York Medical College
Pgm Director: James O. Hill, MD
Tel: 914-594-4300
Fax: 914-594-4394
Length: 4 Yrs
ACGME Approved/Offered Positions: 8
Program ID: 480-35-21-103

Graduate Medical Education Directory 2004-2005
North Carolina

Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Carolina Medical Center
Wake Medical Center
Program Director: College of Carson III, MD
2140 Bioinformatics Bldg CB 7235
Chapel Hill, NC 27514
Tel: 919 968-2574 Fax: 919 966-0068
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-38-21-110

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Program Director: Glenn M Preminger, MD
PO Box 3167
Durham, NC 27710
Tel: 919 681-5955 Fax: 919 681-5977
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-38-21-112

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest University Baptist Medical Center
Program Director: M Craig Hall, MD
Bowman Gray Campus
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-5707 Fax: 336 716-5711
E-mail: w wszcs@wfubmc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-38-21-113

Ohio
Akron
Northeastern Ohio Universities College of Medicine Program
Sponsor: Akron General Medical Center
Akron City Hospital (Summa Health System)
Children’s Hospital Medical Center of Akron
Northeastern Ohio Universities College of Medicine
Program Director: Phillip F Naasallah, MD
300 Locust Street Suite 260
Akron, OH 44302
Tel: 330 978-5565 Fax: 330 978-5980
E-mail: mmsmed@chmc.org
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-38-21-164

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital/University of Cincinnati Medical Center
Christ Hospital
Cincinnati Children’s Hospital Medical Center
Triffleth - Good Samaritan Hospital
Veterans Affairs Medical Center (Cincinnati)
Program Director: Thomas E Bell, MD
231 Albert Sabin Way
Mail Location 0589
Cincinnati, OH 45267
Tel: 513 558-0883 Fax: 513 558-3576
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: UP
Program ID: 480-38-21-117

Cleveland
Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Program Director: Martin I Resnick, MD
1100 East 61st Avenue
Cleveland, OH 44106
Tel: 216 944-3011 Fax: 216 944-1900
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-38-21-118

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Douglas K Montgomery, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5500 Fax: 216 445-2267
Length: 4 Yrs ACGME Approved/Offered Positions: 16
Program ID: 480-38-22-119

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospitals
Children’s Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Program Director: Robert H Baldwin, MD
4890 ICB
455 West 10th Avenue
Columbus, OH 43210
Tel: 614 292-4899 Fax: 614 299-5365
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 480-38-21-120

Toledo
Medical College of Ohio Program
Sponsor: Medical College of Ohio
Medical College of Ohio at Toledo
Program Director: Steven H Selman, MD
3050 Arlington Avenue
Bowling Hall, Room 2168
Toledo, OH 43614
Tel: 419 393-3865 Fax: 419 393-3785
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-38-21-122

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children’s Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Daniel J. Gullin, MD
900 Stanton L Young Blvd, WP150
PO Box 25901
Oklahoma City, OK 73190
Tel: 405 271-5800 Fax: 405 271-5148
E-mail: beverly.shipman@ouhsc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 12
Program ID: 480-38-21-123

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospitals
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)
Program Director: Michael J Coles, MD
3531 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-9470 Fax: 503 494-9571
E-mail: taylormom@ohsu.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-40-21-124

Pennsylvania
Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Program Director: Joseph J Mowad, MD
100 N Academy Dr
Eunice, PA 17822
Tel: 570 571-6876 Fax: 570 571-6955
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-41-11-123

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S. Hershey Medical Center
Lancaster General Hospital
Lehigh Valley Hospital
Program Director: Russ M Dexter, MD
Division of Urology - MCH005
500 University Drive
Hershey, PA 17033
Tel: 717 531-8849 Fax: 717 531-4475
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-41-21-127

Philadelphia
Temple University Program
Sponsor: Temple University Hospital
Abugnac Memorial Hospital
Fox Chase Cancer Center
St. Christopher’s Hospital for Children (Temet Health System)
Program Director: Jack H Mydlar, MD
3401 North Broad Street
Suite 350 Parkinson Pavilion
Philadelphia, PA 19140
Tel: 215 707-2333 Fax: 215 707-4736
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-41-21-122

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Eone Maier Hospital
Veterans Affairs Medical Center (Wilmingon)
Program Director: Patrick J Shenot, MD
1025 Walnut St, Ste 1112
Philadelphia, PA 19107
Tel: 215 656-8681 Fax: 215 656-1894
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-41-21-133
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Children’s Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Alan J. Wein, MD
3400 Spruce Street
9 Penna Tower
Philadelphia, PA 19104
Tel: 215-662-6795 Fax: 215-662-3665
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480-41-21-134

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H. Johnson VA Medical Center (Charleston)
Prgm Director: Harry S Clarke Jr, MD, PhD
300 Jonathan Lucas Street, Suite 644 C38
Charleston, SC 29425
Tel: 843-792-5347 Fax: 843-792-8523
Length: 4 Yrs  ACGME Approved/Offered Positions: 6
Program ID: 480-45-21-140

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children’s Hospital of Pittsburgh
UPMC Presbyterian Shadyside
University of Pittsburgh Medical Center (Pittsburgh)
Prgm Director: Joel B Nelson, MD
Kaufmann Building, Suite 700
3471 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412-606-3913 Fax: 412-605-3030
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Subspecialties: UP
Program ID: 480-41-21-135

Puerto Rico
San Juan
University of Puerto Rico Program
Sponsor: University of Puerto Rico School of Medicine Hospital Pavia
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Antonio Puras-Baen, MD
Department of Surgery
Medical Sciences Campus, Box 365057
San Juan, PR 00936
Tel: 787-767-7072
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 480-42-31-138

Rhode Island
Providence
Brown University Program
Sponsor: Brown University School of Medicine
Miriam Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Anthony A. Caldamone, MD
Department of Urology
2 Dudley Street, Suite 174
Providence, RI 02905
Tel: 401-444-5785 Fax: 401-444-6947
Length: 4 Yrs  ACGME Approved/Offered Positions: 8
Program ID: 480-43-31-139

Texas
Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Baylor University Medical Center
Children’s Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lupusy University Hospital
Prgm Director: Klaus Roehmhorn, MD
5533 Harry Hines Blvd, J8-148
Dallas, TX 75390
Tel: 214-648-2377 Fax: 214-648-4789
Length: 4 Yrs  ACGME Approved/Offered Positions: 16
Program ID: 480-48-21-143

Galveston
University of Texas Medical Branch Hospital Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Michael M. Warren, MD
Division of Urology / Route 0540
301 University Boulevard
Galveston, TX 77555
Tel: 409-772-2091 Fax: 409-772-5144
Length: 4 Yrs  ACGME Approved/Offered Positions: 4
Program ID: 480-48-11-144

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
St Luke’s Episcopal Hospital
Texas Children’s Hospital
Veterans Affairs Medical Center (Houston)
Prgm Director: Michael Coburn, MD
6650 Fannin, Suite 2106
Houston, TX 77030
Tel: 713-798-3498 Fax: 713-798-5553
E-mail: ccoburn@bcm.tmc.edu
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Subspecialties: UP
Program ID: 480-48-21-145

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
University of Texas MD Anderson Cancer Center
Prgm Director: Michael J. Ritchey, MD
6431 Fannin St, Suite 6018
Houston, TX 77030
Tel: 713-500-7327 Fax: 713-500-0751
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 480-48-21-146

Lackland AFB
San Antonio Uniformed Services Health Education Consortium Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AFTC)
Prgm Director: Steven C. Lynch, MD
Dept of Urology / MCMU
2209 Bergquist Dr, Ste 1
Lackland AFB, TX 78236
Tel: 210-293-7588 Fax: 210-292-7169
E-mail: Steven.Lynch@lackland.af.mil
Length: 4 Yrs  ACGME Approved/Offered Positions: 12
Program ID: 480-48-21-170
US Armed Services Program
San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
Christian Santa Rosa Health Care Corporation
Medicaid Healthcare
University Health System
Pgm. Director: Ian M Thompson Jr, MD
7705 Floyd Curl Drive MC 7045
San Antonio, TX 78229
Tel: 210 587-5540 Fax: 210 587-6888
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-49-21-149

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Augusta Health Care, Inc.
Pgm. Director: Alan D Jenkins, MD
PO Box 800422
Charlottesville, VA 22908
Tel: 434 924-0577 Fax: 434 249-0544
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-51-21-151

Richmond
Virginia Commonwealth University Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm. Director: Gillary F. Koc, MD
MCV Station, Box 980118
Richmond, VA 23298
Tel: 804 282-5318 Fax: 804 282-2157
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-51-21-154

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Virginia Mason Medical Center
Pgm. Director: Michael E Mayo, MD
1959 NE Pacific Street, Room EB 1104
Box 56510
Seattle, WA 98105
Tel: 206 543-4886 Fax: 206 643-2372
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Subspecialties: UP
Program ID: 480-54-21-155

Tacoma
Madigan Army Medical Center Program
Sponsor: Madigan Army Medical Center
Pgm. Director: Raymond A Costabile, MD
Attn: MCRU-SU
Tacoma, WA 98431
Tel: 253 968-2300 Fax: 253 968-2444
Length: 4 Yrs ACGME Approved/Offered Positions: 4
Program ID: 480-54-11-087
US Armed Services Program

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
St Mary's Hospital Medical Center
William S Middleton Veterans Hospital
Pgm. Director: Stephen Y Nakada, MD
600 Highland Ave, Brm 05/393 CSC
Madison, WI 53792
Tel: 608 263-1559 Fax: 608 263-0463
E-mail: hankins@urgery.wisc.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-58-21-158

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Pgm. Director: William A See, MD
Department of Urology
9200 W Wisconsin Avenue
Milwaukee, WI 53222
Tel: 414 455-7088 Fax: 414 455-6217
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-58-21-159

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
LDS Hospital
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Pgm. Director: Richard G Middleton, MD
90 North 1000 East
Salt Lake City, UT 84132
Tel: 801 581-4700 Fax: 801 585-2981
E-mail: elizabeth.lignell@hsc.utah.edu
Length: 4 Yrs ACGME Approved/Offered Positions: 8
Program ID: 480-49-21-149

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Naval Medical Center (Portsmouth)
Sentara Leigh Hospital
Sentara Norfolk General Hospital
Pgm. Director: Donald P Lynch Jr, MD
Suite 303
Norfolk, VA 23507
Tel: 757 457-5175 Fax: 757 627-3572
Length: 4 Yrs ACGME Approved/Offered Positions: 6
Program ID: 480-51-21-153

Programs

Accredited Programs in Urology
Vascular and Interventional Radiology (Radiology-Diagnostic)

Alabama
Birmingham
University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Soheil Sakkok, MD
Room N518
619 South 19th Street
Birmingham, AL 35233
Tel: 205 996-4850 Fax: 205 996-5387
Length: 1 Yr
Program ID: 427-01-21-054

Arizona
Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Kino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
Program Director: Stephen H Smyth, MD
PO Box 24567
Tucson, AZ 85724
Tel: 520 699-6691 Fax: 520 691-4884
Length: 1 Yr
Program ID: 427-03-21-074

Arkansas
Little Rock
University of Arkansas for Medical Sciences Program
Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: Timothy C McGowan, MD, BS
Department of Radiology, Slot #556
4301 West Markham Street
Little Rock, AR 72205
Tel: 501 688-6912 Fax: 501 688-6900
E-mail: mcgowan@umhs.org
Length: 1 Yr
Program ID: 427-04-21-007

California
Loma Linda
Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Program Director: Douglas C Smith, MD
11334 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4370 Fax: 909 558-0002
E-mail: pthomas@ahs.hsc.edu
Length: 1 Yr
Program ID: 427-05-21-026

Los Angeles
UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Program Director: Paul Dong, MD
Room BL-153 CHS/17115
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310 794-7953 Fax: 310 205-2701
Length: 1 Yr
Program ID: 427-05-21-063

University of Southern California/LAC-USC Medical Center Program
Sponsor: University of Southern California/LAC-USC Medical Center
Kenneth Neeles Jr Cancer Hospital and Research Institute
LAC + USC Medical Center
USC University Hospital
Program Director: Michael D Katz, MD
1200 N State Street, Room 3740
Los Angeles, CA 90033
Tel: 213 325-6318 Fax: 323 224-7530
Length: 1 Yr
Program ID: 427-05-21-013

San Diego
University of California (San Diego) Program
Sponsor: University of California (San Diego)
Medical Center
Program Director: Aman C Roberts, MD
300 West Arbor Street
San Diego, CA 92103
Tel: 619 543-6967 Fax: 619 543-3781
E-mail: pthomas@ucsd.edu
Length: 1 Yr
Program ID: 427-05-21-008

San Francisco
University of California (San Francisco) Program
Sponsor: University of California (San Francisco)
School of Medicine
University of California (San Francisco) Medical Center
Program Director: Jeanne L LaBerge, MD
Room M-361, Box 0658
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353-1200 Fax: 415 353-8570
E-mail: scos@radiology.ucsf.edu
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 427-05-21-009

Stanford
Stanford University Program
Sponsor: Stanford University Hospital
Program Director: Mahmood Razavi, MD
Room B3530
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-2502 Fax: 650 725-0533
Length: 1 Yr
Program ID: 427-05-21-081

Torrance
Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Irwin Talbot, MSA, MD
1000 W Carson Street
Torrance, CA 90509
Tel: 310 222-2838 Fax: 310 222-5688
E-mail: dtalbot@ccsnet
Length: 1 Yr AGME Approved/Offered Positions: 1
Program ID: 427-05-13-104

Colorado
Denver
University of Colorado Program
Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Program Director: Stephen P Johnson, MD
Department of Radiology A600
4300 East 9th Avenue
Denver, CO 80202
Tel: 303 372-6141 Fax: 303 372-6334
E-mail: Joanne Conklin@uchsc.edu
Length: 1 Yr AGME Approved/Offered Positions: 3
Program ID: 427-07-21-049

Connecticut
New Haven
Hospital of St Raphael Program
Sponsor: Hospital of St Raphael
Program Director: Lee H Greenwood, MD
1460 Chapel Street
New Haven, CT 06511
Tel: 203 789-3105 Fax: 203 789-5816
E-mail: LICorwin@ucil
Length: 1 Yr
Program ID: 427-08-12-101
Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital Veterans Affairs Medical Center (West Haven)
Program Director: Jeffrey S Pollack, MD
20 York Street, 3F 2-382
New Haven, CT 06594
Tel: 203 785-7026 Fax: 203 737-1077
Length: 1 Yr
Program ID: 427-08-21-082

Delaware

Wilmington
Christiania Care Health Services Program
Sponsor: Christiania Care Health Services Inc
Program Director: Mark J Garcia, MD
4755 Ogletown-Stanton Road
PO Box 650
Newark, DE 19718
Tel: 302 733-5582 Fax: 302 733-5599
Length: 1 Yr
Program ID: 427-09-21-096

District of Columbia

Washington
George Washington University Program A
Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Program Director: Anthony C Ventrom, MD
800 23rd Street, NW
Washington, DC 20037
Tel: 202 994-0190 Fax: 202 994-0210
Length: 1 Yr
Program ID: 427-10-21-079

Georgetown University Hospital Program
Sponsor: Georgetown University Hospital
Program Director: Albert M Ammann, MD
3880 Reservoir Road, NW
1B, COC Building, SM 2061
Washington, DC 20007
Tel: 202 784-6478 Fax: 202 784-4899
E-mail: ammann@comcast.net
Length: 1 Yr
Program ID: 427-10-21-090

Howard University Program
Sponsor: Howard University Hospital
Washington Hospital Center
Program Director: Richard J Gray, MD
Department of Radiology BA-38
116 Irving Street, NW
Washington, DC 20010
Tel: 202 877-6495 Fax: 202 877-8153
Length: 1 Yr
Program ID: 427-10-21-068

Florida

Gainesville
University of Florida Program
Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: James J Garrard, MD
Box 103547, JHMIC
Gainesville, FL 32610
Tel: 352 395-0116 Fax: 352 395-0967
Length: 1 Yr
Program ID: 427-11-21-033

Jacksonville
University of Florida Health Science Center/Jacksonville Program
Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Program Director: Daniel Siragusa, MD
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904 244-3885 Fax: 904 244-3892
E-mail: vasccnterventionalrad.mne@jax.ufl.edu
Length: 1 Yr
Program ID: 427-08-21-082

Miami
Jackson Memorial Hospital/Jackson Health System (Baptist) Program
Sponsor: Jackson Memorial Hospital/Jackson Health System
Baptist Hospital of Miami
Program Director: James F Benenati, MD
8900 N Kendall Drive
Miami, FL 33176
Tel: 786 506-5690 Fax: 786 506-3999
E-mail: jane08f@baptisthealth.net
Length: 1 Yr
Program ID: 427-11-21-025

University of South Florida Program
Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Program Director: Bruce T Kudsy, MD
MDC Box 17
Tampa, FL 33612
Tel: 813 844-6570 Fax: 813 844-8002
Length: 1 Yr
Program ID: 427-11-21-092

Georgia

Atlanta
Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Program Director: Douglas C Reidy, MD
1564 Clifton Rd NE
Atlanta, GA 30322
Tel: 404 712-7038 Fax: 404 712-7070
Length: 1 Yr
Program ID: 427-12-21-022

Illinois

Chicago
McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Program Director: Scott A Resnick, MD
Department of Radiology - Feinberg
555 North University Boulevard
Chicago, IL 60611
Tel: 312 920-8433 Fax: 312 926-0826
Length: 1 Yr
Program ID: 427-16-21-084

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Nilesh B Patel, MD
1553 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-7573 Fax: 312 942-7544
Length: 1 Yr
Program ID: 427-16-21-923

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Jonathan Lorenz, MD
MC 2026
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-3560 Fax: 773 702-1161
Length: 1 Yr
Program ID: 427-16-21-069

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
Program Director: David I Warner, MD
1740 W Taylor Street
Department of Radiology (MC 931)
Chicago, IL 60612
Tel: 312-996-0824 Fax: 312-996-0233
E-mail: dwarner@uic.edu
Length: 1 Yr
Program ID: 427-16-21-082

University of Illinois College of Medicine at Peoria Program
Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Program Director: Syed M Hassan, MD
530 NE Glen Oak Avenue
Peoria, IL 61611
Tel: 309 685-7135 Fax: 309 685-7365
Length: 1 Yr
Program ID: 427-16-21-094

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Program Director: David M Agarwal, MD
Department of Radiology, IUH 0279
650 North University Boulevard
Indianapolis, IN 46202
Tel: 317 278-7785 Fax: 317 278-7799
E-mail: dagarwal@iuapedi.edu
Length: 1 Yr
Program ID: 427-17-21-010
Indiana University School of Medicine/Methodist Hospital Program
Sponsor: Indiana University School of Medicine
Clarion Methodist Hospital of Indiana
Prgm. Director: Scott J. Sauvageau, MD
1701 N. Senate Blvd.
Department of Radiology
Indianapolis, IN 46202
Tel: 317.963.5950  Fax: 317 963-0063
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 427-17-21-497

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Veterans Affairs Medical Center (Baltimore)
Prgm. Director: Patrick C. Malloy, MD
225 Greene Street
Baltimore, MD 21204
Tel: 410.328-3476  Fax: 410.328-3168
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 427-23-21-403

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Prgm. Director: Rhvia V. Lang, MD
330 Brookline Avenue
WU 308
Boston, MA 02215
Tel: 617.754-5053  Fax: 617.754-3061
Length: 1 Yr
Program ID: 427-24-31-042
Boston University Medical Center Program
Sponsor: Boston University Medical Center
Veterans Affairs Medical Center (Boston)
Prgm. Director: Scott K. Reid, MD
East Newton Campus
One Boston Medical Center Place
Boston, MA 02118
Tel: 617.638-6595  Fax: 617.635-6616
Length: 1 Yr
Program ID: 427-24-31-059
Brigham and Women's Hospital/Harvard Medical School Program
Sponsor: Brigham and Women's Hospital
Prgm. Director: Richard A. Baum, MD
Department of Radiology
75 Francis St.
Boston, MA 02115
Tel: 617.738-7257  Fax: 617.277-6351
E-mail: fhermanas@partners.org
Length: 1 Yr
Program ID: 427-24-31-005
Massachusetts General Hospital/Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Prgm. Director: Alan Greenfield, MD
55 Fruit Street
Division of Vascular Radiology, GRB 290
Boston, MA 02114
Tel: 617.726-8314  Fax: 617.726-8476
Length: 1 Yr  ACGME Approved/Offered Positions: 7
Program ID: 427-24-21-041
Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Prgm. Director: Neil J. Ralston, DO
75 Washington Street, Box 353
Boston, MA 02111
Tel: 617.638.5947  Fax: 617.638.1149
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-24-31-104

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm. Director: Kyung J. Cho, MD
Department of Radiology, Room #916B-1360
1560 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734.646-4666  Fax: 734.615-2176
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 427-25-21-665

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Harper University Hospital
Prgm. Director: Monte L. Harrell, MD
Harper University Hospital-Department of Radiology
3901 John R.
Detroit, MI 48201
Tel: 313.745-2787  Fax: 313.906-2742
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 427-25-31-063

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm. Director: Matthias J. Kirsch, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 313.551-9063  Fax: 345.551-2418
Length: 1 Yr
Program ID: 427-25-31-060

Minnesota
Minneapolis
University of Minnesota Program
Sponsor: University of Minnesota School of Medicine
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm. Director: David A. Phillips, MD
CVC Radiology, MMC 292
420 Delaware St SE
Minneapolis, MN 55455
Tel: 612.273.2326  Fax: 612.273.8495
E-mail: daphill02@umn.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 5
Program ID: 427-26-31-008

Graduate Medical Education Directory 2004-2005
Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
St Mary's Hospital of Rochester
Program Director: Enrique A Sabater, MD
200 First Street, NW
Rochester, MN 55905
Tel: 507 284-0440 Fax: 507 266-4735
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 427-26-21-064

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Karen W Dickey, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5646 Fax: 603 650-5465
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 427-32-21-087

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
St Dominic-Jackson Memorial Hospital
University Hospitals and Clinics
Program Director: James U Morano, MD
3200 North State Street
Jackson, MS 39216
Tel: 601 694-2503 Fax: 601 694-2542
Email: morano@ummc.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 427-27-21-007

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital
Program Director: John L Mother, MD
Department of Radiology, MSB 404
One Robert Wood Johnson Place, PO Box 19
New Brunswick, NJ 08903
Tel: 732 233-7721 Fax: 732 356-6889
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 427-33-21-087

Missouri

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Program Director: Michael Wolkowson, MD
3635 Vista Avenue
St Louis, MO 63110
Tel: 314 268-5791 Fax: 314 268-6116
Length: 1 Yr
Program Id: 427-28-21-071

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veteran Affairs Medical Center (Albuquerque)
Program Director: Mary Beth Lewis-Carey, MD
Department of Radiology
MSC10 5530 1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-9832 Fax: 505 272-5832
Email: mnorino@salud.unm.edu
Length: 1 Yr
Program Id: 427-34-21-091

New York

Albany

Albany Medical Center Program
Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Program Director: Gary P Sleeth, MD
Department of Radiology, MC-113
43 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5149 Fax: 518 262-4210
Length: 1 Yr
Program Id: 427-38-31-075

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Program Director: Anthony Adelson, MD
381945 Nebraska Medical Center Omaha, NE 68198
Tel: 402 559-1027 Fax: 402 559-1011
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 427-30-21-014

Bronx

Albert Einstein College of Medicine Program
Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Program Director: Jacob Gynann, MD
Dept of Radiology
111 E 210th Street
Bronx, NY 10467
Tel: 718 920-5506 Fax: 718 920-4554
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program Id: 427-35-32-097

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: David W Siegel, MD
370-65 76 Avenue
New Hyde Park, NY 11042
Tel: 718 470-7175 Fax: 718 470-7463
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program Id: 427-35-31-024

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program
Sponsor: Beth Israel Medical Center
Program Director: Joseph N Shami, MD
Department of Radiology
1st Avenue at 11th Street
New York, NY 10003
Tel: 212 870-8090 Fax: 212 870-8184
Length: 1 Yr
Program Id: 427-35-31-095

Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Program Director: Harold A Mitty, MD
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-7417 Fax: 212 241-4324
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 427-35-21-048

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Program Director: Ziv A Haskal, MD, BA
177 Fort Washington Ave, MIB 4-100
Interventional Radiology
New York, NY 10032
Tel: 212 956-8790 Fax: 212 956-6184
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program Id: 427-35-21-061

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Program Director: David W Trost, MD
505 East 68th Street
New York, NY 10021
Tel: 212 746-2603 Fax: 212 746-9460
Email: cornell@med.edu
Length: 1 Yr ACGME Approved/Offered Positions: 5
Program Id: 427-35-21-039
Accredited Programs in Vascular and Interventional Radiology (Radiology-Diagnostic)

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Health Care System
Program Director: Robert J. Bonni, MD
560 First Avenue
New York, NY 10016
Tel: 212 208-5898 Fax: 212 208-7914
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-36-21-090

St Luke’s-Roosevelt Hospital Center Program
Sponsor: St Luke’s- Roosevelt Hospital Center
St Luke’s-Roosevelt Hospital Center-Roosevelt Division
St Luke’s-Roosevelt Hospital Center-St Luke’s Division
Program Director: James E. Silberzweig, MD
Department of Radiology, 4th Floor
1000 Tenth Avenue
New York, NY 10019
Tel: 212 533-7062 Fax: 212 533-6554
E-mail: acctales@uhrad.com
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-36-21-072

Rochester University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: David E. Lee, MD
601 Elmwood Avenue
Box 648
Rochester, NY 14642
Tel: 716 275-1128 Fax: 716 275-3549
E-mail: jodi_blaes@urmc.rochester.edu
Length: 1 Yr
Program ID: 427-36-21-051

Stony Brook SUNY at Stony Brook Program
Sponsor: University Hospital System - SUNY at Stony Brook
Program Director: John A. Ferretti, MD
Health Sciences Center
Level 4, Room 132A
Stony Brook, NY 11794
Tel: 631-444-2480 Fax: 631-444-7358
E-mail: SBHH_Radiol@notes.cc.suny sb.edu
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 427-36-21-064

Syracuse SUNY Upstate Medical University Program
Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Program Director: Frank J. Mangiacapra, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315-464-7439 Fax: 315-464-8789
Length: 1 Yr
Program ID: 427-35-31-085

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Program Director: Paul F. Jacques, MD
Division of Radiology CH 7010
Chapel Hill, NC 27599
Tel: 919-966-6666 Fax: 919-843-8740
Length: 1 Yr
Program ID: 427-36-21-000

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Paul V. Bihorock, MD
Box 3898, Room 1502
Durham, NC 27710
Tel: 919 684-7384 Fax: 919 684-7148
Length: 1 Yr ACGME Approved/Approved Positions: 3
Program ID: 427-36-21-098

Winston-Salem
Wake Forest University School of Medicine Program
Sponsor: Wake Forest Baptist Medical Center
Program Director: John D. Morgan, MD, MBA
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4455 Fax: 336 716-3059
Length: 1 Yr
Program ID: 427-36-21-016

Ohio
Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Program Director: David Rosenthal, DO
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-4020 Fax: 216 778-4072
Length: 1 Yr ACGME Approved/Approved Positions: 1
Program ID: 427-36-21-093

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Program Director: Joseph P. Lipuma, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 644-3108 Fax: 216 644-3905
E-mail: lipuma@uhchc.com
Length: 1 Yr
Program ID: 427-38-21-012

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Program Director: Michael A. Deisinger, MD
Department of Radiology, Desk 1660
5100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 444-0554 Fax: 216 444-9007
E-mail: meded@ccf.org
Length: 1 Yr ACGME Approved/Approved Positions: 3
Program ID: 427-38-21-002

Columbus
Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Program Director: Pablo Gamboa, MD
630 Means Hall
1654 Upham Drive
Columbus, OH 43210
Tel: 614 293-6315 Fax: 614 293-6355
E-mail: gamboa.1@medctr.osu.edu
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 427-38-21-100

Pennsylvania
Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Program Director: Harjit Singh, MD
Department of Radiology
PO Box 850
Hershey, PA 17033
Tel: 717 531-5416 Fax: 717 531-4445
Length: 1 Yr
Program ID: 427-39-21-097

Philadelphia
Temple University Program
Sponsor: Temple University Hospital
Fox Chase Cancer Center
Program Director: Gary S Cohen, MD
5401 Broad Street
Philadelphia, PA 19140
Tel: 215 707-7002 Fax: 215 707-2428
Length: 1 Yr ACGME Approved/Approved Positions: 3
Program ID: 427-41-21-004

Thomas Jefferson University Program
Sponsor: Thomas Jefferson University Hospital
Program Director: Joseph Bossa, MD
112 South 11th Street
Suite 4200 Gibbon
Philadelphia, PA 19107
Tel: 215 955-4096 Fax: 215 923-6754
Length: 1 Yr ACGME Approved/Approved Positions: 4
Program ID: 427-41-21-040

Oklahoma
Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center - Children’s Hospital
Veterans Affairs Medical Center (Oklahoma City)
Program Director: Forrest Maughn, MD
PO Box 2607
Oklahoma City, OK 73126
Tel: 405 271-6125 Fax: 405 271-3375
Length: 1 Yr ACGME Approved/Approved Positions: 2
Program ID: 427-39-21-006

Oregon
Portland
Oregon Health & Science University Program
Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Program Director: John A. Kaufman, MD
3161 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-7100 Fax: 503 494-7664
Length: 1 Yr
Program ID: 427-49-21-097

1002
Graduate Medical Education Directory 2004-2005
University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Program Director: David B Freiman, MD
1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 682-3940 Fax: 215 652-7448
E-mail: freiman@rad.upenn.edu
Length: 1 Yr ACGME Approved/Offered Positions: 8
Program ID: 427-41-016

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian Shadyside
Program Director: Albert B Zagko, MD
200 Lothrop Street
Pittsburgh, PA 15234
Tel: 412 647-3545 Fax: 412 647-4703
Length: 1 Yr Program ID: 427-41-061

Western Pennsylvania Hospital/Temples University Program
Sponsor: The Western Pennsylvania Hospital
Program Director: Gordon K McLean, MD
4500 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412 578-1797 Fax: 412 578-0064
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 437-41-044

Rhode Island
Providence
Brown University Program
Sponsor: Rhode Island Hospital-Lifespan
Program Director: Timothy F Murphy, MD
501 Eddy Street
Providence, RI 02903
Tel: 401 444-5184 Fax: 401 444-5017
Length: 1 Yr Program ID: 427-43-21-066

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Program Director: Renan Uflacker, MD
160 Ashley Avenue
Box 25052
Charleston, SC 29425
Tel: 843 792-5100 Fax: 843 792-2672
E-mail: rupatr@umc.edu
Length: 1 Yr Program ID: 427-45-21-068

Tennessee
Memphis Baptist Memorial Hospital Program
Sponsor: Baptist Memorial Hospital
Program Director: Barry G Blank, MD
6935 Humphreys Blvd
Suite 305
Memphis, TN 38129
Tel: 901 747-1000 Fax: 901 747-1001
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-47-101

University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Program Director: Anadul A Khan, MD
Room F106C Center
900 Madison Avenue
Memphis, TN 38110
Tel: 901 577-7250 Fax: 901 577-7614
Length: 1 Yr Program ID: 427-47-31-015

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Program Director: Steven G Merameze, MD
211 and Garland Avenue
K1518 MCM
Nashville, TN 37232
Tel: 615 322-3764 Fax: 615 322-3764
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-47-31-060

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Program Director: Gregory A Jones, MD
2500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-5795 Fax: 214 820-7527
Length: 1 Yr Program ID: 427-48-21-043

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District Parkland Memorial Hospital
Zale Lipshy University Hospital
Program Director: Sam L Dolmatch, MD
Dept of Radiology
5321 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-8812 Fax: 214 648-0261
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-48-21-003

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Program Director: Eunchul Y Chung, MD
801 University Boulevard
Galveston, TX 77555
Tel: 409 747-2549 Fax: 409 772-7120
Length: 1 Yr Program ID: 427-48-21-098

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Program Director: Cliff J Whigham, DO
Department of Radiology
One Baylor Plaza - BCM 360
Houston, TX 77030
Tel: 713 798-3805 Fax: 713 798-8398
E-mail: clliftw@bcm.tmc.edu
Length: 1 Yr Program ID: 427-48-12-017

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
St Luke’s Episcopal Hospital
University of Texas MD Anderson Cancer Center
Program Director: Frank A Morello Jr, MD
1515 Holcombe Boulevard, Box 355
Houston, TX 77030
Tel: 713 798-3805 Fax: 713 798-4098
Length: 1 Yr ACGME Approved/Offered Positions: 4
Program ID: 427-48-21-078

Lackland AFB
San Antonio Uniformed Services Health Education Consortium (WHMC) Program
Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Program Director: Robert B Good, MD
750 MDTS/MTED
200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-7795 Fax: 210 292-3946
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 427-48-31-006
US Armed Services Program

San Antonio
University of Texas Health Science Center at San Antonio Program
Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Program Director: Hector Ferral, MD
7700 Floyd Curl Drive, Mail Stop 7800
San Antonio, TX 78229
Tel: 210 292-7795 Fax: 210 292-3946
Length: 1 Yr ACGME Approved/Offered Positions: 3
Program ID: 427-48-21-031

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Program Director: Peter E Schloemer, MD
50 North Medical Drive
Salt Lake City, UT 84138
Tel: 801 587-8699 Fax: 801 587-3414
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 427-48-21-045

Accredited Programs in Vascular and Interventional Radiology (Radiology-Diagnostic)
# Accredited Programs in Vascular and Interventional Radiology (Radiology-Diagnostic)

## Vermont

**Burlington**

**University of Vermont Program**

- **Sponsor:** Fletcher Allen Health Care
- **Prgm Director:** Christopher S Morris, MD, MS
- **Length:** 1 Yr

Contact: 802-847-3962, Fax: 802-847-4822

Program ID: 427-58-31-002

## Virginia

**Alexandria**

**George Washington University Program**

- **Sponsor:** George Washington University School of Medicine
- **Prgm Director:** Keith M Sterling, MD
- **Length:** 1 Yr

Contact: 703-504-9700, Fax: 703-504-9387

Program ID: 427-58-31-007

## Wisconsin

**Madison**

**University of Wisconsin Program**

- **Sponsor:** University of Wisconsin Hospital and Clinics
- **Prgm Director:** Christopher S Morris, MD, MS
- **Length:** 1 Yr

Contact: 608-263-8388, Fax: 608-263-8214

Program ID: 427-58-31-017

## Milwaukee

**Medical College of Wisconsin Program**

- **Sponsor:** Medical College of Wisconsin Affiliated Hospitals, Inc
- **Prgm Director:** William S Billing, MD
- **Length:** 1 Yr

Contact: 414-805-3115, Fax: 414-476-7503

Program ID: 427-58-31-018

## Charlotteville

**University of Virginia Program**

- **Sponsor:** University of Virginia Medical Center
- **Prgm Director:** John F Angle, MD
- **Length:** 1 Yr

Contact: 434-982-1618

Program ID: 427-58-31-007

## Norfolk

**Eastern Virginia Medical School Program**

- **Sponsor:** Eastern Virginia Medical School
- **Prgm Director:** Harlan Virgil, MD
- **Length:** 1 Yr

Contact: 757-446-8401

Program ID: 427-58-31-100

## Washington

**Seattle**

**University of Washington Program**

- **Sponsor:** University of Washington School of Medicine
- **Prgm Director:** Eric K. Hoffer, MD
- **Length:** 1 Yr

Contact: 206-543-5320, Fax: 206-543-6317

Program ID: 427-54-31-047

## Massachusetts

**Boston**

**Boston University Medical Center Program**

- **Sponsor:** Boston Medical Center
- **Prgm Director:** Viken L Babikian, MD
- **Length:** 1 Yr

Contact: 617-638-6334

Program ID: 188-24-31-010

## California

**Los Angeles**

**UCLA Medical Center Program**

- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
- **Prgm Director:** Geoffrey L Saver, MD
- **Length:** 1 Yr

Contact: 310-267-2063

Program ID: 188-05-12-007

**Stanford**

**Stanford University Program**

- **Sponsor:** Stanford University Hospital
- **Prgm Director:** Gregory W Albers, MD
- **Length:** 1 Yr

Contact: 650-733-4446, Fax: 650-733-4461

Program ID: 188-05-33-900

## Georgia

**Augusta**

**Medical College of Georgia Program**

- **Sponsor:** Medical College of Georgia
- **Prgm Director:** Fenwick T Nichols, III, MD
- **Length:** 1 Yr

Contact: 706-721-6106, Fax: 706-721-7857

Program ID: 188-05-31-011

## Indiana

**Indianapolis**

**Indiana University School of Medicine Program**

- **Sponsor:** Indiana University School of Medicine
- **Prgm Director:** Akiel Bruno, MD
- **Length:** 1 Yr

Contact: 317-278-0290, Fax: 317-278-0299

Program ID: 188-17-12-013

## Vascular Neurology (Neurology)

**California**

**Los Angeles**

**UCLA Medical Center Program**

- **Sponsor:** UCLA Medical Center/UCLA David Geffen School of Medicine
- **Prgm Director:** Jeffrey L Saver, MD
- **Length:** 1 Yr

Contact: 310-267-2063

Program ID: 188-05-12-007
Massachusetts General Hospital/ Brigham & Women's Hospital/ Harvard Medical School Program
Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Program Director: Jonathan Rosand, MD, MS
15 Parkman Street
AOC-406 Neurology Clinical Trail Unit
Boston, MA 02114
Tel: 617 732-8773 Fax: 617 732-6638
Length: 1 Yr ACGME Approved/Offered Positions: 6
Program ID: 188-24-31-018

Ohio

Cincinnati
University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Program Director: Joseph Broderick, MD
231 Albert Sakin Way, MI 45267
Cincinnati, OH 45267
Tel: 513 558-4529 Fax: 513 558-4306
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-28-13-019

Michigan

Detroit
Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Revuzel Hospital
Rehabilitation Institute
Veterans Affairs Medical Center (Detroit)
Program Director: Somanath Chaturvedi, MD
4201 S. Antoine 8C-UBC
Detroit, MI 48201
Tel: 313 745-1540 Fax: 313 577-4641
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-25-21-063

New Jersey

Newark
UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Program Director: Adam I Qureshi, MD
155 South Orange Avenue
MS-E506, PO Box 1709
Newark, NJ 07103
Tel: 973 973-7582 Fax: 973 973-5669
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-30-13-065

New York

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Program Director: Stanley Tubrinn, MD
1 Gustave L Levy Place
Box 1137
New York, NY 10029
Tel: 212 241-9443 Fax: 212 241-4561
E-mail: stanley.tubrinn@msnyuhealth.org
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 188-35-21-061

Rochester

University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: W Scott Burgin, MD
601 Elmwood Avenue
Box 651
Rochester, NY 14642
Tel: 585 275-2300 Fax: 585 275-1026
E-mail: scott.burgin@urmc.rochester.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 188-35-12-016

Pennsylvania

Pittsburgh
University of Pittsburgh Medical Center Medical Education Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian-Shadyside
Program Director: James Gebel, MD
360 Lebanon Street PS 4-600
Pittsburgh, PA 15213
Tel: 412 647-8000 Fax: 412 647-8445
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-29-12-069

Virginia

Charlottesville
Virginia Commonwealth University Program
Sponsor: Virginia Commonwealth University
Program Director: E Clarke Hales Jr, MD
Pittsburgh, PA 15213
Tel: 212 648-2286 Fax: 212 648-9458
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-28-13-019

Texas

Dallas
University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Program Director: D Hai Uwinyi, MD
5523 Harry Hines Boulevard
Mail Code 5897
Dallas, TX 75390
Tel: 214 648-2286 Fax: 214 648-9458
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-48-31-008

Huston

University of Texas at Huston Program
Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Program Director: James C Grotta, MD
6451 Fannin Street
Houston, TX 77030
Tel: 713 500-7008 Fax: 713 500-6980
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 188-48-31-014
Vascular Surgery (General Surgery)

Alabama

Birmingham

University of Alabama Hospital Program

Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Program Director: William D Jordan, MD
1923 7th Avenue South, KB 400
Birmingham, AL 35294
Tel: 205 694-2063
E-mail: wjordan@uab.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-91-21-190

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Program Director: Joseph L Mills, MD
1501 North Campbell, Room 494
PO Box 245072
Tucson, AZ 85724
Tel: 520 626-6700 Fax: 520 626-4068
E-mail: dejinmgh@email.arizona.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-90-21-082

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Program Director: John P Kist, MD
Department of Surgery, Slut 320-2
4391 West Markham Street
Little Rock, AR 72205
Tel: 501 686-6176 Fax: 501 686-5338
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-85-21-000

California

La Jolla

Scripps Clinic/UCSD Program

Sponsor: Scripps Clinic
Program Director: Giacomo A DeLaRia, MD
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8122 Fax: 858 554-2332
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-85-21-091

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Program Director: Jeffrey L Ballard, MD
11175 Campus Drive, FE 21123
Loma Linda, CA 92354
Tel: 909 558-8386 Fax: 909 558-0337
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-95-21-910

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center
Program Director: Julie A Freischlag, MD
200 Medical Plaza, Suite 510-6
Los Angeles, CA 90095
Tel: 310 267-0182 Fax: 310 267-0180
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-95-21-911

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Program Director: Fred A Weaver, MD
1510 San Pablo Street, #614
Los Angeles, CA 90033
Tel: 323 442-5907 Fax: 323 442-5735
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-95-21-984

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Program Director: Louis M Mesina, MD
Box 0223, M-488
505 Parnassus Ave
San Francisco, CA 94143
Tel: 415 476-2881 Fax: 415 476-4950
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-96-21-033

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Program Director: Christopher K Zarins, MD
Division of Vascular Surgery
300 Pasteur Drive, Suite HS600
Stanford, CA 94305
Tel: 650 723-2169 Fax: 650 498-6944
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-96-21-021

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Program Director: Rodney A White, MD
1000 West Carson Street, Box 11
Torrance, CA 90509
Tel: 310 222-3704
E-mail: rawhite@ucla.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-98-21-097

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Farmington Hospital
912 Seymour St, Suite 911
Farmington, CT 06012
Tel: 860 253-2159 Fax: 860 253-2600
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-06-21-070

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Program Director: Richard E Sampio, MD, PhD
Farnam Memorial Building 137
333 Cedar Street
New Haven, CT 06510
Tel: 203 785-2501 Fax: 203 785-7500
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-06-21-084

District of Columbia

Washington

Georgetown University Hospital/Washington Hospital Center Program

Sponsor: Washington Hospital Center
Program Director: Thomas H Arvin, MD
Veterans Affairs Medical Center (Washington, DC)
Program Director: Anthony N Sidawy, MD, MPH
116 Irving Street, NW
Washington, DC 20010
Tel: 202 745-8236 Fax: 202 745-8236
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-10-13-090

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Program Director: James M Seger, MD
1600 W Archer Road, Room 303
Division of Vascular Surgery, Box 100286
Gainesville, FL 32610
Tel: 352 395-9600 Fax: 352 395-3818
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-11-21-044

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Program Director: Dennis Bandyk, MD
4 Columbus Drive
Tampa, FL 33606
Tel: 813 258-0921 Fax: 813 258-0922
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-11-21-031
Georgia

Atlanta

Atlanta Medical Center Program
Sponsor: Atlanta Medical Center
Program Director: Eric D. Wallens, MD
315 Boulevard NE, Suite 412
Atlanta, GA 30312
Tel: 404-654-0505 Fax: 404-654-0688
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-12-21-079

Emory University Program
Sponsor: Emory University School of Medicine
Emory University Hospital
Veterans Affairs Medical Center (Atlanta)
Program Director: Elliot L. Chaiakul, MD
Vascular Surgery Section
1555 Pierce Drive, Room 6105
Atlanta, GA 30322
Tel: 404-727-3434 Fax: 404-727-3396
Length: 2 Yrs ACGME Approved/Offered Positions: 3
Program ID: 450-12-21-012

Illinois

Chicago

McGaw Medical Center of Northwestern University Program
Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Program Director: William H Pearce, MD
201 East Huron Street
Suite 1010
Chicago, IL 60611
Tel: 312-925-7775 Fax: 312-695-4055
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-16-21-001

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Program Director: Walter J. McCarthy III, MD
1650 West Congress Parkway
Chicago, IL 60612
Tel: 312-942-8372 Fax: 312-942-6052
E-mail: willard.mccarthy@rush.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-21-045

University of Chicago Program
Sponsor: University of Chicago Hospitals
Program Director: Bruce L. Gewertz, MD
5841 S Maryland Avenue, MC 5628
Room J155
Chicago, IL 60637
Tel: 773-702-1981
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-11-923

Maywood

Loyola University Program
Sponsor: Loyola University Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Program Director: Fred Listoff, MD
Pertor G McGaw Hospital
2160 S First Avenue
Maywood, IL 60153
Tel: 708-327-2991 Fax: 708-327-3402
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-21-002

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Program Director: Kim J Hodgson, MD
PO Box 19039
800 N Roanoke, Suite 120
Springfield, IL 62794
Tel: 217-545-8886 Fax: 217-545-2583
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-16-21-034

Indiana

Indianapolis

Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Program Director: Michael C Haising, MD
1120 South Dr
214 Penner Hall
Indianapolis, IN 46202
Tel: 317-920-0263 Fax: 317-920-0240
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-17-31-965

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Program Director: Jamal J Hoballah, MD, MBA
Department of Surgery
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319-356-3305 Fax: 319-384-6006
E-mail: jamal-hoballah@uiowa.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-18-21-048

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Program Director: James H. Thomas, MD
3901 Rainbow Blvd
1402 Murphy Building
Kansas City, KS 66160
Tel: 913-588-6113 Fax: 913-588-7500
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-19-21-060

Kentucky

Lexington

University of Kentucky Medical Center Program
Sponsor: University of Kentucky A B Chandler Medical Center
Veterans Affairs Medical Center (Lexington)
Program Director: David J Milton, MD
Vascular Surgery
800 Rose Street, C218
Lexington, KY 40535
Tel: 859-233-6346 Fax: 859-233-6840
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-20-21-062

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Veterans Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Program Director: Robert C Hatton, MD
Department of Surgery
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504-589-4874 Fax: 504-589-4679
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-21-21-068

Ochsner Clinic Foundation Program
Sponsor: Ochsner Clinic Foundation
Program Director: W. Charles Sterrenborgh III, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504-842-4603 Fax: 504-842-5017
E-mail: gme@ochsner.org
Length: 3 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-21-22-024

Maryland

Baltimore

Johns Hopkins University Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Program Director: Bruce A. Perlz, MD
600 North Wolfe Street/Harvey 611
Baltimore, MD 21287
Tel: 410-614-2079 Fax: 410-614-2079
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-23-31-096

University of Maryland Program
Sponsor: University of Maryland School System
Mercy Medical Center
Veterans Affairs Medical Center (Baltimore)
Program Director: William R. Flinn, MD
25 South Greene Street
Room N4206
Baltimore, MD 21201
Tel: 410-328-0400 Fax: 410-328-0717
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-23-21-080
Accredited Programs in Vascular Surgery (General Surgery)

Bethesda
National Capital Consortium (Walter Reed) Program
Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Program Director: COL Sean D O’Donnell, MD
Vascular Surgery Service, WDC 64, Bldg 2
8900 Georgia Avenue NW
Washington, DC 20037
Tel: 202 782-9184 Fax: 202 782-3158
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-19-11-022
US Armed Services Program

Massachusetts
Boston
Beth Israel Deaconess Medical Center Program
Sponsor: Beth Israel Deaconess Medical Center
Program Director: John R Cambria, MD
88 East Newton Street
Suite 5B
Boston, MA 02215
Tel: 617 632-0656 Fax: 617 632-7356
E-mail: jcambria@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-049

Boston University Medical Center Program
Sponsor: Boston Medical Center
Program Director: James Menzoian, MD
88 East Newton Street
Room DS06
Boston, MA 02118
Tel: 617 638-9488 Fax: 617 638-8469
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-24-21-058

Brigham and Women's Hospital Program
Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brockton-West Roxbury)
Program Director: Michael Belkin, MD
75 Francis St
Department of Surgery
Boston, MA 02115
Tel: 617 739-6616 Fax: 617 739-8776
E-mail: surgeducation@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-005

Massachusetts General Hospital Program
Sponsor: Massachusetts General Hospital
Program Director: Richard P Cambria, MD
15 Parkman St
WAC 406
Boston, MA 02114
Tel: 617 726-8278 Fax: 617 726-8790
E-mail: rcmbrin@partners.org
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 450-24-21-004

Tufts-New England Medical Center Program
Sponsor: Tufts-New England Medical Center
Program Director: William C Mackey, MD
NEMC # 1035
750 Washington Street
Boston, MA 02111
Tel: 617 636-5927 Fax: 617 636-6035
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-005

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Program Director: Bruce Cutler, MD
55 Lake Ave, N
Department of Surgery
Worcester, MA 01606
Tel: 508 856-2219 Fax: 508 856-6359
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-24-21-013

Michigan
Ann Arbor
University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: James C Stanley, MD
1590 E Medical Center Dr
TC 2210
Ann Arbor, MI 48109
Tel: 734 615-5766 Fax: 734 647-9887
E-mail: jstanley@umich.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-25-21-033

Wayne State University/Detroit Medical Center Program
Sponsor: Wayne State University/Detroit Medical Center
Harper-Blatner Hospital
Program Director: Donald L Jacobs, MD
3790 John B
Detroit, MI 48201
Tel: 313 830-9885 Fax: 313 990-2023
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-25-12-014

Minnesota
Rochester
Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Program Director: Thomas C Bower, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 255-7099 Fax: 507 255-7378
Length: 2 Yrs ACGME Approved/Offered Positions: 6
Program ID: 450-26-21-012

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Program Director: Jack L Cronenwett, MD
One Medical Center
Lebanon, NH 03756
Tel: 603 442-8699 Fax: 603 442-2076
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-32-21-009

New Jersey
Englewood
Mount Sinai School of Medicine (Englewood) Program
Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Program Director: Herbert Dandik, MD
350 Eagle Street
Englewood, NJ 07631
Tel: 201 884-3141 Fax: 201 541-3965
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-32-21-009

Missouri
Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Program Director: Donald Silver, MD
N510 University Medical Center
Columbia, MO 65212
Tel: 573 882-3108 Fax: 573 884-4585
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-28-21-049

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St John's Mercy Medical Center
St Louis University Hospital
Program Director: John R Cambria, MD
One Barnes-Jewish Hospital Plaza
Suit 5103
St Louis, MO 63110
Tel: 314 363-7841 Fax: 314 454-3923
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-28-21-027

Washington University/B-JH/SLCH Consortium Program
Sponsor: Washington University/B-JH/SLCH Consortium
Program Director: Gregorio A Sicaud, MD
One Barnes-Jewish Hospital Plaza
Suite 5103
St Louis, MO 63110
Tel: 314 363-7841 Fax: 314 454-3923
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 450-29-21-009
Newark
Newark Beth Israel Medical Center Program
Sponsor: Newark Beth Israel Medical Center
Program Director: Bruce J. Brenner, MD
201 Lyons Avenue
Department of Surgery L3
Newark, NJ 07112
Tel: 973 926-7330 Fax: 973 923-8767
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-35-21-087

UMDNJ-New Jersey Medical School Program
Sponsor: UMDNJ-New Jersey Medical School
St. Michael's Medical Center (Cathedral Health Services, Inc)
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Program Director: Robert W. Hobson II, MD
University Hospital, B-351
10 Bergen Street
Newark, NJ 07103
Tel: 973 972-6633 Fax: 973 972-5684
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 458-35-21-006

Piscataway
UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Program Director: Alan M. Graham, MD
One Robert Wood Johnson Pl - CN 19
New Brunswick, NJ 08903
Tel: 732 394-7816 Fax: 732 394-8538
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 458-35-21-037

New York
Albany
Albany Medical Center Program
Sponsor: Albany Medical Center
Program Director: Paul B. Kreiemberg, MD
Vascular Institute (MC157)
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 263-5640 Fax: 518 263-6720
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 458-35-21-061

Brooklyn
Maimonides Medical Center Program
Sponsor: Maimonides Medical Center
Program Director: Enrico Ascher, MD
4902 Ninth Avenue
Brooklyn, NY 11210
Tel: 718 293-7857
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-35-21-076

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
University Hospital - SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Thomas F. Panetta, MD
256 Mason Avenue
Building B
Staten Island, NY 10305
Tel: 718 226-6800 Fax: 718 226-1296
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-35-21-081

Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Veterans Affairs Medical Center (Buffalo)
Program Director: Linda M. Harris, MD
3 Gates Circle
Department of Surgery
Buffalo, NY 14206
Tel: 716 887-4807 Fax: 716 887-4230
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-35-21-009

Great Neck
North Shore-Long Island Jewish Health System Program
Sponsor: North Shore-Long Island Jewish Health System North Shore University Hospital
Program Director: Glenn Feust, MD
500 Community Drive
Manhasset, NY 11030
Tel: 718 470-7290 Fax: 718 345-9429
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 458-35-31-092

New York
Mount Sinai School of Medicine Program
Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Program Director: Victoria J. Teodoroussis, MD
One Gustave L. Levy Place, Box 1256
New York, NY 10029
Tel: 212 244-8721 Fax: 212 873-0310
E-mail: les/pie.sotomayor@mountsinai.org
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 458-35-31-096

New York Presbyterian Hospital (Cornell Campus) Program
Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
New York Presbyterian Hospital Medical Center of Queens
Program Director: R. Craig Kent, MD
225 East 68th Street
Pasadena 707A
New York, NY 10021
Tel: 212 746-5152 Fax: 212 746-5192
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-35-21-092

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Program Director: Patrick J Lamparello Jr, MD
500 First Avenue
Suite 6F
New York, NY 10016
Tel: 212 639-7711 Fax: 212 293-7722
Length: 2 Yrs ACGME Approved/Offered Positions: 4
Program ID: 458-35-21-045

Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Program Director: Richard M Green, MD
601 Elmwood Ave
Rochester, NY 14642
Tel: 585 277-6722 Fax: 585 273-1677
E-mail: richard.green@urmc.rochester.edu
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 458-35-21-006

Stony Brook
SUNY at Stony Brook Program
Sponsor: Stony Brook Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Enrique Criado, MD
Dept of Surgery, HSC 12-080
Stony Brook, NY 11794
Tel: 631 444-1279 Fax: 631 444-9824
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 458-35-21-051

North Carolina
Chapel Hill
University of North Carolina Hospitals Program
Sponsor: University of North Carolina Hospitals
Campus Box 7213
130 Mason Farm Road
Chapel Hill, NC 27599
Tel: 919 966-2091 Fax: 919 966-2838
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-36-21-007

Charlotte
Carolinas Medical Center Program
Sponsor: Carolinas Medical Center
Program Director: Francis Robicsek, MD, PhD
1001 Blythe Boulevard, Suite 300
PO Box 22601
Charlotte, NC 28223
Tel: 704 355-2865 Fax: 704 355-6327
Length: 1 Yr ACGME Approved/Offered Positions: 2
Program ID: 458-36-21-006

Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Program Director: Richard L McCann, MD
Box 2900
Durham, NC 27710
Tel: 919 684-3620 Fax: 919 681-9579
E-mail: mccann02@mc.duke.edu
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 458-36-12-097
Ohio

Cincinnati

TriHealth (Good Samaritan Hospital) Program
Sponsor: TriHealth
TriHealth – Good Samaritan Hospital
Prgm Director: Richard E. Wellings, MD
375 Dixmyth Avenue
3rd Floor/Tower
Cincinnati, OH 45220
Tel: 513 558-2200 Fax: 513 558-2867
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-38-31-043

University Hospital/University of Cincinnati College of Medicine Program
Sponsor: University Hospital Inc
Christian Hospital
Prgm Director: Amy B. Reed, MD
PO Box 070558
231 Albert Sahin Way
Cincinnati, OH 45227
Tel: 513 558-0367 Fax: 513 558-2867
Length: 2 Yrs ACGME Approved/Offered Positions: 2
Program ID: 450-38-31-078

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Metropolitan Medical Center
Prgm Director: Jerry Goldstone, MD
University Hospitals of Cleveland
1110 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-1313 Fax: 216 844-7716
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-38-21-071

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Prgm Director: Kenneth Durst, MD
Dept of Vascular Surgery
9500 Euclid Ave - Desk #540
Cleveland, OH 44195
Tel: 216 444-4700 Fax: 216 444-9324
Length: 2 Yrs ACGME Approved/Offered Positions: 5
Program ID: 450-38-22-046

Columbus

Ohio State University Hospital Program
Sponsor: Ohio State University Hospital
Prgm Director: William L. Smead, MD
410 West Tenth Avenue
Room 708 Dean Hall
Columbus, OH 43210
Tel: 614 293-8556 Fax: 614 293-8902
Length: 1 Yr ACGME Approved/Offered Positions: 1
Program ID: 450-38-21-056
Tennessee

Knoxville
University of Tennessee Medical Center at Knoxville Program
Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Medical Center
Pgm Director: Michael B Freeman, MD
1904 Aloha Highway, Box U-11
Knoxville, TN 37928
Tel: 865 544-9230  Fax: 865 544-8804
E-mail: mibf@utmem.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 450-47-21-075

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Veterans Affairs Medical Center (Memphis)
Pgm Director: H Edward Garrett Jr, MD
Health Science Center
956 Court Avenue, Suite G228
Memphis, TN 38163
Tel: 901 448-5014  Fax: 901 448-7639
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 450-47-21-041

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Pgm Director: Thomas C Naslund, MD
Department of Vascular Surgery
1161 22nd Avenue, South
Nashville, TN 37232
Tel: 615 322-2343  Fax: 615 343-4254
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 450-47-21-047

Texas
Dallas
Baylor University Medical Center Program
Sponsor: Baylor University Medical Center
Pgm Director: Gregory J Pearl, MD
Department of Vascular Surgery
3500 Gaston Avenue
Dallas, TX 75390
Tel: 214 820-2392  Fax: 214 820-7272
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 450-49-31-029

University of Texas Southwestern Medical School Program
Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Pgm Director: G Patrick Clagett, MD
5322 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3516  Fax: 214 648-2790
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 450-49-21-029

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Methodist Hospital
Pgm Director: Alan B Lumsden, MD
One Baylor Plaza, 404D
Houston, TX 77030
Tel: 713 798-8298  Fax: 713 798-3833
E-mail: alumsden@bcm.tmc.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 3
Program ID: 450-49-21-016

University of Texas Health Sciences Center at Houston Medical School Program
Sponsor: University of Texas Medical School at Houston
Pgm Director: Hazim J Sall, MD
Cardiothoracic and Vascular Surgery
6431 Fannin, Suite 2114
Houston, TX 77030
Tel: 713 560-5304
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 450-49-19-104

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Pgm Director: John A Kern, MD
Department of Surgery, Room 2753 UH
PO Box 900767 Lane Road
Charlottesville, VA 22908
Tel: 434 802-0368  Fax: 434 802-3889
E-mail: larry.kraiss@vmsdb.virginia.edu
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 450-49-21-065

Norfolk
Eastern Virginia Medical School Program
Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Pgm Director: George H Meier III, MD
Box 450-51-21-083
Norfolk, VA 23510
Tel: 717 987-8810  Fax: 717 987-8810
E-mail: larry.kraiss@vmsdb.virginia.edu
Length: 2 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 450-51-21-018

Richmond
Virginia Commonwealth University
Health System Program
Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Pgm Director: Mark M Levy, MD
12000 Broad St
PO Box 889108
Richmond, VA 23298
Tel: 804 829-8940  Fax: 804 829-2744
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 450-51-21-089

Washington
Seattle
University of Washington Program
Sponsor: University of Washington School of Medicine
Harborview Medical Center
VA Puget Sound Health Care System
Pgm Director: Alexander W Clowes, MD
Box 450-49-21-085
Seattle, WA 98195
Tel: 206 616-7405
Length: 3 Yrs  ACGME Approved/Offered Positions: 2
Program ID: 450-94-21-019

Wisconsin
Madison
University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Pgm Director: John R Hoch, MD
600 Highland Avenue, 600953
Madison, WI 53792
Tel: 608 263-2020  Fax: 608 263-0454
Length: 1 Yr  ACGME Approved/Offered Positions: 1
Program ID: 450-58-22-100

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Froedtert Memorial Lutheran Hospital
Pgm Director: Jonathan B Towne, MD
8700 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-8872
Length: 1 Yr  ACGME Approved/Offered Positions: 2
Program ID: 450-56-21-020
New Programs

The following programs were accredited by the Accreditation Council for Graduate Medical Education since the publication of the 2003-2004 Directory. Additional information on these programs is included in Section III under the applicable specialty listing. Note: Any programs newly accredited after January 20, 2004, when ACGME transferred its data to the AMA for publication, are not shown on this list nor in Section III.

Abdominal Radiology
(Radiology-Diagnostic)
University of Chicago Program
Chicago, IL
Program ID: 421-16-13-006
Beth Israel Medical Center Program
New York, NY
Program ID: 421-35-11-007

Addiction Psychiatry (Psychiatry)
UCLA Medical Center Program
Los Angeles, CA
Program ID: 401-05-21-047
University of Kansas School of Medicine Program
Kansas City, KS
Program ID: 401-19-31-033
University of New Mexico Program
Albuquerque, NM
Program ID: 401-34-22-052
Virginia Commonwealth University Health System Program
Richmond, VA
Program ID: 401-51-12-054

Adolescent Medicine (Pediatrics)
Miami Children's Hospital Program
Miami, FL
Program ID: 321-11-22-031
Case Western Reserve University (MetroHealth) Program
Cleveland, OH
Program ID: 321-38-13-032

Allergy and Immunology
Penn State University/Milton S Hershey Medical Center Program
Hershey, PA
Program ID: 020-41-21-122

Cardiothoracic Radiology
(Radiology-Diagnostic)
Brigham and Women's Hospital Program
Boston, MA
Program ID: 429-24-15-002

Cardiovascular Disease (Internal Medicine)
New York Hospital Medical Center of Queens/Cornell University Medical College Program
Flushing, NY
Program ID: 141-35-12-209
New York Presbyterian Hospital (Cornell Campus)/Brooklyn Hospital Center Program
New York, NY
Program ID: 141-35-31-208

Child and Adolescent Psychiatry (Psychiatry)
Maricopa Medical Center Program
Phoenix, AZ
Program ID: 405-02-11-131
Austin Medical Education Programs of Seton Healthcare Network Program
Austin, TX
Program ID: 405-45-15-181

Child Neurology (Neurology)
University of Virginia Program
Charlottesville, VA
Program ID: 185-51-31-097

Clinical Cardiac Electrophysiology (Internal Medicine)
UMDNJ-Robert Wood Johnson Medical School (Camden) Program
Camden, NJ
Program ID: 154-33-11-096
Baylor University Medical Center Program
Dallas, TX
Program ID: 154-49-13-100

Clinical Neurophysiology (Neurology)
University of California (San Diego) Program
San Diego, CA
Program ID: 187-05-13-110
Georgetown University Program
Washington, DC
Program ID: 187-10-21-111

Craniofacial Surgery (Plastic Surgery)
Indiana University School of Medicine Program
Indianapolis, IN
Program ID: 861-17-22-005
Medical College of Wisconsin Program
Milwaukee, WI
Program ID: 861-66-31-004

Cytopathology (Pathology)
Stanford University Program
Stanford, CA
Program ID: 807-65-13-006
New Programs

Dermatology
Pitt County Memorial Hospital/East Carolina University Program
Greenville, NC
Program ID: 060-36-13-132

Developmental-Behavioral Pediatrics (Pediatrics)
University of Arkansas for Medical Sciences Program
Little Rock, AR
Program ID: 336-04-21-002

UCLA Medical Center Program
Los Angeles, CA
Program ID: 336-05-13-003

University of California (Davis) Health System Program
Sacramento, CA
Program ID: 336-05-22-001

Yale-New Haven Medical Center Program
New Haven, CT
Program ID: 336-08-11-001

University of Iowa Hospitals and Clinics Program
Iowa City, IA
Program ID: 336-18-31-021

University of Maryland Program
Baltimore, MD
Program ID: 336-23-31-004

Children’s Hospital University Medical Center Program
Boston, MA
Program ID: 336-24-11-011

Children’s Hospital/Boston University Medical Center Program
Boston, MA
Program ID: 336-24-31-019

University of Minnesota Program
Minneapolis, MN
Program ID: 336-26-31-023

New York University School of Medicine Program
New York, NY
Program ID: 336-35-21-005

Albert Einstein College of Medicine Program
Bronx, NY
Program ID: 336-35-21-015

Children’s Hospital/Ohio State University Program
Columbus, OH
Program ID: 336-38-13-013

Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Program
Cincinnati, OH
Program ID: 336-38-31-006

Children’s Hospital of Philadelphia Program
Philadelphia, PA
Program ID: 336-41-13-007

University of Pittsburgh Medical Center Education Program
Pittsburgh, PA
Program ID: 336-41-13-006

Brown University Program
Providence, RI
Program ID: 336-43-31-013

Medical University of South Carolina Program
Charleston, SC
Program ID: 336-45-12-020

University of Virginia Program
Charlottesville, VA
Program ID: 336-51-22-014

Madigan Army Medical Center Program
Tacoma, WA
Program ID: 336-54-12-009

Emergency Medicine
Iowa Emergency Medicine Program
Iowa City, IA
Program ID: 110-18-12-174

Louisiana State University (Shreveport) Program
Shreveport, LA
Program ID: 110-21-22-170

University of Nebraska Medical Center Program
Omaha, NE
Program ID: 110-30-31-168

New York Hospital Medical Center of Queens/Cornell University Medical College Program
Flushing, NY
Program ID: 110-35-31-173

Penn State University College of Medicine Program
Hershey, PA
Program ID: 116-41-33-171

Endocrinology, Diabetes, and Metabolism (Internal Medicine)
Mayo School of Graduate Medical Education (Jacksonville) Program
Jacksonville, FL
Program ID: 143-11-12-177

Endovascular Surgical Neuroangiography (Radiology)
Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 422-38-13-004

Family Practice
Loyola University/Cook County Hospital Program
Maywood, IL
Program ID: 120-16-11-100

Naval Hospital Camp Lejeune Program
Camp Lejeune, NC
Program ID: 120-36-12-065

Ohio State University Hospital Urban Program
Columbus, OH
Program ID: 120-38-12-073

Forensic Pathology (Pathology)
Franklin County Coroner’s Office Program
Columbus, OH
Program ID: 310-38-21-090

Forensic Psychiatry (Psychiatry)
University of Arkansas for Medical Sciences Program
Little Rock, AR
Program ID: 406-04-33-046

University of North Carolina Hospitals Program
Chapel Hill, NC
Program ID: 408-36-21-048

Geriatric Medicine (Family Practice)
University of Illinois College of Medicine at Peoria Program
Peoria, IL
Program ID: 125-16-13-052

Maine Dartmouth Family Practice Program
Augusta, ME
Program ID: 125-22-11-051

Riverside Methodist Hospitals (OhioHealth) Program
Columbus, OH
Program ID: 125-38-11-049

Texas Tech University (Amarillo) Program
Amarillo, TX
Program ID: 125-48-33-050

Geriatric Medicine (Internal Medicine)
Oakwood Hospital Program
Dearborn, MI
Program ID: 151-25-13-143

Hurlay Medical Center/Michigan State University Program
Flint, MI
Program ID: 151-25-31-141

Geriatric Psychiatry (Psychiatry)
SUNY at Stony Brook Program
Stony Brook, NY
Program ID: 407-35-13-066

Hematology (Pathology)
University of Arizona Program
Tucson, AZ
Program ID: 311-03-32-098

University of Virginia Program
Charlottesville, VA
Program ID: 311-51-21-097

Hematology and Oncology (Internal Medicine)
Louisiana State University Program
New Orleans, LA
Program ID: 156-21-23-143

Providence Hospital and Medical Centers Program
Southfield, MI
Program ID: 155-25-13-149

Wayne State University/Detroit Medical Center Program
Detroit, MI
Program ID: 155-25-13-142

1014

Graduate Medical Education Directory 2004-2005
Staten Island University Hospital Program
Staten Island, NY
Program ID: 152-35-03-014

Pitt County Memorial Hospital/East Carolina University Program
Greenville, NC
Program ID: 155-39-11-114

Internal Medicine
Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 140-11-21-028

Interventional Cardiology
(Internal Medicine)
University of Arizona Program
Tucson, AZ
Program ID: 152-35-13-131

Georgetown University Hospital/Washington Hospital Center Program
Washington, DC
Program ID: 152-10-11-127

St Vincent Hospital Program
Worcester, MA
Program ID: 152-24-18-104

Michigan State University Program
Lansing, MI
Program ID: 152-25-33-130

Medical College of Ohio Program
Toledo, OH
Program ID: 152-38-22-129

Baylor University Medical Center Program
Dallas, TX
Program ID: 152-48-31-132

University of Washington Program
Seattle, WA
Program ID: 152-04-22-126

Medical Genetics
Washington University/B-JH/SLCH Consortium Program
St Louis, MO
Program ID: 130-28-22-079

University of Virginia Program
Charlottesville, VA
Program ID: 130-51-21-055

Medical Toxicology (Emergency Medicine)
University of Arizona Program
Tucson, AZ
Program ID: 118-03-31-024

University of Pennsylvania (Children's Hospital) Program
Philadelphia, PA
Program ID: 118-41-33-023

Molecular Genetic Pathology
Brigham and Women's Hospital/Harvard Medical School Program
Boston, MA
Program ID: 190-24-13-010

Mayo School of Graduate Medical Education (Rochester) Program
Rochester, MN
Program ID: 190-26-12-011

University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 190-41-21-009

Neurodevelopmental Disabilities
(Neurology)
McGaw Medical Center of Northwestern University Program
Chicago, IL
Program ID: 186-16-13-005

Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program
Boston, MA
Program ID: 186-24-22-002

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program
Cincinnati, OH
Program ID: 186-38-21-004

University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 186-41-13-007

Baylor College of Medicine Program
Houston, TX
Program ID: 186-45-33-003

Neurological Surgery
University of Arizona Program
Tucson, AZ
Program ID: 160-03-21-112

Neurology
Mayo School of Graduate Medical Education (Scottsdale) Program
Scottsdale, AZ
Program ID: 180-03-11-150

Cleveland Clinic Hospital (Florida) Program
Weston, FL
Program ID: 180-11-22-152

Neuroradiology
(Radiology-Diagnostic)
University of California (Davis) Health System Program
Sacramento, CA
Program ID: 423-06-13-104

Drexel University College of Medicine (MCP Hahnemann) Program
Philadelphia, PA
Program ID: 423-41-31-106

Nuclear Radiology
(Radiology-Diagnostic)
Los Angeles County-Harbor-UCLA Medical Center Program
Torrance, CA
Program ID: 425-05-31-065

Pain Management
(Anesthesiology)
University of Southern California/LAC+USC Medical Center Program
Los Angeles, CA
Program ID: 048-05-22-111

Caritas St. Elizabeth's Medical Center Program
Boston, MA
Program ID: 048-24-13-112

Wayne State University/Detroit Medical Center Program
Detroit, MI
Program ID: 048-25-11-109

Pain Management (Neurology)
Medical College of Georgia Program
Augusta, GA
Program ID: 181-12-21-001

Pediatric Anesthesiology
(Anesthesiology)
Oregon Health & Science University Program
Portland, OR
Program ID: 042-49-23-052

Penn State University/Milton S Hershey Medical Center Program
Hershey, PA
Program ID: 042-41-31-048

Pediatric Cardiology (Pediatrics)
Medical College of Wisconsin Program
Milwaukee, WI
Program ID: 325-56-13-076

Pediatric Critical Care Medicine (Pediatrics)
Children's Hospital/Ohio State University Program
Columbus, OH
Program ID: 323-38-22-078

Pediatric Emergency Medicine (Pediatrics)
Phoenix Children's Hospital/Maricopa Medical Center Program
Phoenix, AZ
Program ID: 324-05-21-050

Case Western Reserve University/University Hospitals of Cleveland Program
Cleveland, OH
Program ID: 324-38-31-049

Pediatric Hematology/Oncology (Pediatrics)
Grand Rapids Medical Education and Research Center/Michigan State University Program
Grand Rapids, MI
Program ID: 237-25-13-097

Pediatric Nephrology (Pediatrics)
University of North Carolina Hospitals Program
Chapel Hill, NC
Program ID: 328-36-22-070
New Programs

Pediatric Rheumatology (Pediatrics)
Children's Hospital Los Angeles Program
Los Angeles, CA
Program ID: 381-46-01-928

University of Pittsburgh Medical Center Medical Education Program
Pittsburgh, PA
Program ID: 381-41-13-026

Medical College of Wisconsin Program
Milwaukee, WI
Program ID: 381-56-22-027

Pediatric Sports Medicine (Pediatrics)
Children's Hospital/Boston Medical Center Program
Boston, MA
Program ID: 335-24-31-009

Plastic Surgery
University of Nevada School of Medicine Program
Las Vegas, NV
Program ID: 860-31-21-138

Psychiatry
UCLA-Kern Medical Center Program
Bakersfield, CA
Program ID: 400-05-22-298

University of Nevada School of Medicine (Las Vegas) Program
Las Vegas, NV
Program ID: 400-31-21-297

Austin Medical Education Programs of Seton Healthcare Network Program
Austin, TX
Program ID: 400-48-13-299

Radiation Oncology
California Pacific Medical Center Program
San Francisco, CA
Program ID: 430-06-23-012

University of Colorado Program
Denver, CO
Program ID: 430-07-13-130

Radiology-Diagnostic
Bronx-Lebanon Hospital Center Program
Bronx, NY
Program ID: 428-35-12-128

Naval Medical Center (Portsmouth) Program
Portsmouth, VA
Program ID: 430-51-13-252

Selective Pathology (Pathology)
Office of the Chief Medical Examiner-City of New York Program
New York, NY
Program ID: 301-35-31-033

University of Pittsburgh Medical Center Medical Education/Magee-Women's Hospital Program
Pittsburgh, PA
Program ID: 301-41-23-035

Virginia Commonwealth University Health System Program
Richmond, VA
Program ID: 301-51-12-034

Sports Medicine (Emergency Medicine)
University of Rochester Program
Rochester, NY
Program ID: 116-35-31-004

Sports Medicine (Family Practice)
Southern Illinois University (Quincy) Program
Quincy, IL
Program ID: 127-16-22-079

University of Massachusetts (Fitchburg) Program
Worcester, MA
Program ID: 127-24-13-086

Montana Family Practice Sports Medicine Program
Billings, MT
Program ID: 127-29-11-078

Surgical Critical Care (General Surgery)
North Shore-Long Island Jewish Health System Program
Great Neck, NY
Program ID: 443-35-31-100

The University of Texas Medical Branch Program
Galveston, TX
Program ID: 442-48-31-098

University of Virginia Program
Charlottesville, VA
Program ID: 442-51-13-097

Thoracic Surgery
Case Western Reserve University/University Hospitals of Cleveland Program
Cleveland, OH
Program ID: 488-38-21-074

Transitional Year
Tufts-New England Medical Center Program
Boston, MA
Program ID: 999-24-00-199

Undersea and Hyperbaric Medicine (Preventive Medicine)
Duke University Hospital Program
Durham, NC
Program ID: 399-36-12-001

Urology
University of Tennessee Medical Center at Knoxville Program
Knoxville, TN
Program ID: 488-47-11-181

Vascular Neurology (Neurology)
UCLA Medical Center Program
Los Angeles, CA
Program ID: 188-05-12-007

Stanford University Program
Stanford, CA
Program ID: 188-05-33-006

Medical College of Georgia Program
Augusta, GA
Program ID: 188-12-21-011

Indiana University School of Medicine Program
Indianapolis, IN
Program ID: 188-17-12-013

Massachusetts General Hospital/Brigham and Women's Hospital/Harvard Medical School Program
Boston, MA
Program ID: 188-24-31-018

Boston University Medical Center Program
Boston, MA
Program ID: 188-24-31-010

UMDNJ-New Jersey Medical School Program
Newark, NJ
Program ID: 188-33-13-005

University of Rochester Program
Rochester, NY
Program ID: 188-35-12-016

Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 188-38-12-009

University Hospital/University of Cincinnati College of Medicine Program
Cincinnati, OH
Program ID: 188-35-13-019

University of Texas Southwestern Medical School Program
Dallas, TX
Program ID: 188-48-31-008

University of Texas at Houston Program
Houston, TX
Program ID: 188-48-31-014

University of Virginia Program
Charlottesville, VA
Program ID: 188-51-31-017
Withdrawn Programs

The accreditation of the following programs was withdrawn or voluntarily withdrawn since the publication of the 2003-2004 Directory. These programs are not listed in this year's edition. Note: Any programs withdrawn after January 20, 2004, when ACGME transferred its data to the AMA for publication, are not shown on this list and would be listed in Section III.

Adolescent Medicine (Pediatrics)

UCLA Medical Center Program
Los Angeles, CA
Program ID: 321-05-01-004

Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

University of Kansas (Wichita) Program
Wichita, KS
Program ID: 261-19-13-027

Allergy and Immunology

New York Presbyterian Hospital (Cornell Campus) Program
New York, NY
Program ID: 620-35-21-046

New York Presbyterian Hospital (Cornell Campus) Program A
New York, NY
Program ID: 620-35-21-084

Blood Banking/Transfusion Medicine (Pathology)

University of Connecticut Program
Farmington, CT
Program ID: 305-08-21-025

Cardiovascular Disease (Internal Medicine)

Georgetown University Hospital Program
Washington, DC
Program ID: 141-19-21-107

Brooklyn Hospital Center Program
Brooklyn, NY
Program ID: 141-35-12-166

San Juan City Hospital Program
San Juan, PR
Program ID: 141-42-11-118

Chemical Pathology (Pathology)

University of Texas Southwestern Medical School Program
Dallas, TX
Program ID: 306-48-21-012

Child and Adolescent Psychiatry (Psychiatry)

Austin State Hospital Program
Austin, TX
Program ID: 405-48-12-122

Clinical and Laboratory Immunology (Allergy and Immunology)

Nassau University Medical Center Program
East Meadow, NY
Program ID: 625-05-21-015

San Antonio Uniformed Services Health Education Consortium Program
Lackland AFB, TX
Program ID: 625-48-31-017

Critical Care Medicine (Internal Medicine)

UCLA Medical Center Program
Los Angeles, CA
Program ID: 142-05-11-007

Cytopathology (Pathology)

Georgetown University Hospital Program
Washington, DC
Program ID: 907-10-21-089

Dermatopathology (Dermatology and Pathology)

Texas Tech University (Lubbock) Program
Lubbock, TX
Program ID: 190-48-21-066

Endocrinology, Diabetes, and Metabolism (Internal Medicine)

San Juan City Hospital Program
San Juan, PR
Program ID: 143-42-11-082

Family Practice

Rush University Medical Center/Illinois Masonic Medical Center Program
Chicago, IL
Program ID: 120-16-21-543

Loyola University/Provident Hospital of Cook County Program
Chicago, IL
Program ID: 120-16-21-612

University of Kentucky Medical Center Rural Program
Corbin, KY
Program ID: 120-30-21-643

Geisinger Health System Program
Danville, PA
Program ID: 120-41-11-392

Forensic Pathology (Pathology)

San Bernardino County Coroner's Office Program
San Bernardino, CA
Program ID: 310-05-21-062

Georgia Bureau of Investigation-Division of Forensic Sciences Program
Decatur, GA
Program ID: 310-12-31-082

Boston University Medical Center Program
Boston, MA
Program ID: 310-24-21-009

Office of the Chief Medical Examiner Program
Oklahoma City, OK
Program ID: 310-39-11-022

Geriatric Medicine (Internal Medicine)

Cleveland Clinic Foundation (Florida) Program
Weston, FL
Program ID: 151-11-21-138

New York Medical College at Westchester Medical Center Program
Valhalla, NY
Program ID: 151-35-11-036

Geriatric Psychiatry (Psychiatry)

Rush University Medical Center Program
Chicago, IL
Program ID: 407-16-13-006

Tufts-New England Medical Center Program
Boston, MA
Program ID: 407-24-12-009

Vanderbilt University Program
Nashville, TN
Program ID: 407-47-21-066

Eastern Virginia Medical School Program
Norfolk, VA
Program ID: 497-51-31-053

Hand Surgery (Plastic Surgery)

Yale-New Haven Medical Center Program
New Haven, CT
Program ID: 803-08-21-024

Hematology (Internal Medicine)

Louisiana State University Program
New Orleans, LA
Program ID: 145-31-21-173

Wayne State University/Detroit Medical Center Program
Detroit, MI
Program ID: 145-25-21-186

Albany Medical Center Program
Albany, NY
Program ID: 145-35-31-026

Hematology (Pathology)

University of Maryland Program
Baltimore, MD
Program ID: 311-35-21-005

Infectious Disease (Internal Medicine)

Albany Medical Center Program
Albany, NY
Program ID: 146-35-31-027
## Internal Medicine
- Tucson Hospitals Medical Education Program
  - Tucson, AZ
  - Program ID: 140-03-21-028
- Cleveland Clinic Foundation (Florida) Program
  - Weston, FL
  - Program ID: 140-11-12-026
- Methodist Hospitals of Memphis-Central Program
  - Memphis, TN
  - Program ID: 140-47-31-411

## Interventional Cardiology (Internal Medicine)
- Georgetown University Hospital Program
  - Washington, DC
  - Program ID: 153-10-31-007

## Medical Genetics
- University of Iowa Hospitals and Clinics Program
  - Iowa City, IA
  - Program ID: 130-18-21-004
- Boston University Medical Center Program
  - Boston, MA
  - Program ID: 130-24-31-029

## Neonatal-Perinatal Medicine (Pediatrics)
- North Shore University Hospital/ NYU School of Medicine Program
  - Manhasset, NY
  - Program ID: 328-35-21-073
- Albert Einstein Healthcare Network Program
  - Philadelphia, PA
  - Program ID: 329-41-11-097

## Neurological Surgery
- SUNY Health Science Center at Brooklyn Program
  - Brooklyn, NY
  - Program ID: 160-35-21-056

## Neuropathology (Pathology)
- University of Iowa Hospitals and Clinics Program
  - Iowa City, IA
  - Program ID: 315-18-21-016
- Tulane University Program
  - New Orleans, LA
  - Program ID: 315-21-12-090
- SUNY at Stony Brook Program
  - Stony Brook, NY
  - Program ID: 315-35-21-065
- Case Western Reserve University/University Hospitals of Cleveland Program
  - Cleveland, OH
  - Program ID: 318-35-11-037

## Neuroradiology (Radiology-Diagnostic)
- Loyola University Program
  - Maywood, IL
  - Program ID: 423-16-21-010

## Nuclear Radiology (Radiology-Diagnostic)
- Rush University Medical Center Program
  - Chicago, IL
  - Program ID: 425-16-21-049
- Brigham and Women's Hospital/Harvard Medical School Program
  - Boston, MA
  - Program ID: 425-24-21-036
- St Barnabas Medical Center Program
  - Livingston, NJ
  - Program ID: 425-33-21-037

## Oncology (Internal Medicine)
- Louisiana State University Program
  - New Orleans, LA
  - Program ID: 147-21-21-058
- Wayne State University/Detroit Medical Center Program
  - Detroit, MI
  - Program ID: 147-25-21-042
- Providence Hospital and Medical Centers Program
  - Southfield, MI
  - Program ID: 147-35-21-155
- Albany Medical Center Program
  - Albany, NY
  - Program ID: 147-35-31-026

## Ophthalmology
- UMDNJ-Robert Wood Johnson Medical School (Camden) Program
  - Camden, NJ
  - Program ID: 249-33-21-172

## Orthopaedic Sports Medicine (Orthopaedic Surgery)
- University of Tennessee College of Medicine at Chattanooga Program
  - Knoxville, TN
  - Program ID: 268-47-21-092

## Pain Management (Anesthesiology)
- Tufts-New England Medical Center Program
  - Boston, MA
  - Program ID: 048-24-21-091
- UMDNJ-New Jersey Medical School Program
  - Newark, NJ
  - Program ID: 048-33-21-014
- Albany Medical Center Program
  - Albany, NY
  - Program ID: 048-35-21-016

## Pathology-Anatomic and Clinical
- VA Greater Los Angeles Healthcare System Program
  - Los Angeles, CA
  - Program ID: 300-05-31-035

## Pediatric Anesthesiology (Anesthesiology)
- University of Texas Medical Branch Hospitals Program
  - Galveston, TX
  - Program ID: 042-48-31-034

## Pediatric Critical Care Medicine (Pediatrics)
- Georgetown University Hospital Program
  - Washington, DC
  - Program ID: 325-10-21-058
- University of Florida Health Science Center/Jacksonville Program
  - Jacksonville, FL
  - Program ID: 325-11-21-046

## Pediatric Emergency Medicine (Emergency Medicine)
- Drexel University College of Medicine (MCP Hahnemann) Program
  - Philadelphia, PA
  - Program ID: 114-41-21-003

## Pediatric Gastroenterology (Pediatrics)
- University of Wisconsin Program
  - Madison, WI
  - Program ID: 332-56-31-049

## Pediatric Hematology/Oncology (Pediatrics)
- University of Texas Health Science Center at San Antonio Program
  - San Antonio, TX
  - Program ID: 327-48-21-047

## Pediatric Orthopaedics (Orthopaedic Surgery)
- University of California (San Diego) Program
  - San Diego, CA
  - Program ID: 265-05-21-099

## Pediatric Radiology (Radiology-Diagnostic)
- University of Alabama Medical Center Program
  - Birmingham, AL
  - Program ID: 424-01-21-004

## Pediatric Rheumatology (Pediatrics)
- Children's Hospital of Orange County Program
  - Orange, CA
  - Program ID: 331-05-21-001

## Pediatric Surgery (General Surgery)
- SUNY Health Science Center at Brooklyn Program
  - Brooklyn, NY
  - Program ID: 445-35-11-007
Pediatrics
Bridgeport Hospital/Yale University Program
Bridgeport, CT
Program ID: 320-08-31-044

Howard University Program
Washington, DC
Program ID: 320-10-21-049

North Shore University Hospital/NYU School of Medicine Program
Manhasset, NY
Program ID: 520-35-21-150

Plastic Surgery
University of New Mexico Program
Albuquerque, NM
Program ID: 360-34-21-054

SUNY Health Science Center at Brooklyn Program
Brooklyn, NY
Program ID: 560-35-21-069

Preventive Medicine
Center for Community Responsive Care Program
Northboro, MA
Program ID: 360-24-88-101

Psychiatry
Puerto Rico Institute of Psychiatry Program
San Juan, PR
Program ID: 400-42-22-200

Radiation Oncology
Brigham and Women's Hospital/Joint Center for Radiation Therapy Program
Boston, MA
Program ID: 430-24-21-042

Massachusetts General Hospital Program
Boston, MA
Program ID: 430-24-21-043

Rheumatology (Internal Medicine)
San Juan City Hospital Program
San Juan, PR
Program ID: 150-42-11-069

Sports Medicine (Emergency Medicine)
Carolina Medical Center Program
Charlotte, NC
Program ID: 116-36-21-082

Surgical Critical Care (General Surgery)
University of New Mexico Program
Albuquerque, NM
Program ID: 442-34-21-073

Transitional Year
Howard University Program
Washington, DC
Program ID: 998-10-00-022

Baystate Medical Center/Tufts University School of Medicine Program
Springfield, MA
Program ID: 999-24-00-238

Vascular and Interventional Radiology (Radiology-Diagnostic)
New York Medical College at Westchester Medical Center Program
Valhalla, NY
Program ID: 427-35-31-075
Section V
Graduate Medical Education Teaching Institutions

Section V lists hospitals and organizations that sponsor graduate medical education (GME) programs or participate in GME. Sponsoring institutions assume final responsibility for a GME program. Most GME programs are sponsored by specific clinical departments within a hospital, another health care institution such as a medical school, or an educational consortium. Major participating institutions include hospitals or other sites recognized by at least one residency review committee as providing a major portion of required GME. Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the Directory.

All institutions that sponsor GME programs or participate in GME are listed in alphabetical order by state and city. Each listing includes the institution name, address, and identification code. Also provided are codes of medical schools affiliated with each institution (where applicable) and abbreviations for the specialty and subspecialty programs affiliated with each institution. (A key for specialty and subspecialty abbreviation codes is provided on the inside front cover of this Directory.)

Candidates seeking a residency should refer to the list of programs in Section III. Applications for a residency position should be addressed to the program director rather than to an institution.

Relationships Between Hospitals and Medical Schools (Medical School Affiliation)
Hospitals that sponsor an accredited program are not required to have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as M (major), G (graduate only), or L (limited). The medical school associated with the code number in this listing is identified in Appendix D.

Major affiliation (M) signifies that an institution is an important part of the teaching program of the medical school and is a major unit in the clinical clerkship program. Major teaching institutions provide clerkship experience in two or more of the major specialties: internal medicine, surgery, pediatrics, and obstetrics-gynecology. An institution responsible for most of the teaching in a single specialty, such as psychiatry or pediatrics, may also be considered a major affiliation. In a major teaching institution, medical students serve clinical clerkships regularly on inpatient services, under the direct supervision of medical school faculty. A major teaching institution may or may not be used for medical school residencies.

Graduate affiliation (G) indicates that the institution is affiliated with the medical school only for its graduate programs and that one or more of the following arrangements is in effect:
1. House staff of the GME programs are selected by officials of a medical school department or by a joint committee of the institution teaching staff and medical school faculty.
2. Medical school faculty (other than the institution's attending staff) are regularly scheduled to participate in the teaching programs of the institution. No graduate affiliation is indicated if medical school faculty participation at the institution is limited to an occasional lecture or consultation visit, or if the institution's residents attend medical school teaching conferences only as visitors.
3. A contractual arrangement (with or without financial commitment) specifies the medical school participation in the organization and supervision of the GME program in the institution.
4. There is some degree of exchange of residents between this institution and the principal teaching institution of the medical school.

Limited affiliation (L) signifies that the institution is affiliated with the medical school's teaching program only for brief and/or unique rotations of students or residents.
Alabama

Anniston
Northeast Alabama Regional Medical Center
400 E Tenth Street
PO Box 2308
Anniston, AL 36202-2308
Programs sponsored in: FP
Institution ID: 01-80217

Birmingham
American Red Cross Blood Services-Alabama Region
2225 Third Avenue, North
Birmingham, AL 35203-0905
Med Sch Affili: G-00102
Programs sponsored in: OPH, ORS, OTD
Institution ID: 01-8004

American Sports Medicine Institute
1315 12th Street South
Birmingham, AL 35205
Med Sch Affil: G-00102
Programs sponsored in: OSM
Institution ID: 01-8000

Baptist Health System Inc
Buchanan Building Suite 5-B
800 Montclaire Road
Birmingham, AL 35213
Med Sch Affil: G-00102
Programs sponsored in: DR, GS, IM, PTH, TY
Institution ID: 01-80121

Baptist Medical Center-Montclair
840 Montclaire Rd
Birmingham, AL 35213
Med Sch Affil: G-00102
Programs sponsored in: DB, GS, IM, PTH, TY
Institution ID: 01-8007

Baptist Medical Center-Princeton
701 Princeton Ave, S W
Birmingham, AL 35211
Med Sch Affil: G-00102
Programs sponsored in: DR, GS, IM, PTH, TY
Institution ID: 01-80187

Carraway Methodist Medical Center
Dept of Academic Affairs
1000 Carraway Boulevard
Birmingham, AL 35224
Med Sch Affil: M-00102
Programs sponsored in: FP, PSM, GS, IM, TY
Major participating institution in: AN
Institution ID: 01-8032

Children's Hospital of Alabama
1600 Seventh Avenue, South
Birmingham, AL 35223-0010
Med Sch Affil: M-00102
Programs sponsored in: ADL, AN, CCA, CCP, CCH, CHN, CH, CIII, CN, D., DMP, DR, EM, END, FOP, FP, FSM, GS, GP, GPM, GS, GM, HMP, HS, HO, ICR, ID, IM, IMG, MG, MP, M, NE, NM, NP, N, ORS, OTO, OTH, OTH, ORS, OP, PAG, PAG, PD, PDE, PDI, PDF, PDS, PDFS, PEM, PFP, PG, PTH, PM, PN, PS, PTH, PTV, PTV, RBU, SBR, RO, SCI, TS, U, VIR, VS
Major participating institution in: AN
Institution ID: 01-80497

Cooper Green Hospital
1515 Sixth Avenue, South
Birmingham, AL 35233-9900
Med Sch Affil: M-00102
Major participating institution for programs in: GPM, MG, M-00102
Institution ID: 01-8003

Eye Foundation Hospital
1720 University Blvd
Birmingham, AL 35233-8006
Med Sch Affil: M-00102
Major participating institution for programs in: OPH
Institution ID: 01-8002

HealthSouth Medical Center
1201 11th Avenue South
Birmingham, AL 35205-8805
Major participating institution for programs in: FSM, OPA
Institution ID: 01-8003

Jefferson County Coroner/Medical Examiner's Office
1515 Sixth Ave, S
Birmingham, AL 35233-0065
Med Sch Affil: G-00102
Major participating institution for programs in: FOP
Institution ID: 01-8031

Medical Center East
50 Medical Park Dr
Birmingham, AL 35233-9906
Med Sch Affil: L-00102
Programs sponsored in: OP
Institution ID: 01-8015

St Vincent's Hospital
310 St Vincent's Drive
Birmingham, AL 35202-3407
Med Sch Affil: G-00102
Major participating institution for programs in: U
Institution ID: 01-8016

University of Alabama at Birmingham
School of Public Health
338 Tidwell Hall
720 S 20th Street
Birmingham, AL 35204-6008
Major participating institution for programs in: GPM
Institution ID: 01-8008

University of Alabama Hospital
618 S 19th Street
Birmingham, AL 35249-6005
Med Sch Affil: M-00102
Programs sponsored in: ADL, AL, AN, AFM, BBK, CCA, CCP, CCH, CHN, CH, CIII, CN, D., DMP, DR, EM, END, FOP, FP, FSM, GS, GS, GPM, GO, GS, GM, HMP, HS, HO, ICR, ID, IM, IMG, MG, MP, M, NE, NM, NP, N, ORS, OTO, OTH, OTH, ORS, OP, PAG, PAG, PD, PDE, PDI, PDF, PDS, PDFS, PEM, PFP, PG, PTH, PM, PN, PS, PTH, PTV, PTV, RBU, SBR, RO, SCI, TS, U, VIR, VS
Major participating institution in: AN
Institution ID: 01-80187

University of Alabama School of Medicine
306 Medical Education Bldg
1813 Sixth Avenue, S
Birmingham, AL 35204-8005
Med Sch Affil: M-00102, L-00302
Major participating institution for programs in: GPM, MG
Institution ID: 01-8027

Veterans Affairs Medical Center
( Birmingham)
700 S 18th St
Birmingham, AL 35233-8805
Med Sch Affil: M-00102
Major participating institution for programs in: AN, CD, CN, D., DMP, DR, END, GS, HSO, ICR, IM, MG, MG, NM, NP, OPH, ORS, OTD, PCP, PS, PTH, PTV, PTV, BO, TS, U, VS
Institution ID: 01-8000

Huntsville
Huntsville Hospital
101 Sivley Road
Huntsville, AL 35801-9990
Med Sch Affil: M-00102
Major participating institution for programs in: OP
Institution ID: 01-8007

Mobile
Mobile Infirmary Medical Center
PO Box 2231
Mobile, AL 36652-2144
Med Sch Affil: M-00106
Programs sponsored in: CD, DR, GP, GS, ID, IM, MDF, N, NDB, OPH, ORS, R, P, PD, PTH, PUP
Institution ID: 01-8040

University of South Alabama Hospitals
2451 Fillingim Street
Mobile, AL 36617-3293
Med Sch Affil: M-00106
Programs sponsored in: AN, CD, DR, GP, GS, ID, IM, MDF, N, NDB, ORS, P, PD, PTH, PUP
Institution ID: 01-8013

University of South Alabama Medical Center
2451 Fillingim Street
Mobile, AL 36617-3293
Major participating institution for programs in: AN, CD, DR, GP, GS, ID, IM, MDF, N, NDB, ORS, P, PD, PTH, PUP
Institution ID: 01-8011

USA Children's and Women's Hospital
1760 Center St
Mobile, AL 36604-3301
Med Sch Affil: M-00106
Major participating institution for programs in: AN, CD, DR, GP, GS, ID, IM, MDF, N, NDB, ORS, P, PD, PTH, PUP
Institution ID: 01-8010

USA Knollwood Park Hospital
500 Graby Road
Mobile, AL 36605-3388
Med Sch Affil: M-00106
Major participating institution for programs in: AN, CD, DR, GP, GS, ID, IM, MDF, N, NDB, ORS, P, PD, PTH, PUP
Institution ID: 01-8011

Montgomery
Baptist Medical Center South
510 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0100
Med Sch Affil: M-00102
Major participating institution for programs in: AN, IM, MDF, N, NDB, ORS, P, PD, PTH, PUP
Institution ID: 01-8009

Baptist Outreach Services
301 Brown Springs Road
PO Box 244001
Montgomery, AL 36124-0124
Programs sponsored in: FP
Institution ID: 01-8012
Selma

Vaughn Regional Medical Center
PO Box 328
W Dallas Ave
Selma, AL 36701
Major participating institution for programs in: FP
Institution ID: 01-0512

Tuscaloosa

DCH Regional Medical Center
800 University Blvd, E
Tuscaloosa, AL 35489-9560
Med Sch Affl: M-06102
Major participating institution for programs in: FP, GS
Institution ID: 01-0510

Tuskegee

Central Alabama Veterans Healthcare System
2400 Hospital Road
Tuskegee, AL 36083-2407
Med Sch Affl: G-01231
Major participating institution for programs in: P
Institution ID: 01-0306

Alabama

Anchorage

Providence Hospital
3200 Providence Dr
PO Box 196064
Anchorage, AK 99519-6604
Med Sch Affl: M-05044
Programs sponsored in: FP
Institution ID: 02-0001

Arizona

Davis-Monthan AFB
US Air Force Hospital
4175 S Alamo Avenue
Davis-Monthan AFB, AZ 85707-4406
Major participating institution for programs in: OBG
Institution ID: 03-0405

Phoenix

Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
Med Sch Affl: M-00001
Programs sponsored in: CD, ENO, ETRY, FP, GE, GS, IC, IM, MG, MP, MPP, OB/G, P-PCI, TY
Institution ID: 03-0464

Biltmore Advanced Imaging Center
2141 E Camelback Road
Phoenix, AZ 85016
Major participating institution for programs in: DR, RNR
Institution ID: 03-08082

Carl T Hayden Veterans Affairs Medical Center (Phoenix)
7th St and Indian School Rd
Phoenix, AZ 85012
Med Sch Affl: L-00001
Major participating institution for programs in: OD, END, GE, GS, IM, IMG, ORS, PCC
Institution ID: 03-0454

Children’s Rehabilitative Services
124 W Thomas Rd
Phoenix, AZ 85013
Major participating institution for programs in: ORS
Institution ID: 03-04195

Maricopa Medical Center
2601 East Roosevelt St
Phoenix, AZ 85008
Med Sch Affl: M-00001, G-00508
Programs sponsored in: CHP, EM, GS, IM, MPD, OB/G, ORS, P
Major participating institution for programs in: AN, CDA, FP, MPP, PD
Institution ID: 03-04253

Mayo Clinic Hospital
5777 E Mayo Boulevard
Phoenix, AZ 85054
Med Sch Affl: M-02006
Major participating institution for programs in: CD, FP, GE, GS, IM, N, TY
Institution ID: 03-08029

Phoenix Baptist Hospital and Med Ctr/Vanguard Health System
2000 W Bethany Home Road
Phoenix, AZ 85015
Med Sch Affl: L-00001
Programs sponsored in: FP
Institution ID: 03-04117

Phoenix Children’s Hospital
1919 E Thomas Rd
Phoenix, AZ 85016-7710
Med Sch Affl: L-00001
Programs sponsored in: FO, PDS, PEM
Major participating institution for programs in: ETX, MPO, NS
Institution ID: 03-04035

St Joseph’s Hospital and Medical Center
350 West Thomas Road
Phoenix, AZ 85013-6004
Med Sch Affl: M-00001, G-04135
Programs sponsored in: CHN, CN, DB, FP, PPC, IM, N, NS, PD, PHN, RNR
Major participating institution for programs in: CHP, IC, OB/G
Institution ID: 03-01396

Scottsdale

Mayo Clinic (Scottsdale)
13400 E Shea Boulevard
Scottsdale, AZ 85258-2184
Med Sch Affl: M-02038, L-00001
Major participating institution for programs in: APM, CD, D, GS, IM, N, TY
Institution ID: 03-08019

Scottsdale Healthcare
9002 East Shea Boulevard
Scottsdale, AZ 85260-6771
Major participating institution for programs in: FP
Institution ID: 03-08024

Scottsdale Healthcare-Osborn
7490 E Osborn Road
Scottsdale, AZ 85254-6403
Med Sch Affl: M-00001
Programs sponsored in: FP
Institution ID: 03-05112

Sun City

Walter P Boswell Memorial Hospital
10401 W Thunderbird Blvd
PO Box 1500
Sun City, AZ 85372-6771
Major participating institution for programs in: FPG
Institution ID: 03-08026

Sunny West

Del E Webb Memorial Hospital
14500 W Winder Blvd
PO Box 5160
Sun City, AZ 85375-0160
Major participating institution for programs in: FPG
Institution ID: 03-08027

Tucson

Carondelet St Mary’s Hospital
1601 West St Mary’s Road
Tucson, AZ 85745-5682
Major participating institution for programs in: OSM
Institution ID: 03-08083

Desert Dialysis Center
2023 E Prince Rd
Tucson, AZ 85719
Major participating institution for programs in: NEP
Institution ID: 03-08034

Kino Community Hospital
PO Box 42105
Tucson, AZ 85733-6004
Med Sch Affl: M-00001
Major participating institution for programs in: GE, OR, FY
Institution ID: 03-04246

Northwest Medical Center
6260 North La Cholla Boulevard
Tucson, AZ 85710-3594
Major participating institution for programs in: NS, OSM
Institution ID: 03-08035

Southern Arizona VA Health Care Center (Tucson)
3661 South Sixth Ave
Tucson, AZ 85723-6004
Med Sch Affl: M-00001
Major participating institution for programs in: AN, CD, D, DR, GE, GS, ID, IM, MN, N, NEP, NS, OR, ORS, P, PPC, PHN, RNR, BS, TT, TT, U, VIR
Institution ID: 03-05001

Tucson Hospitals Medical Education Program Inc
5301 E Grant Road
Box 42185
Tucson, AZ 85723-6004
Programs sponsored in: TY
Institution ID: 03-0497
Arizona

Tucson Medical Center
5301 East Grant Road
Tucson, AZ 85712-6604
Med Sch Affl: M-00301
Major participating institution for programs in: GS, PDP, TS, TY, U
Institution ID: 03-8235

University Medical Center
1501 North Campbell Avenue
PO Box 245128
Tucson, AZ 85734-4405
Med Sch Affl: M-00301
Major participating institution for programs in: AN, APF, CCA, CD, CHF, D, DR, EM, FP, GE, GS, HMP, HO, ID, ICD, ID, IM, IMG, MN, N, NEP, NS, OB, OP, OPH, ORS, OBS, OMS, P, POC, PD, PDP, PTH, PYN, RHN, RN, RO, TS, U, VS
Institution ID: 03-8206

University of Arizona College of Medicine
1501 North Campbell Avenue
PO Box 24508
Tucson, AZ 85724-4085
Programs sponsored in: AN, APF, CCA, CD, CHF, D, DR, EM, ETX, FP, GE, GS, HMP, HO, ID, ICD, ID, IM, IMG, MN, N, NEP, NS, OB, OP, ORS, OBS, OMS, P, POC, PD, PDP, PTH, PYN, RHN, RN, RO, TS, U, VS
Institution ID: 03-8206

Arkansas

Batesville
White River Medical Center
PO Box 2197
Batesville, AR 72503-7249
Major participating institution for programs in: FP
Institution ID: 04-8620

El Dorado
Medical Center of South Arkansas (Union Medical Center)
700 W Grove Street
El Dorado, AR 71730-3591
Major participating institution for programs in: FP
Institution ID: 04-8676

Fayetteville
Washington Regional Medical Center
1126 N College
Fayetteville, AR 72703-3591
Major participating institution for programs in: FP
Institution ID: 04-8673

Fort Smith
Sparks Regional Medical Center
101 S St
PO Box 17006
Fort Smith, AR 72917-3591
Major participating institution for programs in: FP
Institution ID: 04-8676

Jonesboro
St Bernards Regional Medical Center
224 E Matthews Street
Jonesboro, AR 72401-3501
Major participating institution for programs in: FP
Institution ID: 04-8478

Little Rock
Arkansas Children's Hospital
800 Marshall Street
Little Rock, AR 72205-3591
Med Sch Affl: M-00401
Major participating institution for programs in: AN, CUP, CHF, EM, GS, HSO, MD, N, OBG, OPH, ORS, OTO, P, PAN, PCC, PDP, PTH, PYN, RHN, RN, RO, TS, U, VS
Institution ID: 04-8234

Arkansas Children's Hospital (DMHS)
DMHS Research and Training
4313 W Markham, Administration Building
Little Rock, AR 72205-3591
Med Sch Affl: M-00401
Major participating institution for programs in: CHP, P, PFP
Institution ID: 04-8307

Baptist Rehabilitation Institute of Arkansas
9001 Interstate 630, Exit 7
Little Rock, AR 72216-7249
Med Sch Affl: L-00401
Major participating institution for programs in: PM
Institution ID: 04-8912

Central Arkansas Veterans Health Center
4300 West 7th Street
Little Rock, AR 72205-3591
Med Sch Affl: M-00401
Major participating institution for programs in: AN, CD, CHN, D, DMP, DR, END, GE, HMP, HO, HSO, IC, ID, IM, IMG, MD, N, NEP, NIM, NS, ODA, OPH, ORS, OTO, P, PCC, PDP, PTH, PYN, RHN, RN, RO, TS, U, VS
Institution ID: 04-8699

UAMS-Area Health Education Centers
4301 W Markham Street
Mail Slot 599
Little Rock, AR 72205-7199
Programs sponsored in: FP
Institution ID: 04-8918

University of Arkansas Hospital
4301 W Markham Street
UAMS, Slot 719
Little Rock, AR 72205-3682
Med Sch Affl: M-00401
Programs sponsored in: MFP
Major participating institution for programs in: AN, CD, CHN, D, DMP, DR, END, GE, HMP, HO, IC, ID, IM, IMG, MD, N, NEP, NIM, NS, ODA, OPH, ORS, OTO, P, PCC, PDP, PTH, PYN, RHN, RN, RO, TS, U, VS
Institution ID: 04-8621

University of Arkansas College of Medicine
4301 West Markham Street, Slot 550
Little Rock, AR 72205-7249
Med Sch Affl: M-00401
Programs sponsored in: AN, CUP, CHF, CHN, CHP, D, DMP, DR, EM, END, FP, GE, GS, HMP, HO, HSO, IC, ID, IM, IMG, MD, N, NEP, NM, NPM, NS, OB, OP, OPH, ORS, OTO, P, PAN, PCC, PDP, PTH, PYN, RHN, RN, RO, TS, U, VS
Institution ID: 04-8501

Mountain View
Stone County Medical Center
Highway 14 East
PO Box 610
Mountain View, AR 72560-7249
Major participating institution for programs in: FP
Institution ID: 04-8028

California

Anaheim
Kaiser Foundation Hospitals (Anaheim)
Anaheim Medical Center
441 Lakeview Avenue
Anaheim, CA 92807-4182
Med Sch Affl: G-00415
Major participating institution for programs in: FP, OTO, U
Institution ID: 05-8043

Bakersfield
Kern Medical Center
1380 Flower St
Department of Medical Education
Bakersfield, CA 93305-4007
Med Sch Affl: L-00418
Programs sponsored in: EM, FP, GS, IM, OBG, P, TY
Institution ID: 05-8120

Baldwin Park
Kaiser Foundation Hospital (Baldwin Park)
1011 Baldwin Park Blvd
Baldwin Park, CA 91706
Major participating institution for programs in: HO
Institution ID: 05-8117

Bellflower
Kaiser Foundation Hospital (Bellflower)
9496 Rosecrans Avenue
Bellflower, CA 90706-2346
Med Sch Affl: G-00615
Programs sponsored in: HO, U
Institution ID: 05-8046

Berkeley
Alta Bates Medical Center
2450 Ashby Avenue
Berkeley, CA 94704
Major participating institution for programs in: OB, PD
Institution ID: 05-8123

Pine Bluff
Arkansas Department of Corrections
Special Programs Unit
7560 Correction Circle
Pine Bluff, AR 71603-1437
Major participating institution for programs in: PFP
Institution ID: 04-8827

Jefferson Regional Medical Center
1515 W 42nd Ave
Pine Bluff, AR 71603-3591
Major participating institution for programs in: FP
Institution ID: 04-8465

Texarkana
Christus St Michael Health System
Sixth and Hazel St
Texarkana, AR 75602
Major participating institution for programs in: FP
Institution ID: 04-7012

Graduate Medical Education Directory 2004-2005
University of California School of Public Health  
19 Earl Warren Hall  
Berkeley, CA 94720-7360  
Med Sch Affil: L-00502  
Programs sponsored in: GPM  
Major participating institution for programs in: GPM  
Institution ID: 05-0376

Camp Pendleton  
Naval Hospital (Camp Pendleton)  
Box 555191  
Camp Pendleton, CA 92555-5191  
Med Sch Affil: L-00518, G-02311  
Programs sponsored in: FP, FGM  
Institution ID: 05-0820

Chula Vista  
Scripps Memorial Hospital-Chula Vista  
435 S Street  
Chula Vista, CA 91910-1587  
Med Sch Affil: G-00518  
Programs sponsored in: FP  
Institution ID: 05-0809

Colton  
Arrowhead Regional Medical Center  
400 North Pepper Avenue  
Colton, CA 92324-1819  
Med Sch Affil: L-00514, G-00515  
Programs sponsored in: FP, PGY, TY  
Institution ID: 05-0207

Daly City  
Seton Medical Center  
1900 Sullivan Ave  
Daly City, CA 94015-1200  
Med Sch Affil: G-00512  
Programs sponsored in: GS, HSO, OBS, OTO, PS, U  
Institution ID: 05-0494

Davis  
Sutter Davis Hospital  
Bld 99 at Covell Blvd  
PO Box 1017  
Davis, CA 95617  
Med Sch Affil: G-00512  
Programs sponsored in: GS, HSO, OBS, OTO, PS, U  
Institution ID: 05-0494

University of California (Davis) School of Medicine  
100 Medical Science 1-C Bldg  
Davis, CA 95618-8926  
Med Sch Affil: M-00518  
Programs sponsored in: GS, HSO, OBS, OTO, PS, U  
Institution ID: 05-0494

Duarte  
City of Hope National Medical Center  
Department of Pathology  
1566 E Duarte Ave  
Duarte, CA 91010-1495  
Med Sch Affil: L-00502, L-00518, L-00516, G-00515  
Programs sponsored in: EM, FS, GPM, GS, HSO, OBS, OTO, PS, U  
Institution ID: 05-0223

Fontana  
Kaiser Foundation Hospital (Fontana)  
9651 Sierra Ave  
Fontana, CA 92335-1084  
Med Sch Affil: L-00512, L-00514  
Programs sponsored in: FP, GPM, GS, HSO, OBS, OTO, PS  
Institution ID: 05-0576

French Camp  
San Joaquin General Hospital  
Administration Office  
500 W Hospital Rd  
French Camp, CA 95231  
Med Sch Affil: G-00519  
Programs sponsored in: FS, IM, TY  
Institution ID: 05-0281

Fresno  
Community Medical Centers-University Medical Center  
445 S Cedar Ave  
Fresno, CA 93702  
Med Sch Affil: G-00502  
Programs sponsored in: CCHS, EM, FP, GS, IM, P  
Institution ID: 05-0485

UCSF-Fresno Medical Education Program  
2815 East Clinton Ave  
Fresno, CA 93703-8925  
Programs sponsored in: CCHS, EM, FP, GS, IM, P, PS  
Institution ID: 05-0001

VA Central California Health Care System  
2615 E Clinton Ave  
Fresno, CA 93703-1084  
Med Sch Affil: M-00502  
Programs sponsored in: GS, IM, P  
Institution ID: 05-0681

Glendale  
Glendale Adventist Medical Center  
1500 Wilson Terrace  
Medical Education - Ms Elaine Allen  
Glendale, CA 91206-4007  
Med Sch Affil: L-00512, L-00514  
Programs sponsored in: FP, OBS  
Institution ID: 05-0116

Inglewood  
Centinela Hospital Medical Center  
PO Box 720  
Inglewood, CA 90307-4496  
Programs sponsored in: OSM  
Institution ID: 05-0792

Irvine  
University of California (Irvine) College of Medicine  
Irvine, CA 92617  
Major participating institution for programs in: ALJ, GPM  
Institution ID: 05-0741

La Jolla  
Scripps Clinic  
10666 N Torrey Pines Road, Rm 403 C  
La Jolla, CA 92037  
Med Sch Affil: L-00518  
Programs sponsored in: AI, CD, END, GE, HEM, HMP, IC, IM, ON, RRU, VS  
Institution ID: 05-0223

Scripps Clinic/Scripps Green Hospital  
10666 N Torrey Pines Road  
La Jolla, CA 92037-2125  
Major participating institution for programs in: AI, CD, END, GE, HEM, HMP, IC, IM, ON, RRU  
Institution ID: 05-0106

Loma Linda  
Jerry L Pettis Memorial Veterans Hospital  
11201 Benton Street  
Loma Linda, CA 92357-5000  
Med Sch Affil: M-00512  
Major participating institution for programs in: CD, D, DR, GE, GPM, GS, IM, MFD, N, OPH, OBS, OTO, P, PPC, PM, PS, PTH, RRU, V  
Institution ID: 05-0748

Loma Linda University Medical Center  
11234 Anderson Street  
House Staff Office  PO 21055  
Loma Linda, CA 92354  
Med Sch Affil: M-00512, L-00512, G-00515  
Programs sponsored in: AN, APM, CCP, CD, CHN, CN, D, DR, EM, FP, GPM, GS, HSO, IM, MFD, N, OPH, OBS, ORS, OTO, P, PPC, PS, PTH, RIR, RN, RO, VS, VIR, V  
Institution ID: 05-0238

Long Beach  
Long Beach Memorial Medical Center  
2801 Atlantic Ave, PO Box 1428  
Long Beach, CA 90801-1428  
Med Sch Affil: M-00515, L-00514  
Programs sponsored in: FP, OSM  
Institution ID: 05-0195

Miller Children's Hospital  
2801 Atlantic Avenue  
Long Beach, CA 90801  
Major participating institution for programs in: PDP  
Institution ID: 06-0794

Southern California Center for Sports Medicine  
2760 Atlantic Avenue  
Long Beach, CA 90801-2121  
Major participating institution for programs in: OSM  
Institution ID: 05-0602
St Mary Medical Center 1050 Linden Ave Long Beach, CA 90803-1465 Med Sch Affil: L-00514 Program sponsored in: IM Major participating institution for programs in: CD, PCC, VS Institution ID: 05-0267

VA Long Beach Healthcare System 5001 E Seventh Street Long Beach, CA 90822-5201 Med Sch Affil: L-00515 Major participating institution for programs in: AI, CCA, CD, DR, END, GE, GS, ID, IM, N, NEP, OP, OBS, P, PCC, PM, PTH, RHU, RO, SCI, U Institution ID: 05-0196

Los Angeles

California Hospital Medical Center 1401 S Grand Avenue Los Angeles, CA 90016 Med Sch Affil: G-00515, G-00506 Programs sponsored in: FP, FPQ Major participating institution for programs in: GS Institution ID: 66-0231

Cedars-Sinai Medical Center 7100 Beverly Blvd Los Angeles, CA 90048 Med Sch Affil: M-00514, G-00515, G-04815 Programs sponsored in: ADP, BBK, CCM, CCS, CD, CHP, CRS, DR, END, GS, HMP, ICE, IM, MG, MFD, NEP, NM, NPM, OBG, PCC, PD, PDI, PM, PTH, RHU, RNR Major participating institution for programs in: AN, CN, GE, HO, ID, IM, PM, PMG Institution ID: 05-0454

Charles R Drew University of Medicine and Science 1731 East 120th Street Los Angeles, CA 90033-1084 Programs sponsored in: AN, D, DR, EM, END, FP, GE, GS, ID, IM, MG, NPM, OBG, OPH, OBS, OTU, P, PD, TY Institution ID: 05-0390

Childrens Hospital Los Angeles 4650 Sunset Boulevard PO Box 54700 Los Angeles, CA 90027-5803 Med Sch Affil: M-00506, G-00515 Programs sponsored in: ADL, CCF, CBM, CHN, PCC, PM, PCC, PDI, PPI, PDI, PD, PDR, PDI, PDR, PDR, PFR, PFR, PPR Major participating institution for programs in: AI, APM, CHP, KMP, NS, OBG, PAN, RNR, TS Institution ID: 05-0344

County of Los Angeles-Department of Coroner 1104 North Mission Road Los Angeles, CA 90033-5700 Programs sponsored in: PDV Institution ID: 05-0453

Hospita l of the Good Samaritan 1225 Whilshire Boulevard Los Angeles, CA 90017-3065 Med Sch Affil: L-00506 Major participating institution for programs in: ID, ICE Institution ID: 05-1118

House Ear Clinic, Inc 2100 West Third Street, Suite 111 Los Angeles, CA 90007 Programs sponsored in: NO Institution ID: 05-1017

Kaiser Foundation Hospital (Los Angeles) Los Angeles, CA 90027-1207 Med Sch Affil: M-00514 Major participating institution for programs in: AI, CDA, DR, FP, FPQ, FSM, GS, ID, IM, N, NEP, OBG, PD, RO, U Institution ID: 05-0255

Kaiser Permanente Southern California Center for Medical Education 6733 Sunset Boulevard Los Angeles, CA 90027 Programs sponsored in: AI, CD, DR, FP, FPG, FSM, GE, GS, IC, IM, N, NEP, OBS, PD, RO, U Institution ID: 05-0672

Kenneth Norris Jr Cancer Hospital and Research Institute 1411 Eastlake Avenue Los Angeles, CA 90033-4496 Med Sch Affil: M-00506 Major participating institution for programs in: APM, CES, HEM, ON, OTU, RO, U, VIR Institution ID: 05-0793

Kerlan-Jobe Orthopaedic Clinic 6801 Park Terrace, Suite 125 Los Angeles, CA 90045-3000 Programs sponsored in: OSM Institution ID: 05-0687

LAC + USC Medical Center 1200 North State Street Room 1112 Los Angeles, CA 90033-1084 Med Sch Affil: M-00516, G-01401 Major participating institution for programs in: AI, AN, BBK, BCC, CD, CEN, CHF, CRS, D, DR, EM, END, PP, GE, GS, HEM, HMP, HSO, HSP, IC, ID, IM, MG, MN, MFD, NEP, NM, NPM, OBG, OBH, OPH, OBS, ON, PCC, OTU, P, PCC, POP, PD, FFS, FFS, PTH, RHU, RNR, RO, TS, U, VIR Institution ID: 05-0557

LAC-King/Drew Medical Center 12021 S Wilmingon Ave Los Angeles, CA 90033 Med Sch Affil: M-00514, L-00506 Major participating institution for programs in: AN, D, DR, EM, END, FP, GE, GS, ID, IM, MG, NPM, OBH, OBS, OTU, P, PD, TY Institution ID: 05-0677

Orthopaedic Hospital 2400 South Flower Street Los Angeles, CA 90007 Med Sch Affil: M-00506 Programs sponsored in: OP Major participating institution for programs in: OHS Institution ID: 05-0847

Shriners Hospitals for Children (Los Angeles) 3169 Geneva St Los Angeles, CA 90020-2481 Med Sch Affil: L-00514 Major participating institution for programs in: ORS Institution ID: 05-0366

USC University Hospital 1560 San Pablo Street Los Angeles, CA 90089-1219 Med Sch Affil: M-00516 Major participating institution for programs in: AN, CCS, CCA, CCM, END, FPG, OPH, SIS, GS, HEM, IC, ID, IM, MG, MN, NEP, NM, NPM, OBH, OBS, OTU, PCC, PDI, PDR, PDP, PMG, PPI, PPI, PTH, RHE, RNR, RO, TS, U, VIR Institution ID: 05-0465
Redwood City
Kaiser Permanente Medical Center (Redwood City)
1100 Veterans Blvd
Redwood City, CA 94063-1894
Med Sch Affil: L-00011
Major participating institution for programs in: Med
Institution ID: 05-08372

Riverside
Kaiser Foundation Hospital (Riverside)
1400 Magnolia Avenue
Riverside, CA 92505-3000
Med Sch Affil: G-00515
Major participating institution for programs in: FP, N
Institution ID: 05-08446

Sacramento
California Department of Health Services
1501 Capitol Ave Bldg 171
PO Box 947372
Sacramento, CA 94234-7320
Programs sponsored in: GPM
Institution ID: 05-08372
Kaiser Foundation Hospital (Sacramento)
2025 Morse Avenue
Sacramento, CA 95825-1084
Med Sch Affil: M-00519
Major participating institution for programs in: GS, IM, OB, U, VIR
Institution ID: 05-08448
Kaiser Foundation Hospital (South Sacramento)
6600 Brucker Drive
Sacramento, CA 95832-2346
Major participating institution for programs in: EM, GS, U
Institution ID: 05-08448
Mercy General Hospital (Mercy Healthcare Sacramento)
4001 J Street
Sacramento, CA 95819
Major participating institution for programs in: FP
Institution ID: 05-08449
Methodist Hospital of Sacramento
7500 Hospital Drive
Sacramento, CA 95823-1299
Programs sponsored in: FP
Institution ID: 05-08495
Sacramento County Coroner's Office
4600 Broadway Suite 100
Sacramento, CA 95820-1530
Programs sponsored in: FOP
Institution ID: 05-08495

Shriners Hospitals for Children (Sacramento)
2425 Stockton Boulevard
Sacramento, CA 95817-1495
Med Sch Affil: M-00519
Major participating institution for programs in: NISO, ORS
Institution ID: 05-08322

Sutter General Hospital
2801 I St.
Sacramento, CA 95816-1404
Med Sch Affil: M-00519
Major participating institution for programs in: FP
Institution ID: 05-084241
Sutter Health
2000 River Plaza Drive
Sacramento, CA 95833
Programs sponsored in: FP
Institution ID: 05-08685
Sutter Memorial Hospital
5515 F Street
Sacramento, CA 95819-0037
Major participating institution for programs in: FP
Institution ID: 05-08046
UC Davis Health System
2315 Stockton Blvd
Sacramento, CA 95817
Med Sch Affil: M-00519, G-00512
Major participating institution for programs in: AI, AN, AP, C, CD, CHP, CN, D, DBP, DR, EM, END, ETX, FF, FPP, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NM, NPM, NS, OB, OPH, ORS, OT, P, PAN, PCC, PDP, PD, PFP, PM, PS, PTH, RSR, RO, TS, U, VIR
Institution ID: 05-08436

University of California (Davis) Medical Center
2315 Stockton Blvd
Sacramento, CA 95817
Med Sch Affil: M-00519, G-00512
Major participating institution for programs in: AI, AN, AP, C, CD, CHP, CN, D, DBP, DR, EM, END, ETX, FF, FPP, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NM, NPM, NS, OB, OPH, ORS, OT, P, PAN, PCC, PDP, PD, PFP, PM, PS, PTH, RSR, RO, TS, U, VIR
Institution ID: 05-08406

San Francisco
California Poison Control System (CPSC)-San Francisco
135 Dickinson Street
San Francisco, CA 94110-8025
Major participating institution for programs in: PTX
Institution ID: 05-08110
Children's Hospital and Health Center
3050 Children's Way
San Diego, CA 92123-1772
Med Sch Affil: M-00518
Major participating institution for programs in: Al, AN, AP, C, CHN, D, DR, END, EM, GE, GS, H, HSO, ICE, ID, IM, IMG, MPP, N, NEP, NM, NS, OB, OPH, ORS, OTO, P, PCC, PD, PDC, PDE, PDI, PG, PS, PTH, PTX, PFX, RHR, RTR, RO, TS, U, VIR
Institution ID: 05-08383
Graduate School of Public Health
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4152
Med Sch Affil: G-00518
Major participating institution for programs in: GPM
Institution ID: 05-08030

Kaiser Foundation Hospital (San Diego)
4647 Zion Avenue
San Diego, CA 92120-6006
Med Sch Affil: G-00518
Major participating institution for programs in: GE, NS, OBG, OT
Institution ID: 05-08760

Naval Medical Center (San Diego)
34500 Bob Wilson Dr
San Diego, CA 92134-5000
Med Sch Affil: M-00518, M-00519, L-00012
Programs sponsored in: AI, AN, AP, C, CD, DR, EM, GE, GS, ID, IM, OBG, OPH, ORS, OTO, P, PCC, PD, PE, PTH, TV, U, UP
Major participating institution for programs in: NEP
Institution ID: 05-08986

San Diego County Medical Examiner
5555 Overland Avenue
Bldg 14
San Diego, CA 92123-1270
Programs sponsored in: FOP
Institution ID: 05-08601

Scripps Mercy Hospital
Department of Graduate Medical Education (MER35)
4077 Fifth Avenue
San Diego, CA 92103-2180
Med Sch Affil: M-00518
Programs sponsored in: IM, TY
Major participating institution for programs in: GS, PE, PTX
Institution ID: 05-08397

University of California (San Diego) Medical Center
200 W Arbor Drive
San Diego, CA 92103
Med Sch Affil: M-00518, G-00515
Programs sponsored in: AI, AN, AP, C, CD, CHN, CHP, CN, D, DBP, DR, EM, END, ETX, FF, FPP, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NM, NPM, NS, OB, OPH, ORS, OT, P, PAN, PCC, PDP, PD, PFP, PM, PS, PTH, RSR, RO, TS, U, VIR
Institution ID: 05-08436

Veterans Affairs Medical Center (San Diego)
3200 La Jolla Village Drive
San Diego, CA 92161-1084
Med Sch Affil: M-00518
Major participating institution for programs in: AI, AN, AP, C, CD, DR, END, EM, GE, GS, H, HSO, ICE, ID, IM, IMG, MPP, N, NEP, NM, NS, OB, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PS, PTH, PTX, PX, RHR, RTR, RO, TS, U, VIR
Institution ID: 05-08899

San Francisco
Blood Centers of the Pacific
270 Masonic Avenue
San Francisco, CA 94118-4496
Programs sponsored in: BSK
Institution ID: 05-07677
California Pacific Medical Center
PO Box 7699
San Francisco, CA 94129-3190
Med Sch Affil: L-00002
Programs sponsored in: CD, GE, IM, OPH, P, PUD, RO
Major participating institution for programs in: CN
Institution ID: 05-08432
California Pacific Medical Center (Davies Campus)
Castro and Duboce Streets
San Francisco, CA 94114
Med Sch Aff: L-00502
Programs sponsored in: HSP
Major participating institution for programs in: PS
Institution ID: 05-0469

Center for Occupational Psychiatry
690 Market Street, Suite 706
San Francisco, CA 94104-2128
Major participating institution for programs in: FFP
Institution ID: 05-0109

Kaiser Permanente Medical Center (San Francisco)
2455 Geary Boulevard
San Francisco, CA 94115-1423
Med Sch Aff: L-00502
Major participating institution for programs in: IM, OBG, OTO
Institution ID: 05-0204

Mount Zion Medical Center of the University of California
1601 Divisadero Street
PO Box 7832
San Francisco, CA 94120-1207
Med Sch Aff: L-00502
Major participating institution for programs in: AN, APM, DMP, GS, ID, OBS, OTO, FDI, PS, RNR, RO, TS
Institution ID: 05-0249

San Francisco General Hospital Medical Center
1001 Potrero Avenue
Suite 335
San Francisco, CA 94110-5693
Med Sch Aff: M-00502
Major participating institution for programs in: AN, APM, DMP, GS, ID, OBS, OTO, FDI, PS, RNR, RO
Institution ID: 05-0334

St Mary’s Hospital and Medical Center
450 Stanyan Street
San Francisco, CA 94117-1074
Med Sch Aff: M-00502
Major participating institution for programs in: IM, OBS
Major participating institution for programs in: PM, RO
Institution ID: 05-0163

UCSF Med Ctr/Langley Porter Psychiatric Hosp and Clinics
600 Parnassus Avenue, Box 0296
San Francisco, CA 94143-0296
Med Sch Aff: M-00502
Major participating institution for programs in: ADP, PS, FFP, PTU
Institution ID: 05-0122

University of California (San Francisco) School of Medicine
500 Parnassus Avenue
San Francisco, CA 94143-4074
Med Sch Aff: M-00502
Programs sponsored in: ADL, ADP, AN, APM, CCA, CCM, CCS, CD, CHN, CHP, CN, D, DMP, DR, END, F, FE, FMP, GS, ID, IM, IMG, M, NEP, NM, NP, NPM, NS, OBS, OPH, OBS, OTO, P, PAN, PCC, PD, PDC, PDE, PD, PDR, PG, PHO, PN, PPR, PS, PTX, PYY, RHY, RNR, RO, TS, U, UP, VHR, VS
Institution ID: 05-0113

University of California (San Francisco) Department of Medicine
500 Parnassus Avenue
San Francisco, CA 94143-4074
Med Sch Aff: M-00502
Programs sponsored in: ADL, ADP, AN, APM, CCA, CCM, CCS, CD, CHN, CHP, CN, D, DMP, DR, END, F, FE, FMP, GS, ID, IM, IMG, M, NEP, NM, NP, NPM, NS, OBS, OPH, OBS, OTO, P, PAN, PCC, PD, PDC, PDE, PD, PDR, PG, PHO, PN, PPR, PS, PTX, PYY, RHY, RNR, RO, TS, U, UP, VHR, VS
Institution ID: 05-0113

Veterans Affairs Medical Center (San Francisco)
430 Clement Street
San Francisco, CA 94121
Med Sch Aff: M-00502
Major participating institution for programs in: ADP, CD, CHN, D, DR, END, GE, GS, ID, IM, IMG, M, NEP, NM, NS, OPH, OBS, OTO, P, PAN, PCC, PD, PDC, PDE, PD, PDR, PG, PHO, PN, PPR, PS, PTX, PYY, RHY, RNR, RO, TS, U, UP, VHR, VS
Institution ID: 05-0727

San Gabriel
San Gabriel Valley Medical Center
438 West Las Tunas Drive
San Gabriel, CA 91776-1507
Major participating institution for programs in: FFP
Institution ID: 05-0122

San Jose
San Jose Medical Center
25 N 16th Street
Suite 1060
San Jose, CA 95112-9231
Med Sch Aff: L-00502
Programs sponsored in: PP
Institution ID: 05-0334

Santa Clara Valley Medical Center
751 S Bascom Ave
San Jose, CA 95128-2189
Med Sch Aff: M-00502
Programs sponsored in: DR, IM, OBS, TY
Major participating institution for programs in: AN, CCM, CS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, GE, GS, ID, IM, IMG, M, NEP, NM, NS, OPH, OBS, OTO, P, PAN, PCC, PD, PDC, PDE, PD, PDR, PG, PHO, PN, PPR, PS, PTX, PYY, RHY, RNR, RO
Institution ID: 05-0438

San Mateo
San Mateo County Mental Health Services
Psychiatry Residency Training Program
222 West 39th Avenue
San Mateo, CA 94403-1084
Programs sponsored in: PS
Institution ID: 05-0585

San Quentin
California Department of Corrections
San Quentin, CA 94964
Major participating institution for programs in: FFP
Institution ID: 05-1098

Santa Ana
Western Medical Center
1001 N. Mission Ave
Santa Ana, CA 92706-6008
Med Sch Aff: L-00502
Major participating institution for programs in: PS
Institution ID: 05-0747

Santa Barbara
Santa Barbara Cottage Hospital
PO Box 889
Santa Barbara, CA 93102-7860
Med Sch Aff: L-00506
Major participating institution for programs in: IM
Institution ID: 05-0381

Santa Barbara County Public Health Department
300 N San Antonio Road
Santa Barbara, CA 93110
Major participating institution for programs in: IM, PS
Institution ID: 05-0898

Santa Clara
Kaiser Permanente Medical Center (Santa Clara)
900 Kiely Blvd
Santa Clara, CA 95051-1084
Med Sch Aff: L-00506
Major participating institution for programs in: PS
Institution ID: 05-0771

Santa Monica
Santa Monica-UCLA Medical Center
1250 16th Street
Santa Monica, CA 90404-1200
Med Sch Aff: M-00514
Major participating institution for programs in: PS
Institution ID: 05-0439

Santa Rosa
Sutter Medical Center of Santa Rosa
3335 Chanate Road
Santa Rosa, CA 95404-4007
Med Sch Aff: M-00502
Programs sponsored in: PS
Institution ID: 05-0152

Stanford
Stanford University Hospital
Stanford, CA 94305
Med Sch Aff: M-00511, L-00502
Programs sponsored in: ADL, AI, AN, APM, CCA, CCM, CCP, CD, CHN, CHP, CN, D, DMP, DR, EM, END, GE, GS, ID, IM, IMG, M, NEP, NM, NP, NPM, NS, OPH, OBS, OTO, P, PAN, PCC, PD, PDC, PDE, PD, PDR, PG, PHO, PN, PPR, PS, PTX, RHY, RNR, RO, SCI, TS, U, UP, VHR, VS
Institution ID: 05-0129

Stockton
St Joseph’s Medical Center
PO Box 219008
1805 North California Street
Stockton, CA 95219-2000
Major participating institution for programs in: GS
Institution ID: 05-0112
California

Sylmar

Olive View/UCLA Medical Center
14445 Olive View Drive
Sylmar, CA 91342

Programs sponsored in: HO, IM, MEM, NEP, RHU
Major participating institution for programs in: CD, DR, EM, FP, GE, ID, M01, OBG, OTO, P, PCC, PD, PDM, PFP, PMG, PS, U
Institution ID: 05-0216

Torrance

Los Angeles County-Harbor-UCLA Medical Center
1000 W Carson Street
Torrance, CA 90609-7300

Med Sch Aff: M-06514, G-06815

Programs sponsored in: AN, C0P, CD, CHN, CHP, CN, DR, EM, END, FP, FS, PSM, GS, HO, IC, ICR, ID, IM, N, NEP, NPM, NR, OBG, OBS, P, PCC, PD, PDE, PDI, PEM, PMG, PTH, RME, TV, VJ, VS
Major participating institution for programs in: GE, IM, MG, NS, OPH, OTO, PMG, PS, U
Institution ID: 05-0985

Travis AFB

David Grant Medical Center
60 MXG/SOT
101 Bodin Circle
Travis AFB, CA 95655-1800

Med Sch Aff: M-06919, G-02312

Programs sponsored in: DR, FF, GS, IM, OBG, PD, TV
Major participating institution for programs in: CN, N
Institution ID: 05-0489

Vallejo

Kaiser Foundation Hospital (Vallejo)
975 Sereno Drive
Vallejo, CA 94590

Major participating institution for programs in: GS, OBG
Institution ID: 05-0185

Van Nuys

Southern California Orthopedic Institute
9810 Noble Ave
Van Nuys, CA 91405-3730

Programs sponsored in: OSM
Major participating institution for programs in: HSP
Institution ID: 05-0970

Ventura

Ventura County Medical Center
2391 Loma Vista Rd
Ventura, CA 93003-5683

Programs sponsored in: FP
Institution ID: 05-0324

Whittier

Presbyterian Intercommunity Hospital
12401 E Washington Blvd
Whittier, CA 90602-1099

Med Sch Aff: L-00514, G-00506

Programs sponsored in: FP
Institution ID: 05-3762

Woodland Hills

Kaiser Foundation Hospital (Woodland Hills)
5611 DeSoto Ave
Woodland Hills, CA 91365-3000

Med Sch Aff: G-00514

Major participating institution for programs in: FP
Institution ID: 05-0985

Colorado

Aspen

Aspen Foundation for Sports Medicine/Ortho Assoc of Aspen
100 E Main St
Suite 202
Aspen, CO 81611-3788

Programs sponsored in: OSM
Institution ID: 07-0913

Colorado Springs

Penrose-St Francis Healthcare System
Dept of Pathology
2215 North Cascade Ave
Colorado Springs, CO 80907

Programs sponsored in: PTH
Institution ID: 07-0227

Cortez

Southwest Memorial Hospital-Southwest Health System
1311 N Mildred Rd
Cortez, CO 81321

Major participating institution for programs in: FP
Institution ID: 07-0921

Denver

Bonfils Blood Center
717 Yosemite Street
Denver, CO 80203

Med Sch Aff: L-100792

Programs sponsored in: BKK
Institution ID: 07-0925

Children’s Hospital (The)

1066 E 19th Avenue
Denver, CO 80218-3768

Med Sch Aff: M-00702

Major participating institution for programs in: ADIP, AI, APM, BHK, CCP, CHN, CHP, CN, ID, M01, OBG, OBS, OTO, PAN, PD, PDE, PHE, PFP, PTO, PHO, PSH, PTh, PS, TS, U
Institution ID: 07-0978

Colorado Mental Health Institute at Fort Logan

3200 West Oxford Avenue
Denver, CO 80226

Major participating institution for programs in: CHP
Institution ID: 07-0449

Denver Health Medical Center

777 Bannock Street, MC 0224
Denver, CO 80204-1507

Med Sch Aff: M-00702, L-02312

Programs sponsored in: EM, ETX
Major participating institution for programs in: ADP, AN, APM, CD, D, DR, END, GE, GPM, GS, HO, ID, IM, N, NEP, NS, OBG, OPH, OHS, OTO, P, PD, PM, PS, PTE, RHE, RUR, U, VJ
Institution ID: 07-0290

Exempla Saint Joseph Hospital

3835 Franklin Street
Denver, CO 80216-3796

Programs sponsored in: FP, GS, IM, OBG
Major participating institution for programs in: BKK
Institution ID: 07-0451

HealthOne Presbyterian-St Luke’s Medical Center

1719 East 16th Avenue, S-C-East
Denver, CO 80218-1281

Programs sponsored in: TV
Institution ID: 07-0277

HealthONE Rose Medical Center

457 E Ninth Avenue
Denver, CO 80204-4699

Med Sch Aff: G-00703

Programs sponsored in: FP
Institution ID: 07-0961

University of Colorado Hospital

4200 E Ninth Ave
Denver, CO 80262

Major participating institution for programs in: BKK, CCS, CD, CHP, FP, FS, OBG, GS, IC, IM, TTO, OTO, P, PAN, PCC, PD, PDE, PFT, PHE, PDF, PMG, PSM, PP, PPM, PSH, PTh, RHE, RHU, RO
Institution ID: 07-0922

University of Colorado School of Medicine

4200 E Ninth Ave, Box C 290
Research Bridge Room 1401
Denver, CO 80202-1281

Med Sch Aff: M-00702, L-02312

Programs sponsored in: ADL, ADP, AI, AN, APM, BHK, CCS, CD, CHN, CHP, CN, DMP, DR, END, FP, FS, GPM, GS, HO, IC, ICE, ID, IM, MG, MD, N, NEP, NM, OBG, OHS, OTH, P, PAN, PCC, PD, PDE, PFT, PHE, PDF, PNM, PSH, PTO, PHO, PM, PN, PP, PPM, PSH, PTh, RHE, RHU, RO
Institution ID: 07-0913

Veterans Affairs Medical Center (Denver)

1055 Clermont St
Denver, CO 80220-1723

Med Sch Aff: M-00702

Major participating institution for programs in: ADP, AN, APM, CD, D, DR, END, GE, GPM, GS, HO, ID, IM, MG, N, NEP, NS, OBG, OPH, OHS, OTO, P, PD, PM, PS, PSH, PTH, RHE, RO
Institution ID: 07-0187

1030

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>Teaching Institutions</th>
<th>Connecticut</th>
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<tbody>
<tr>
<td>Englewood Columbia Swedish Medical Center</td>
<td>University of Connecticut School of Medicine</td>
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<tr>
<td>Fort Collins Poudre Valley Hospital</td>
<td>Greenwick Greenwich Hospital</td>
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<tr>
<td>1024 Lemay Ave Fort Collins, CO 80524-3798 Programs sponsored in: FP</td>
<td>5 Periwinkle Road Greenwich, CT 06830-5700 Med Sch Affil: M-00991 Programs sponsored in: IM</td>
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<tr>
<td>Grand Junction St Mary's Hospital and Medical Center</td>
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<tr>
<td>Seventh St and Patterson Rd</td>
<td>Greeley North Colorado Medical Center</td>
</tr>
<tr>
<td>PO Box 1628 Grand Junction, CO 81506-3798 Programs sponsored in: FP</td>
<td>1811 16th Street Greeley, CO 80631-1281 Programs sponsored in: FP</td>
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<tr>
<td>Pueblo Colorado Mental Health Institute at</td>
<td></td>
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<tr>
<td>Pueblo 1650 W 24th Street</td>
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<tr>
<td>Pueblo, CO 81003-1499 Major participating institution for programs in: PFP</td>
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<tr>
<td>St Mary-Corwin Medical Center</td>
<td>Danbury Danbury Hospital</td>
</tr>
<tr>
<td>1008 Minnequa Avenue</td>
<td>24 Hospital Ave Danbury, CT 06810-0729 Med Sch Affil: M-00801, M-00801, G-00602 Programs sponsored in: IM, OBG, PTV Major participating institution for programs in: CHP, GS, NM, PA</td>
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<td>Pueblo, CO 81004-3798 Programs sponsored in: FP</td>
<td>Institution ID: 07-8060</td>
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<tr>
<td>Vail Steadman Hawkins Clinic</td>
<td>Derby Griffin Hospital</td>
</tr>
<tr>
<td>181 West Meadow Drive Suite 1009</td>
<td>130 Division Street Derby, CT 06418-1499 Med Sch Affil: M-00601 Programs sponsored in: GPM, IM, IPM, TY</td>
</tr>
<tr>
<td>Vail, CO 81657 Programs sponsored in: OSM</td>
<td>Institution ID: 08-0172</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Vail Valley Medical Center</td>
<td>Farmington Connecticut Red Cross Blood Services</td>
</tr>
<tr>
<td>181 W Meadow Dr</td>
<td>209 Farmington Avenue Farmington, CT 06032 Med Sch Affil: M-00602 Major participating institution for programs in: BHK</td>
</tr>
<tr>
<td>Vail, CO 81657-1420 Major participating institution for programs in: OSM</td>
<td>Institution ID: 08-0174</td>
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<tr>
<td>Westminster</td>
<td>Univ of Connecticut Health Center/John Dempsey Hospital</td>
</tr>
<tr>
<td>St Anthony Hospital North</td>
<td>263 Farmington Avenue Farmington, CT 06030-3802 Med Sch Affil: M-00602 Major participating institution for programs in: AN, CCA, CD, DR, EM, END, ETX, FP, FSP, GE, GPM, GS, HO, HSO, ID, IM, IM, MG, MG, MP, N, NLP, NM, NPM, OB, ORS, OS, OTO, P, PCC, PD, PDE, PEP, PE, PMC, RHD, U, VS</td>
</tr>
<tr>
<td>2551 West 84th Avenue Westminster, CO 80020-1420 Major participating institution for programs in: FP</td>
<td>Institution ID: 08-0175</td>
</tr>
</tbody>
</table>

Graduate Medical Education Directory 2004-2005
New Britain
New Britain General Hospital
100 Grand Street
New Britain, CT 06050-0729
Med Sch Affil: M-06001
Major participating institution for programs in: GE, GS, ID, IM, OBS, OTG, PCC
Institution ID: 96-0792

New Haven
Connecticut Mental Health Center
34 Park St
New Haven, CT 06519
Med Sch Affil: M-06001
Major participating institution for programs in: ADP, P, PFF
Institution ID: 96-0715

Hospital of St Raphael
1450 Chapel St
New Haven, CT 06511-2700
Med Sch Affil: M-06001
Programs sponsored in: CD, DR, GS, IM, NEP, TY, VIR
Major participating institution for programs in: GE, ID, IDG, OTG, P, PS, TS
Institution ID: 96-0244

Yale University Health Service
Division of Mental Hygiene
17 Hillhouse Avenue
New Haven, CT 06510-8904
Med Sch Affil: G-00801
Major participating institution for programs in: GE, P
Institution ID: 96-0716

Yale University School of Public Health
90 College Street
PO Box 208034
New Haven, CT 06509-8904
Major participating institution for programs in: GPM, PFM
Institution ID: 96-0506

Yale-New Haven Hospital
20 York Street
New Haven, CT 06504-3316
Med Sch Affil: M-06001
Programs sponsored in: ADP, AL, AN, APN, BBK, CCA, CCP, CSS, CD, CHP, CN, D, DBP, DMP, DR, EM, BND, GE, GPM, GS, HMP, HMP, IC, ICI, ID, IM, IMG, MG, MM, MD, N, NEP, NM, NPM, NR, NS, OBS, ON, OPH, ORS, OTG, P, PAN, FCC, CCP, PFP, PD, PDC, PDE, PID, PDP, PDS, PFM, PPP, PG, PBO, PS, PTM, PIG, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: GE, P, PUD, TY
Institution ID: 96-0438

Norwalk
Norwalk Hospital
Maple Street
Norwalk, CT 06856-2700
Med Sch Affil: M-06001
Programs sponsored in: DR, GE, IM, PUD
Institution ID: 96-0206

Norwich
William W Backus Hospital
326 Washington Street
Norwich, CT 06359-2742
Major participating institution for programs in: RO
Institution ID: 96-7944

Stamford
Stamford Hospital
Shelburne Rd at W Broad St
PO Box 5517
Stamford, CT 06904-9317
Med Sch Affil: M-03001
Programs sponsored in: FP, GS, IM, OBS
Major participating institution for programs in: P
Institution ID: 96-0456

Waterbury
St Mary's Hospital
56 Franklin Street
Waterbury, CT 06702-8317
Med Sch Affil: M-00801, M-00802
Programs sponsored in: GS
Major participating institution for programs in: IM, TY
Institution ID: 96-0458

Waterbury Hospital Health Center
64 Robbins St
Waterbury, CT 06717-1499
Med Sch Affil: M-00801
Programs sponsored in: GS
Major participating institution for programs in: IM, U
Institution ID: 96-0131

West Haven
Veterans Affairs Medical Center (West Haven)
850 Campbell Avenue
West Haven, CT 06516-2700
Med Sch Affil: M-00801
Major participating institution for programs in: ADP, AN, CD, CN, D, DR, END, GE, GPM, GS, HMP, IM, IMG, N, NEP, NM, NS, ON, OPH, OTG, P, PCC, FS, PIG, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: GE, P
Institution ID: 96-0199

Delaware
New Castle
Delaware Psychiatric Center
1901 N DuPont Highway
New Castle, DE 19720-1668
Programs sponsored in: P
Institution ID: 96-0279

Wilmington
Alfred I duPont Hospital for Children
1600 Rockland Road
PO Box 269
Wilmington, DE 19899-0269
Med Sch Affil: M-04102, L-04114, L-04113
Programs sponsored in: OP, PCC, CSS, MDP, ORS, OTG, PD, PPM, PFP, FPR, U
Institution ID: 96-0430

Christiana Care Health Services Inc
501 West 14th Street
PO Box 1568
Wilmington, DE 19899-1668
Med Sch Affil: M-04102, L-04113
Programs sponsored in: CSS, DR, EM, FP, GS, IM, MPM, OBS, OTG, P, PCC
Major participating institution for programs in: N, NPM, OPH, P, PFP
Institution ID: 96-0247

St Francis Hospital
7th and Clayton St., Suite 209
Wilmington, DE 19803-0559
Med Sch Affil: M-04113
Programs sponsored in: FP
Institution ID: 96-0709

Veterans Affairs Medical Center (Wilmington)
1601 Kirkwood Highway
Wilmington, DE 19805
Med Sch Affil: M-04102
Major participating institution for programs in: D, GS, IM, OTO, U
Institution ID: 96-0462

District of Columbia
Washington
Armed Forces Institute of Pathology
6825 16th Street, NW
Washington, DC 20306-6000
Med Sch Affil: L-01001, L-02003, L-02006, L-02007, L-05001, G-02301, G-02302, G-02303
Programs sponsored in: DMP, PDP, HMP, NF, SP
Major participating institution for programs in: PFP, PFP
Institution ID: 96-0392

Children's National Medical Center
111 Michigan Ave, NW
Washington, DC 20010-2700
Med Sch Affil: M-01000, L-01002, G-03312, G-03301
Programs sponsored in: APL, CCP, CHP, CM, NPM, PD, PCC, PDP, PFP, PFS, PSM, PBO
Major participating institution for programs in: CN, D, N, NS, OPH, ORS, OTG, PAN, PMG, RNR, TS, U
Institution ID: 96-0411

George Washington University Hospital (UHS)
901 22nd Street NW
Suite 3200 North
Washington, DC 20007
Med Sch Affil: M-01000, G-01000, G-03312
Major participating institution for programs in: AN, CCA, CCM, CD, D, DR, END, GE, GPM, GS, ROI, IC, ICN, IM, IMG, M, NEP, NS, OBS, ON, OPH, ORS, OTG, P, PCC, PFP, PTP, RNU, RNR, TS, U, VIR
Institution ID: 96-0249

George Washington University School of Medicine
2300 Eye Street, NW
Suite 707
Washington, DC 20003-4799
Programs sponsored in: AN, CCA, CCM, CD, D, DR, END, GE, GPM, GS, ROI, IC, ICN, IM, IMG, M, NEP, NS, OBS, ON, OPH, ORS, OTG, P, PCC, PFP, PTP, RNU, RNR, TS, U, VIR
Institution ID: 96-0601

George Washington University Hospital (UHS)
3800 Reservoir Road, NW
Washington, DC 20007
Med Sch Affil: M-01000, G-03312, G-01000
Programs sponsored in: AN, APL, BBK, CN, D, DR, END, GE, GPM, GS, ROI, IC, ICE, ID, IM, IMG, M, NEP, NS, OBS, ON, OPH, ORS, OTG, P, PCC, PFP, PTP, RNU, RNR, RO, TS, U, VIR
Major participating institution for programs in: CD, EM, ICE, ON, PDE, VS
Institution ID: 96-0470
Florida

Teaching Institutions

Mayo Clinic (Jacksonville)
4500 San Pablo Rd
Jacksonville, FL 32254
Med Sch Aff: M-02608, G-01103
Major participating institution for programs in: APM, CN, D, DR, END, FP, GE, GS, HO, IM, N, TX, U
Institution Id: 11-8093

Naval Hospital (Jacksonville)
2090 Child Street
Jacksonville, FL 32214-5277
Med Sch Aff: L-01103, L-02312
Programs sponsored in: FP
Institution Id: 11-8896

Nemours Children's Clinic
807 Children's Way
PO Box 5720
Jacksonville, FL 32247-5720
Med Sch Aff: L-01103
Programs sponsored in: OP
Major participating institution for programs in: CN, OP, ORS, U
Institution Id: 11-4478

Shands Jacksonville Medical Center
655 West Eighth Street
Jacksonville, FL 32209
Med Sch Aff: M-01103
Major participating institution for programs in: CD, DR, EM, FP, GE, GS, IC, ID, IM, ORG, ON, ORS, PCC, PC, PD, PDI, PE, PTH, VIR
Institution Id: 11-0215

St Luke's Hospital
4201 Balfour Rd
Jacksonville, FL 32216
Med Sch Aff: M-02508
Major participating institution for programs in: AN, APM, CN, D, DR, FP, PSM, GE, HO, IM, N, PUD, TX, U
Institution Id: 11-0215

St Vincent's Medical Center
PO Box 2982
Jacksonville, FL 32203
Med Sch Aff: L-01104, G-01103
Programs sponsored in: FP
Institution Id: 11-4148

University of Florida College of Medicine at Jacksonville
6631 West 8th Street
Jacksonville, FL 32209
Med Sch Aff: L-02312
Programs sponsored in: CD, DR, EM, FP, GE, GS, IC, ID, IM, ORG, ON, ORS, PCC, PC, PDI, PE, PTH, VIR
Institution Id: 11-0502

Wolfson Children's Hospital
800 Prudential Drive
Jacksonville, FL 32207
Major participating institution for programs in: PAN
Institution Id: 11-8106

Miami
Baptist Hospital of Miami
8900 N Kendall Dr
Miami, FL 33176
Med Sch Aff: L-01102
Major participating institution for programs in: PAN, VIR
Institution Id: 11-0511

Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
900 NW 17th St
Miami, FL 33136
Med Sch Aff: M-01102
Major participating institution for programs in: NO, OPH
Institution Id: 11-0701

Cedars Medical Center
1400 NW 12th Ave
Miami, FL 33136
Med Sch Aff: L-01102
Major participating institution for programs in: CFS, ICE, ORS, PS, U, VR
Institution Id: 11-0707

Jackson Memorial Hospital/Jackson Health System
1611 NW 12 Avenue
Miami, FL 33136
Med Sch Aff: M-01102, L-02312
Programs sponsored in: ADP, AN, APM, CCA, CCM, CCP, CCS, CD, CHN, CHP, CRS, D, DMP, DR, END, FP, GE, GS, HMP, HO, HS0, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NO, NPM, NS, ORG, OPH, ORS, ORS, OTO, OT, PAN, FCC, PCC, PC, PDC, PDM, PDH, PDR, PN, PP, PS, PTH, PYG, PYN, RNH, RNR, RO, TS, U, VIR
Institution Id: 11-0314

Miami Children's Hospital
3100 SW 62nd Ave
Miami, FL 33143
Med Sch Aff: L-01102, L-02308
Programs sponsored in: ADL, CCP, CFS, CN, PD, PDR
Major participating institution for programs in: AN, MG, NS, ORS, PAN
Institution Id: 11-0311

Miami Jewish Home and Hospital for the Aged
5200 NE Second Ave
Miami, FL 33137
Med Sch Aff: L-01102
Major participating institution for programs in: PYG
Institution Id: 11-8096

Miami-Dade County Office of Medical Examiner
Number 1 on Bob Hope Rd
Miami, FL 33136-1133
Programs sponsored in: POF
Institution Id: 11-0496

University of Miami Hospital and Clinics
1475 NW 12th Avenue
Miami, FL 33109-1089
Med Sch Aff: M-01102
Major participating institution for programs in: CHP, GS, PCP
Institution Id: 11-0721

Veterans Affairs Medical Center (Miami)
1201 NW 16th Street (128)
Miami, FL 33125
Med Sch Aff: M-01102
Programs sponsored in: SCI
Major participating institution for programs in: AN, CCM, CD, D, END, GE, GS, HO, HSO, IC, ID, IM, IMG, MPD, N, NS, ORS, OTO, OT, PC, PCC, PS, PYG, PYN, RNH, RO, TS, U
Institution Id: 11-0515

Miami Beach
Mount Sinai Medical Center of Florida, Inc
4300 Alton Road
Miami Beach, FL 33140
Med Sch Aff: L-00104, L-01102
Programs sponsored in: CD, DR, GS, IM, PTH
Major participating institution for programs in: ADP, AN, CCM, D, GE, ID, PCC, PYG, TS
Institution Id: 11-0101

Naples
Cleveland Clinic (Naples)
6101 Pine Ridge Road
Naples, FL 34110
Major participating institution for programs in: CRS
Institution Id: 11-8105

Orlando
Arnold Palmer Hospital for Children and Women
Orlando, FL 32806
Major participating institution for programs in: OP, PD
Institution Id: 11-0895

Florida Hospital Medical Center
2561 North Orange Avenue
Suite 414
Orlando, FL 32804
Med Sch Aff: L-05112, L-01104
Programs sponsored in: FP, PGG
Major participating institution for programs in: CRS
Institution Id: 11-0513

Orlando Regional Healthcare
1414 Kohl Ave, MP 7
Orlando, FL 32806
Med Sch Aff: L-01100, G-02508
Programs sponsored in: CCA, CRS, EM, GS, IM, MPD, ORG, ORS, PD, PTH
Major participating institution for programs in: GS
Institution Id: 11-0558

Pensacola
Naval Hospital (Pensacola)
6000 W Highway 98
Pensacola, FL 32511-0003
Med Sch Aff: G-02312
Programs sponsored in: FP
Institution Id: 11-0159

Naval Operational Medicine Institute
230 Navy Rd
Pensacola, FL 32568-1047
Programs sponsored in: GFM
Institution Id: 11-0198

Sacred Heart Hospital of Pensacola
5151 North Ninth Avenue
PO Box 2700
Pensacola, FL 32513-2700
Med Sch Aff: G-01103
Major participating institution for programs in: OBG, PD
Institution Id: 11-0396

1034 Graduate Medical Education Directory 2004-2005
**Florida**

**St Petersburg**
- All Children's Hospital
  - PO Box 31030
  - St. Petersburg, FL 33731-8020
  - Med Sch Affil: M-01104
  - Major participating institution for programs in: AI, ALI, APM, CCA, CD, CHP, D, DR, EM, END, FOP, FP, GE, GPM, GS, HO, HSS, ID, IM, IMG, IMG, M-01104
  - Institution ID: 11-8001

- Bayfront Medical Center
  - 701 6th St S
  - St Petersburg, FL 33701-4801
  - Med Sch Affil: L-01104
  - Programs sponsored in: FP, FPM, OBG
  - Institution ID: 11-8446

- Florida Blood Services
  - PO Box 22900
  - St. Petersburg, FL 33742-2500
  - Med Sch Affil: L-01104
  - Programs sponsored in: FK
  - Institution ID: 11-8632

**Tallahassee**
- Tallahassee Memorial HealthCare
  - 1300 Miccosukee Road
  - Tallahassee, FL 32308
  - Med Sch Affil: L-01104
  - Programs sponsored in: FP
  - Institution ID: 11-8632

- Hillsborough County Medical Examiner Department
  - 401 S Morgan St
  - Tampa, FL 33602
  - Med Sch Affil: M-01104
  - Major participating institution for programs in: AN, D, DR, GS, HO, ID, NEP, NS, OBG, FTO, PCC, FPM, PHH
  - Institution ID: 11-8001

- James A Haley Veterans Hospital
  - 13000 Bruce B Downs Blvd
  - Tampa, FL 33642
  - Med Sch Affil: M-01104
  - Major participating institution for programs in: ADP, AI, ALI, APM, CD, D, DR, ENDO, GE, GPM, GS, HO, ID, IM, IMG, M, NEP, NS, OBG, OTO, PCC, FPM, PHH, RHH, U
  - Institution ID: 11-8504

- Shriners Hospitals for Children (Tampa)
  - 12502 Pine Drive
  - Tampa, FL 33612-6411
  - Med Sch Affil: L-01104
  - Programs sponsored in: OR, OTO, PCC, FPM, PHH
  - Institution ID: 11-8504

- Tampa General Hospital
  - PO Box 1299
  - Tampa, FL 33601
  - Major participating institution for programs in: ALI, AN, APM, CCA, CD, CHP, D, DR, EM, ENDO, GE, GPM, GS, HO, HSS, ID, IM, IMG, M, NEP, NPM, NS, OBG, OPH, OTO, PCC, FPM, PM, PTH, PHH, RHH, U, VTR, W
  - Institution ID: 11-8104

**The Children’s Home, Inc**
- 10000 Memorial Highway
  - Tampa, FL 33615
  - Major participating institution for programs in: CHP
  - Institution ID: 11-8410

**University of South Florida College of Medicine**
- 8201 Bruce B Downs Blvd
  - Tampa, FL 33612
  - Med Sch Affil: M-01104
  - Programs sponsored in: ADP, AI, ALL, AN, APAM, CCA, CD, CHP, D, DR, EM, ENDO, FOP, FP, GE, GPM, GS, HO, HSS, ID, IM, IMG, M, NEP, NPM, NS, OBG, OPH, OTO, PCC, FPM, PM, PTH, PHH, RHH, U, VTR, W
  - Institution ID: 11-8504

- University of South Florida College of Public Health
  - 400 E Fowler Avenue
  - Tampa, FL 33620
  - Med Sch Affil: M-01104
  - Programs sponsored in: FP, FPM
  - Institution ID: 11-8410

**Weston**
- Cleveland Clinic Hospital
  - 260 Cleveland Clinic Blvd
  - Weston, FL 33331
  - Med Sch Affil: L-01104
  - Major participating institution for programs in: OBG, CCA, CD, EM, I, ICE, ID, IM, N
  - Institution ID: 11-8011

- Cleveland Clinic, Florida
  - 260 Cleveland Clinic Blvd
  - Weston, FL 33331
  - Med Sch Affil: L-01104
  - Major participating institution for programs in: CRS, IM, N
  - Institution ID: 11-8501

**Georgia**
- Albany
  - Phoebe Putney Memorial Hospital
    - 417 Third Avenue
      - PO Box 1628
      - Albany, GA 31701
      - Med Sch Affil: L-01201 L-01222
      - Programs sponsored in: FP, FPM
      - Institution ID: 12-801455

**Atlanta**
- Atlanta Medical Center
  - 300 Parkade Drive, NE
  - Box 423
  - Atlanta, GA 30312
  - Med Sch Affil: M-01201 L-01222
  - Programs sponsored in: FP, GM, IM, OBG, ORS, VS
  - Institution ID: 12-0198

- Centers for Disease Control and Prevention
  - 1400 Clifton Road, Mail Stop D-18
  - Atlanta, GA 30333
  - Programs sponsored in: FP, GM, IM, OBG, ORS, VS
  - Institution ID: 12-0198

- Children’s Healthcare of Atlanta
  - 1001 Johnson Ferry Rd, NE
  - Atlanta, GA 30305
  - Med Sch Affil: L-01201 G-01221 G-01205
  - Programs sponsored in: OR, OTO, PCC, RO, TS
  - Institution ID: 12-01410

- Children’s Healthcare of Atlanta at Egleston
  - 1655 Clifton Road, NE
  - Atlanta, GA 30322
  - Med Sch Affil: M-01201 G-01221 G-01205
  - Programs sponsored in: OR, OTO, PCC, RO, TS
  - Institution ID: 12-01410

- Emory University Hospital
  - 550 Peachtree St, NE
  - Atlanta, GA 30305
  - Med Sch Affil: M-01205
  - Programs sponsored in: ORS, OTO, PCC, RO, TS
  - Institution ID: 12-01735

- Emory University Hospital at Children’s Healthcare of Atlanta
  - Atlanta, GA 30338
  - Med Sch Affil: M-01206
  - Programs sponsored in: AN, APAM, AR, CR, CD, CN, D, DM, D, EM, ENDO, FOP, FP, GE, GPM, HO, IC, ICE, ID, IM, M, NEP, NS, OBG, OTO, O, PCC, FPM, PM, PTH, PHH, RHH, TS, U, VTR, W
  - Institution ID: 12-01405

- Emory University School of Medicine
  - Atlanta, GA 30322
  - Med Sch Affil: M-01205 L-04802
  - Programs sponsored in: OR, OTO, PCC, RO, TS
  - Institution ID: 12-01405

- Georgia Tech
  - 750 Ferber Road, NE
  - Atlanta, GA 30305
  - Med Sch Affil: M-01201
  - Programs sponsored in: OR, OTO, PCC, RO, TS
  - Institution ID: 12-01405
<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fulton County Medical Examiner's Office</strong></td>
<td>50 Coca Cola Place, SE Atlanta, GA 30303</td>
<td></td>
<td></td>
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<tr>
<td><strong>Georgia Colon &amp; Rectal Surgical Clinic</strong></td>
<td>5550 Peachtree Dunwoody Road, Suite 206 Atlanta, GA 30342</td>
<td></td>
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<tr>
<td><strong>Georgia Dept of Human Resources-Division of Public Health</strong></td>
<td>2 Peachtree Street 7th Floor Atlanta, GA 30303</td>
<td></td>
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<tr>
<td><strong>Georgia Poison Control Center - Grady Health System</strong></td>
<td>80 Butler Street PO Box 26066 Atlanta, GA 30335-3601</td>
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<tr>
<td><strong>Grady Memorial Hospital</strong></td>
<td>80 Joseph Ave, Jr Drive SW PO Box 26069 Atlanta, GA 30303</td>
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<tr>
<td><strong>Morehouse School of Medicine</strong></td>
<td>720 Westview Drive, SW Atlanta, GA 30313-1455</td>
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<tr>
<td><strong>Northside Hospital</strong></td>
<td>1000 Johnson Ferry Road, NE Atlanta, GA 30342-1111</td>
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<tr>
<td><strong>Piedmont Hospital</strong></td>
<td>1900 Peachtree Road, NW Atlanta, GA 30309</td>
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<tr>
<td><strong>Rollins School of Public Health of Emory University</strong></td>
<td>1518 Clifton Road, NE Atlanta, GA 30322</td>
<td></td>
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<tr>
<td><strong>Saint Joseph's Hospital of Atlanta</strong></td>
<td>5565 Peachtree Dunwoody Road, NE Atlanta, GA 30342-1764</td>
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<tr>
<td><strong>Shepherd Center, The</strong></td>
<td>2020 Peachtree Road Atlanta, GA 30309</td>
<td></td>
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<tr>
<td><strong>Southwest Community Hospital and Medical Center</strong></td>
<td>501 Fairburn Road, SW Atlanta, GA 30301</td>
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<tr>
<td><strong>Wesley Woods Geriatric Hospital</strong></td>
<td>1112 Clifton Road, NE Atlanta, GA 30329</td>
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<tr>
<td><strong>Medical College of Georgia</strong></td>
<td>1120 Fifteenth Street (AE-3042) Augusta, GA 30912-5000</td>
<td></td>
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<tr>
<td><strong>Medical College of Georgia School of Medicine</strong></td>
<td>1120 Fifteenth Street Augusta, GA 30912</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>University Hospital</strong></td>
<td>1350 Walton Way Augusta, GA 30901-3629</td>
<td></td>
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<tr>
<td><strong>Veterans Affairs Medical Center (Augusta)</strong></td>
<td>1 Freedom Way Augusta, GA 30904-6285</td>
<td></td>
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<tr>
<td><strong>Walton Rehabilitation Hospital</strong></td>
<td>1355 Independence Drive Augusta, GA 30901</td>
<td></td>
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<tr>
<td><strong>Columbus</strong></td>
<td>The Medical Center Inc 710 Center Street PO Box 951 Columbus, GA 31902</td>
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<tr>
<td><strong>Decatur</strong></td>
<td>Dekalb Medical Center 2701 North Decatur Road Decatur, GA 30030-5965</td>
<td></td>
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<tr>
<td><strong>Georgia Regional Hospital at Atlanta</strong></td>
<td>3072 Panthease Rd Decatur, GA 30037-0407</td>
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<tr>
<td><strong>Veterans Affairs Medical Center (Atlanta)</strong></td>
<td>1670 Clairmont Road Decatur, GA 30033</td>
<td></td>
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<tr>
<td><strong>East Point</strong></td>
<td>Tenet - South Fulton Medical Center 1170 Cleveland Ave East Point, GA 30344</td>
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<tr>
<td><strong>Fort Benning</strong></td>
<td>Martin Army Community Hospital Attn: MCXM-PRM 7960 Martin Loop Fort Benning, GA 31905-6657</td>
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<td><strong>Fort Gordon</strong></td>
<td>Dwight David Eisenhower Army Medical Center Building 300 Fort Gordon, GA 30905-5650</td>
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<td><strong>Lawrenceville</strong></td>
<td>Gwinnett Medical Center 1000 Medical Center Boulevard Lawrenceville, GA 30045</td>
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Macon

Medical Center of Central Georgia
777 Hemlock
PO Box 6600
Macon, GA 31208
Med Sch Affil: M-01401
Programs sponsored in: FP, GS, IM, OB/G, PD
Institution ID: 12-0566

Queen's Medical Center
PO Box 861
Hilo, HI 96720
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, CO, CHF, CHF, CPP, CPP, PD, PFP, FOG, P, PFP, PHT, TV
Institution ID: 14-0249

Shriners Hospitals for Children (Honolulu)
Honolulu, HI 96817

Wahiawa General Hospital
128 Lehua St, Box 608
Wahiawa, HI 96786
Med Sch Affil: M-01401
Major participating institution for programs in: FP, FSM
Institution ID: 14-0954

Rome

Floyd Medical Center
Turner McCull Blvd
Rome, GA 30161
Med Sch Affil: L-01201, L-01222
Programs sponsored in: FP
Institution ID: 12-0342

St Francis Medical Center
PO Box 20700
Hilo, HI 96720-2000
Med Sch Affil: M-01401
Major participating institution for programs in: FP, FSM
Institution ID: 14-0240

Waycross

Stailla Regional Medical Center
410 Darling Avenue
Waycross, GA 31502-0139

University of Hawaii John A Burns School of Medicine
1366 Lauhala Street, Suite 509
Hilo, HI 96720
Med Sch Affil: M-01401
Programs sponsored in: FP, GS, IM, MG, OBG, OB/G, ORG, ORS, P, PD, PFP, PHT, TV
Institution ID: 14-0440

VA Regional Office-Outpatient Clinic (Honolulu)
PO Box 50168
Hilo, HI 96720
Med Sch Affil: M-01401
Major participating institution for programs in: IMG, TV, TV
Institution ID: 14-0419

VA Medical Center (Hilo)
PO Box 50168
Hilo, HI 96720
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, P, PFP, TV
Institution ID: 14-0269

Kaneohe

Hawaii State Hospital
46-710 Kamehameha Road
Kaneohe, HI 96744
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, P, PFP, TV
Institution ID: 14-0244

Tripler AMC
3100 Tripler Army Medical Center
600 South Street
Tripler, HI 96859
Med Sch Affil: M-01401
Programs sponsored in: CHF, CR, CPP, FOG, TV
Institution ID: 14-0471

Kaneohe

Hawaii State Hospital
46-710 Kamehameha Road
Kaneohe, HI 96744
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, P, PFP, TV
Institution ID: 14-0471

Kapolei Regional Medical Center
96-270 Kamehameha Highway
Kapolei, HI 96746
Med Sch Affil: M-01401
Programs sponsored in: CHF, CR, CPP, FOG, TV
Institution ID: 14-0471

Kaneohe

Hawaii State Hospital
46-710 Kamehameha Road
Kaneohe, HI 96744
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, P, PFP, TV
Institution ID: 14-0244

Wahiawa

Wahiawa General Hospital
128 Lehua St, Box 608
Wahiawa, HI 96786
Med Sch Affil: M-01401
Major participating institution for programs in: FP, FSM
Institution ID: 14-0954

Idaho

Boise

Family Practice Residency of Idaho
777 N Raymond
Boise, ID 83704
Med Sch Affil: M-01401
Programs sponsored in: GP
Institution ID: 14-0750

St Alphonsus Regional Medical Center
1055 N Curtis Road
Boise, ID 83706
Med Sch Affil: M-01401
Major participating institution for programs in: FP, FSM
Institution ID: 14-0711

St Luke's Regional Medical Center
190 E Barleth Street
Boise, ID 83702
Med Sch Affil: M-01401
Major participating institution for programs in: FP
Institution ID: 14-0711

Treasure Valley Hospital
5800 West Emmett Street
Boise, ID 83704

Veterans Affairs Medical Center (Boise)
600 W Fort Street
Boise, ID 83702
Med Sch Affil: M-01401
Major participating institution for programs in: FSM
Institution ID: 14-0954

Caldwell

West Valley Medical Center
1717 Arlington
Caldwell, ID 83605
Major participating institution for programs in: FP
Institution ID: 14-0710

Pocatello

Idaho State University
Kasiska College of Health Professions
Campus Box 8090
Pocatello, ID 83209-8090
Programs sponsored in: FP
Institution ID: 14-0911

Portneuf Regional Medical Center
651 Memorial Drive
Pocatello, ID 83201
Major participating institution for programs in: FP
Institution ID: 14-0902

Idaho

Boise

Family Practice Residency of Idaho
777 N Raymond
Boise, ID 83704
Med Sch Affil: M-01401
Programs sponsored in: GP
Institution ID: 14-0750

St Alphonsus Regional Medical Center
1055 N Curtis Road
Boise, ID 83706
Med Sch Affil: M-01401
Major participating institution for programs in: FP, FSM
Institution ID: 14-0711

St Luke's Regional Medical Center
190 E Barleth Street
Boise, ID 83702
Med Sch Affil: M-01401
Major participating institution for programs in: FP
Institution ID: 14-0711

Treasure Valley Hospital
5800 West Emmett Street
Boise, ID 83704

Veterans Affairs Medical Center (Boise)
600 W Fort Street
Boise, ID 83702
Med Sch Affil: M-01401
Major participating institution for programs in: FSM
Institution ID: 14-0954

Caldwell

West Valley Medical Center
1717 Arlington
Caldwell, ID 83605
Major participating institution for programs in: FP
Institution ID: 14-0710

Pocatello

Idaho State University
Kasiska College of Health Professions
Campus Box 8090
Pocatello, ID 83209-8090
Programs sponsored in: FP
Institution ID: 14-0911

Portneuf Regional Medical Center
651 Memorial Drive
Pocatello, ID 83201
Major participating institution for programs in: FP
Institution ID: 14-0902
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<td>Carbondale</td>
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<td>Children's Memorial Hospital</td>
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<td>HCA Chicago Lakeshore Hospital</td>
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<td>Jackson Park Hospital</td>
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<td>John H Stroger Hospital of Cook County</td>
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<td>LaRabida Children's Hospital and Research Center</td>
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<td>Louis A Weiss Memorial Hospital</td>
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<td>McGaw Medical Center of Northwestern University</td>
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<td>Michael Reese Hospital and Medical Center</td>
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<td>Mount Sinai Hospital Medical Center of Chicago</td>
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<td>Northwestern Memorial Hospital</td>
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<td>Provident Hospital of Cook County</td>
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<td>Rehabilitation Institute of Chicago</td>
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<td></td>
<td>Resurrection Medical Center</td>
</tr>
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<td>Rush University Medical Center</td>
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**Children's Memorial Hospital**  
2300 Children's Plaza  
Room 105  
Chicago, IL 60614  
Med Sch Affil: M-01606, L-01603, G-01611  
Major participating institution for programs in:  
AJ, AN, CCP, CCB, CHN, CHP, CN, DMP, CM, CMD, MM, N, NDP, NS, OPH, ORS, P, PAN, PD, PDC, PDE, PDH, PDS, PEM, PM, PHO, FN, PP, PFR, PS, RNK, RO, RS, U, UP  
Institution ID: 16-0254

**HCA Chicago Lakeshore Hospital**  
9400 N Marine Dr  
Chicago, IL 60640  
Med Sch Affil: L-01602  
Major participating institution for programs in:  
CHP, CD, CRN, CRR, D, DR, EM, GH, GM, GO, HS, MI, MP, MPD, MPN, MPD, N, NPM, NR, NS, ORS, OTH, P, PCC, PDC, PDH, PDS, PEM, PM, PHO, FN, PP, PFR, PHO, RNK, RO, RS, U, UP  
Institution ID: 16-0164

**Jackson Park Hospital**  
7531 South Stony Island Avenue  
Chicago, IL 60649-2013  
Programs sponsored in:  
FP  
Institution ID: 16-0034

**John H Stroger Hospital of Cook County**  
1601 West Harrison Street  
Chicago, IL 60607  
Programs sponsored in:  
AN, APN, CCB, CCR, CHP, CN, D, DR, EM, GE, GPM, HO, HS, IM, IP, MPD, NN, NPM, OP, ORS, OPH, ORS, P, PEM, PM, PHO, FN, PP, PFR, PHO, RNK, RO, RNK, RNK, RO, RS, U, UP, V, VS  
Institution ID: 16-0043

**LaRabida Children's Hospital and Research Center**  
East 65th Street at Lake Michigan  
Chicago, IL 60649-1995  
Major participating institution for programs in:  
PFR  
Institution ID: 16-0077

**Louis A Weiss Memorial Hospital**  
4646 N Marine Dr  
Chicago, IL 60640  
Med Sch Affil: M-01602  
Programs sponsored in:  
IM, TY  
Institution ID: 16-0123

**McGaw Medical Center of Northwestern University**  
645 N Michigan Avenue  
Suite 1050-A  
Chicago, IL 60611  
Med Sch Affil: M-01606  
Programs sponsored in:  
Institution ID: 16-0329

**Michael Reese Hospital and Medical Center**  
2929 S Ellis Avenue  
Chicago, IL 60616-3390  
Med Sch Affil: M-01611, G-01602  
Programs sponsored in:  
CD, IM  
Institution ID: 16-0112

**Mount Sinai Hospital Medical Center of Chicago**  
California Ave at 15th St  
Chicago, IL 60660-1977  
Med Sch Affil: M-01602, L-01602, G-01611, G-01602  
Programs sponsored in:  
FP, ND  
Institution ID: 16-0339

**Northwestern Memorial Hospital**  
251 East Huron, Suite 3-708  
Chicago, IL 60611  
Med Sch Affil: M-01606  
Programs sponsored in:  
APD, AI, AN, APM, CCA, CD, CCR, CN, D, DMP, DR, EM, END, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, NM, N, NNP, NM, NNP, NR, NS, ORS, OTH, P, PDC, PDP, PS, PP, PS, PTH, PHO, PHO, RNK, RO, SCI, SI, TS, U, V, VB, VS  
Institution ID: 16-0258

**Office of the Medical Examiner of Cook County**  
2121 West Harrison Street  
Chicago, IL 60612  
Med Sch Affil: G-01643  
Programs sponsored in:  
PFR  
Institution ID: 16-0062

**Provident Hospital of Cook County**  
560 E 51st S  
Chicago, IL 60615  
Programs sponsored in:  
FP  
Institution ID: 16-0201

**Rehabilitation Institute of Chicago**  
345 E Superior St  
Chicago, IL 60611  
Med Sch Affil: M-01606  
Programs sponsored in:  
ND, FM, FPR, SCI  
Institution ID: 16-0401

**Resurrection Medical Center**  
7435 W Talbot Avenue  
Chicago, IL 60621  
Med Sch Affil: M-01643  
Programs sponsored in:  
EM, FP, IM, TY  
Institution ID: 16-0121

**Rush University Medical Center**  
1653 W Congress Pkwy  
Chicago, IL 60612  
Med Sch Affil: M-01601  
Programs sponsored in:  
AJ, AN, APM, CCM, CD, CCR, CN, D, DR, EM, FN, GE, HS, HO, IC, ICE, ID, IM, IMG, MM, M, N, NNP, NM, NNP, NC, ORS, OTH, P, PCC, PDP, PS, PTH, RNK, RO, RS, U, UP, V, VS  
Institution ID: 16-0278
Saints Mary and Elizabeth Medical Center  
St Mary of Nazareth Hospital Center  
2223 W Division Street  
Chicago, IL 60622  
Programs sponsored in: FP  
Institution ID: 18-0043

Schwab Rehabilitation Hospital and Care Network  
1401 S California Blvd  
Chicago, IL 60608  
Programs sponsored in: PM  
Institution ID: 16-0450

Shriners Hospitals for Children (Chicago)  
2211 N Oak Park Avenue  
Chicago, IL 60640  
Programs sponsored in: OBG  
Institution ID: 16-0370

St Anthony Hospital  
3875 W 14th St  
Chicago, IL 60623  
Major participating institution for programs in: OBG  
Institution ID: 16-0312

St Elizabeth's Hospital  
1431 N Claremont Avenue  
Chicago, IL 60657  
Programs sponsored in: FP  
Institution ID: 16-0413

St Joseph Hospital  
2900 N Lake Shore Drive  
Chicago, IL 60657  
Programs sponsored in: FP, GS, IM, OBG, TY  
Institution ID: 16-0310

St Mary of Nazareth Hospital Center  
2220 W Division Street  
Chicago, IL 60622  
Major participating institution for programs in: FP  
Institution ID: 16-0133

Swedish Covenant Hospital  
5145 N California Ave  
Chicago, IL 60640  
Programs sponsored in: FP, TY  
Institution ID: 16-0342

University of Chicago Children's Hospital  
5841 S Maryland Ave  
Chicago, IL 60637  
Programs sponsored in: CCP, MDP, NFM, PD, PDI, PDP, PHI, PHO, PPR  
Institution ID: 16-0763

University of Chicago Hospitals  
5841 South Maryland Avenue  
MC 1052  
Chicago, IL 60637  
Programs sponsored in: AN, APN, AR, BBK, CCA, CCM, CCP, CD, CEN, CHF, CN, D, DMP, DR, EM, END, GE, GS, HMP, HO, HSO, IC, ICR, IM, IDG, MG, MDP, N, NFM, NP, NPM, NS, OAR, OBG, OMD, OPH, ORS, OSM, OTO, P, PCC, PDP, PDI, PDR, PDP, PHO, PPR, PS, PTH, RHU, RN, RO, U, VIR  
Major participating institution for programs in: ID  
Institution ID: 18-0405

University of Illinois College of Medicine at Chicago  
1852 W Polk Street, MC 784  
Chicago, IL 60612  
Programs sponsored in: ADP, AN, APN, BBK, CES, CD, CHF, CN, D, DMP, DR, EM, END, GE, GS, HMP, HO, IC, ID, IM, ICM, MEM, MG, MDP, N, NFM, NP, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PDP, PDI, PDR, PS, PTH, RHU, RN, RO, U, VIR  
Institution ID: 16-0762

University of Illinois Hosp-Illinois Eye and Ear Infirmary  
1865 W Taylor St  
Chicago, IL 60612  
Programs sponsored in: OTO  
Institution ID: 16-0337

University of Illinois Hospital and Clinics  
1740 W Taylor St, Suite 1400  
Chicago, IL 60612  
Programs sponsored in: OPM, GS, HMP, HO, ID, IM, IMG, MEM, MG, MDP, N, NFM, NP, NPM, NS, OBG, OPH, ORS, OSM, PH, PCC, PDP, PDI, PDR, PS, PTH, RHI, RN, RO, U, VIR  
Institution ID: 16-0447

University of Illinois School of Public Health  
2231 W Taylor St  
Chicago, IL 60612-7260  
Major participating institution for programs in: GPM  
Institution ID: 16-0709

Veterans Affairs Chicago Health Care System  
333 East Heron Street  
Chicago, IL 60611  
Programs sponsored in: BCM, CCM, Endoscopy, GPM, GS, HMP, HO, ID, IM, IMG, MEM, MG, MDP, N, NFM, NP, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PDP, PDI, PDR, PS, PTH, RHU, RN, RO, U, VIR  
Institution ID: 16-0249

Veterans Affairs West Side Medical Center  
820 S Damen Avenue  
PO Box 8188  
Chicago, IL 60606  
Programs sponsored in: ADP, AN, APN, AR, BBK, CCA, CCM, CCP, CD, CEN, CHF, CN, D, DMP, DR, EM, END, GE, GS, HMP, HO, HSO, IC, ICR, IM, IDG, MG, MDP, N, NFM, NP, NPM, OAR, OBG, OMD, OPH, ORS, OSM, OTO, P, PCC, PDP, PDI, PDR, PDP, PHO, PPR, PS, PTH, RHU, RN, RO, U, VIR  
Institution ID: 16-0763

Danville  
Veterans Affairs Medical Center (Danville)  
1800 E Main Street  
Danville, IL 61832  
Programs sponsored in: M  
Institution ID: 16-0766

Decatur  
Decatur Memorial Hospital  
2330 N Edward St  
Decatur, IL 62526  
Programs sponsored in: G  
Institution ID: 16-0895
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<td>La Grange Memorial Hospital</td>
<td>5101 South Willow Springs Road</td>
<td>Programs: FP, IM, TY</td>
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<td>Maywood</td>
<td>Loyola University Medical Center</td>
<td>2160 S First Avenue</td>
<td>Programs: AN, AP, CD, CHN, CN, DR, ENP, FP, GE, GS, HMP, N, IC, ICE, ID, IM, IMG, MPI, N, NEP, NM, NPM, NS, OB, OBG, OPHL, ORS, OT, OP, PCC, PCC, PM, PS, PTH, RHI, RO, SCI, TS, U</td>
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<td>North Chicago</td>
<td>Finch University of Health Sciences/Chicago Medical School</td>
<td>3333 Green Bay Road</td>
<td>Programs: CCM, CD, END, GS, ID, IM, P, PUD</td>
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<td>Peoria</td>
<td>Methodist Medical Center of Illinois</td>
<td>221 NE Green Oak Ave</td>
<td>Programs: EM, EM, FM, ID, IM, MS, OB, P, PUD</td>
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<td>Quincy</td>
<td>Blessing Hospital</td>
<td>Broadway at 11th St</td>
<td>Programs: EM, EM, FM, ID, IM, MS</td>
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<td>Rockford</td>
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<td>1400 Charles St</td>
<td>Programs: FP, PSM</td>
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<td>Urbana</td>
<td>Carle Foundation Hospital</td>
<td>611 West Park Street</td>
<td>Programs: CCM, CD</td>
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<td>Urbana</td>
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<td>1600 W Park Street</td>
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<td>Urbana</td>
<td>University of Illinois College of Medicine at Urbana</td>
<td>611 W Park St</td>
<td>Programs: IM</td>
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Wheaton
Marianjoy Rehabilitation Hospital
25 West 171 Roosevelt Road
Wheaton, IL 60187
Med Sch Affil: G-01643, G-01691
Programs sponsored in: PM
Major participating institution for programs in: PM
Institution ID: 16-6025

Indiana
Beech Grove
St Francis Hospital and Health Centers
1600 Albang Street
Beech Grove, IN 46107
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0125
Evansville
Deaconess Hospital
600 Mary Street
Evansville, IN 47747
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0125
St Mary’s Medical Center
3700 Washington Avenue
Evansville, IN 47710
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0424
Fort Wayne
Fort Wayne Medical Education Program
2448 Lake Avenue
Fort Wayne, IN 46805
Programs sponsored in: FP, OBS
Institution ID: 17-0446
Lutheran Hospital of Indiana
7351 W Jefferson Boulevard
Fort Wayne, IN 46804
Med Sch Affil: L-01730
Major participating institution for programs in: FP, OBS
Institution ID: 17-0228
Parkview Memorial Hospital
2200 Randallia Dr
Fort Wayne, IN 46805
Med Sch Affil: L-01720
Major participating institution for programs in: FP, OBS
Institution ID: 17-0447
St Joseph Hospital
700 Broadway
Fort Wayne, IN 46822
Med Sch Affil: L-01730
Major participating institution for programs in: FP, OBS
Institution ID: 17-0422
Gary
Methodist Hospitals
600 Grant Street
Gary, IN 46401
Med Sch Affil: M-01720
Programs sponsored in: FP
Institution ID: 17-0236
Indianapolis
Central Indiana Regional Blood Center
3450 N Meridian St
Indianapolis, IN 46206
Major participating institution for programs in: BBR
Institution ID: 17-0100
Clarian Indiana University Hospital
1566 N 21st Street
PO Box 1387
Indianapolis, IN 46206-1387
Med Sch Affil: M-01720
Major participating institution for programs in: AN, APM, BRR, CPS, CN, CPP, D, DMP, DR, END, POP, GE, GS, HMP, Ho, HSO, ID, IM, MG, MM, MM, MPD, N, NSP, NM, NP, NS, OB, OBS, OBS, OSM, PCC, PCP, PCP, PM, PS, PYG, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0444
Clarian Methodist Hospital of Indiana
1-65 at 21st Street
PO Box 1107
Indianapolis, IN 46206-1387
Med Sch Affil: M-01720
Major participating institution for programs in: CD, DR, EM, EMP, ETX, PP, PSM, DB, IC, ICE, IM, NP, NS, OB, OBS, OBS, OSM, PCC, PCP, PTH, PYN, RHU, RNR, RO, TS, U, VIR, VN
Programs sponsored in: CD, F, FPG, IC, ICE, IFP, IM, OB, PS, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0127
Clarian Riley Hospital for Children
1566 N 21st Street
PO Box 1387
Indianapolis, IN 46206-1387
Med Sch Affil: M-01720
Major participating institution for programs in: ADL, AN, APM, BRR, CPS, CN, CPP, D, DMP, DR, END, HMP, EM, MG, MM, MM, MPD, N, NS, OB, OBS, OBS, OSM, PCC, PCP, PTH, PCP, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0800
Community Hospitals of Indianapolis
1500 N Bitter Ave
Indianapolis, IN 46219
Med Sch Affil: M-01720
Programs sponsored in: FP
Major participating institution for programs in: PM
Institution ID: 17-0710
Indiana Hand Center
8001 Harcourt Blvd
Indianapolis, IN 46260
Major participating institution for programs in: HSO
Institution ID: 17-0807
Indiana University School of Medicine
Pfeiler Hall, Room 302
1120 South Drive
Indianapolis, IN 46202-5114
Med Sch Affil: M-01720
Programs sponsored in: ADL, ADP, AN, APM, BRR, CD, CPS, CHN, CHP, CN, CPP, D, DMP, DR, EM, EMP, END, ETX, POP, PP, PSM, GE, HMP, HO, HSO, IC, ICE, IM, IM, MG, MM, MM, MPD, N, NS, OB, OBS, OBS, OSM, PCC, PCP, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0001
Larue D Carter Memorial Hospital
2601 Cold Spring Road
Indianapolis, IN 46222
Med Sch Affil: M-01720
Major participating institution for programs in: CHF, F
Institution ID: 17-0189
Richard L Roudebush Veterans Affairs Medical Center
1461 W 8th Street
Indianapolis, IN 46202
Med Sch Affil: M-01720
Major participating institution for programs in: ADP, AN, CD, D, DMP, DR, END, GE, GS, HO, IC, ICE, IM, MM, MNP, N, NM, NS, OB, OBS, OTO, P, PCC, PM, PS, PTH, PYN, RHU, RNR, RO, TS, U, VN
Institution ID: 17-0414
St Vincent Hospital and Health Care Center
2001 W 86th Street
PO Box 46070
Indianapolis, IN 46240
Med Sch Affil: M-01720
Programs sponsored in: CD, FP, FPG, IC, ICE, IFP, IM, OB, PS, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0421
William N Wishard Memorial Hospital
Indiana University
1000 W Tenth St
Indianapolis, IN 46202
Med Sch Affil: M-01720
Major participating institution for programs in: ADP, AN, CPS, D, DMP, DR, EM, EMP, ETX, GE, GS, HO, IC, IM, MM, MNP, N, NM, NS, OB, OBS, OTO, P, PCC, PM, PTH, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0141
Muncie
Ball Memorial Hospital
Cardinal Health System
2301 University Avenue
Muncie, IN 47303
Med Sch Affil: L-01720
Programs sponsored in: FP, IM, ISM, PTH, TY
Institution ID: 17-0199
South Bend
Memorial Hospital of South Bend
615 N Michigan Street
South Bend, IN 46601
Med Sch Affil: L-01720
Programs sponsored in: FP, PSM
Major participating institution for programs in: PSM
Institution ID: 17-0423
St Joseph’s Regional Medical Center (South Bend)
601 E LaSalle Street
PO Box 1036
South Bend, IN 46634-1035
Med Sch Affil: L-01720
Programs sponsored in: FP, PSM
Major participating institution for programs in: PSM
Institution ID: 17-0419
Terre Haute
Union Hospital, Inc
1518 N 6 1/2 St
Terre Haute, IN 47807
Med Sch Affil: L-01725
Programs sponsored in: FP
Institution ID: 17-0709

Iowa

Cedar Rapids
Cedar Rapids Medical Education Foundation
1028 A Avenue NE
Cedar Rapids, IA 52402
Med Sch Affil: L-01803
Programs sponsored in: FP
Institution ID: 18-0802

Mercy Medical Center
701 Teutn St, SE
Cedar Rapids, IA 52403
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0417

St Luke's Methodist Hospital
1026 A Avenue, NE
PO Box 3026
Cedar Rapids, IA 52406-3026
Med Sch Affil: L-01803
Major participating institution for programs in: EM, FP
Institution ID: 18-0417

Davenport
Genesee Medical Center
1237 P Risholme
Davenport, IA 52803
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0901

Genesis Medical Education Foundation
1345 W Central Park
Davenport, IA 52804
Programs sponsored in: FP
Institution ID: 18-9061

Des Moines
Broadlawns Medical Center
1801 Hickman Road
Des Moines, IA 50314-1007
Med Sch Affil: L-01803
Programs sponsored in: FP, TY
Major participating institution for programs in: GS
Institution ID: 18-0240

Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
1415 Woodland Avenue, Suite 140
Des Moines, IA 50308-1453
Med Sch Affil: M-01803
Programs sponsored in: FP, GS, IM, PD, TY
Major participating institution for programs in: TY
Institution ID: 18-0130

Mercy Hospital Medical Center
400 University Ave
Des Moines, IA 50314
Med Sch Affil: G-00608
Major participating institution for programs in: FP
Institution ID: 19-0356

Veterans Affairs Central Iowa Health Care System
2600 30th Street
Des Moines, IA 50310-5774
Med Sch Affil: L-01803
Major participating institution for programs in: GS, IM
Institution ID: 18-0226

Iowa City
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, IA 52242-1009
Med Sch Affil: M-01803
Programs sponsored in: AJ, AN, APM, BBK, CCA, CPP, CD, CHN, CHP, CN, D, DBE, DR, EM, EMB, FP, FPO, FPPO, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, MP, N, NEP, NM, NO, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, FCC, FCP, FQ, PDC, FDE, FPO, PDR, FPR, FG, FPG, FPH, PTH, FYY, RHE, RHR, RO, TS, U, VIR, VS
Institution ID: 18-0415

Veterans Affairs Medical Center (Iowa City)
Highway #6 West
Iowa City, IA 52240
Med Sch Affil: M-01803
Major participating institution for programs in: AN, CD, DR, END, GE, GS, HSO, IC, ICE, IM, MP, N, NM, NS, OBG, OPH, ORS, OTO, P, FCE, FCP, FQ, FDE, FPO, PDR, FPR, FG, FPG, FPH, PTH, FYY, RHU, RHR, RO, TS, U, VIR, VS
Institution ID: 18-0419

Mason City
Merry Medical Center-North Iowa
1000 4th Street, SW
Mason City, IA 50401
Med Sch Affil: L-01803
Programs sponsored in: FP
Institution ID: 18-0705

Pella
Pella Regional Health Center
404 Jefferson Street
Pella, IA 50219
Major participating institution for programs in: FP
Institution ID: 18-0705

Sioux City
Merry Medical Center (Sioux City)
801 Fifth St, Box 3168
Sioux City, IA 51101
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0705

Siouxland Medical Education Foundation
2501 Pierce Street
Sioux City, IA 51104
Programs sponsored in: FP
Institution ID: 18-0708

St Luke's Regional Medical Center
2501 Parkway Street
Sioux City, IA 51104
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 19-0710

Waterloo
Allen Memorial Hospital
1825 Logan Avenue
Waterloo, IA 50703
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0713

Covenant Medical Center
3421 W Ninth Street
Waterloo, IA 50702-5469
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 19-0714

Northeast Iowa Medical Education Foundation
2655 Kinmall Avenue
Waterloo, IA 50702
Programs sponsored in: FP
Institution ID: 18-0712

Kansas

Junction City
Geary Community Hospital
1102 St Mary's Rd
Box 690
Junction City, KS 66444
Med Sch Affil: G-01002
Major participating institution for programs in: FP
Institution ID: 19-0003

Kansas City
Bethany Medical Center
51 N 12th St
Kansas City, KS 66103
Major participating institution for programs in: CHN
Institution ID: 19-0418

University of Kansas Medical Center
39th and Rainbow Blvd
Kansas City, KS 66103
Med Sch Affil: G-01002
Major participating institution for programs in: AJ, AN, CD, CHN, CHP, CN, D, DBF, DR, EM, F, FPO, FPP, FPO, GPM, GS, HMP, HSR, HO, HSO, IC, ICE, ID, IM, MP, N, NEP, NM, NO, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, FCC, FCP, FQ, PDC, FDE, FPO, PDR, FER, FG, FPG, FPH, PTH, PYY, RHE, RHR, RO, TS, U, VIR, VS
Institution ID: 18-0409

University of Kansas School of Medicine
3901 Rainbow Blvd
Kansas City, KS 66109-7100
Med Sch Affil: G-01002
Programs sponsored in: ADP, AJ, AN, CD, CHN, CN, D, DR, FP, GE, GS, HO, ID, IM, IMG, MP, N, NEP, NS, OBG, OPH, ORS, OTO, P, FCC, FCP, FQ, FPO, FPR, FG, FPG, FPH, PTH, RHE, RO, TS, U, VIR, VS
Institution ID: 19-0501

Leavenworth
Dwight D Eisenhower Veterans Affairs Medical Center
4401 S Fourth St
Leavenworth, KS 66048
Med Sch Affil: G-01002
Major participating institution for programs in: ADP, GS
Institution ID: 19-0406

Institution ID: 18-0705

Institution ID: 18-0705

Institution ID: 19-0419

Institution ID: 18-0705

Institution ID: 19-0710

Institution ID: 18-0713

Institution ID: 19-0714

Institution ID: 18-0712

Institution ID: 19-0003

Institution ID: 19-0418

Institution ID: 18-0409

Institution ID: 19-0501

Institution ID: 19-0406
Olathe
Radiation Oncology Center of Olathe/U of Kansas Med Ctr
20670 West 151st Street
Olathe, KS 66061
Med Sch Affil: L-0102
Major participating institution for programs in: RO
Institution Id: 19-5010

Salina
Salina Regional Health Center
400 S Santa Fe Avenue
PO Box 5068
Salina, KS 67401-5068
Major participating institution for programs in: FP
Institution Id: 19-0518

Wichita
Kansas Surgery and Recovery Center
2770 N Webb Rd
Wichita, KS 67226-2888
Major participating institution for programs in: OBS
Institution Id: 19-0811

Sedgwick County Regional Forensic Science Center
1100 N Minneapolis
Wichita, KS 67214-5129
Programs sponsored in: FOP
Institution Id: 19-0187

University of Kansas School of Medicine (Wichita)
1010 N Kansas
Wichita, KS 67214-3189
Med Sch Affil: M-0102
Programs sponsored in: AN, DR, FG, IM, MDL, OBG, ORS, P, PD, PYG
Institution Id: 19-0511

Veterans Affairs Medical Center (Wichita)
5500 E Kellogg
Wichita, KS 67216-1607
Med Sch Affil: M-0102
Major participating institution for programs in: IM, OBS, P
Institution Id: 19-0196

Via Christi Regional Medical Center- St Francis
920 N St Francis Avenue
Wichita, KS 67214-3882
Med Sch Affil: M-0102
Major participating institution for programs in: AN, FG, IM, ORS, P, PYG
Institution Id: 19-0132

Via Christi Regional Medical Center- St Joseph
3500 E Harry Street
Wichita, KS 67218-3713
Med Sch Affil: M-0102
Major participating institution for programs in: AN, DR, FG, IM, MPP, OBG, ORS, PD
Institution Id: 19-0306

Wesley Medical Center
550 N Hillside
Wichita, KS 67214-4976
Med Sch Affil: M-0102
Major participating institution for programs in: AN, DR, FG, IM, MPP, OBG, ORS, PD
Institution Id: 19-0500

Kentucky
Edgewood
St Elizabeth Medical Center
One Medical Village Dr
Edgewood, KY 41017
Med Sch Affil: G-00101
Programs sponsored in: FP
Institution Id: 20-0463

Glasgow
T J Samson Community Hospital
1301 N Race Street
Glasgow, KY 42141-2443
Med Sch Affil: G-0003
Major participating institution for programs in: FP
Institution Id: 20-7044

Hazard
ARH Regional Medical Center (Hazard)
100 Medical Center Drive
Hazard, KY 41701
Med Sch Affil: G-00012
Major participating institution for programs in: FP
Institution Id: 20-7045

Lexington
Cardinal Hill Hospital
2060 Versailles Road
Lexington, KY 40504
Med Sch Affil: G-00012
Major participating institution for programs in: PM
Institution Id: 20-0252

Central Baptist Hospital
1740 N Lime Street
Lexington, KY 40503
Major participating institution for programs in: OBG, U
Institution Id: 20-0248

Ridge Behavioral Health System
3600 Eino Dosa Drive
Lexington, KY 40509
Med Sch Affil: G-00012
Major participating institution for programs in: CHP, CPP
Institution Id: 20-8006

Samaritan Hospital
310 South Limestone
Lexington, KY 40508
Major participating institution for programs in: PCC
Institution Id: 20-0253

Shriners Hospitals for Children (Lexington)
1000 Richmond Rd
Lexington, KY 40502-1198
Med Sch Affil: G-00012
Programs sponsored in: OP
Major participating institution for programs in: ORS
Institution Id: 20-0324

St Joseph Hospital
1 St Joseph Drive
Lexington, KY 40504
Med Sch Affil: G-00012
Major participating institution for programs in: IC, U
Institution Id: 20-6261

University of Kentucky A B Chandler Medical Center
800 Rose Street
Lexington, KY 40536
Med Sch Affil: M-00012
Programs sponsored in: AN, APM, CSS, CD, CHP, CPP, DR, EM, FG, FSSM, Gm, GPM, HO, IC, ID, IMO, N, NEE, NPM, NS, OBG, OPH, ORS, OSM, OT, O, PCC, PCP, PD, PM, FS, PTH, RO, TS, U, VS
Institution Id: 20-0513

University of Kentucky Hospital
300 Rose Street
Lexington, KY 40536-6084
Med Sch Affil: M-00012
Programs sponsored in: MDP
Major participating institution for programs in: CD, CHP, DT, GE, GS, NS, GPM, ORS, OTH, PCC, PCP, PM, FS, PTH, TS, U, VS
Institution Id: 20-0506

Veterans Affairs Medical Center (Lexington)
1101 Veteran's Drive (Cooper Drive Division)
Lexington, KY 40502
Med Sch Affil: M-00012
Major participating institution for programs in: GE, GPM, GS, HO, IC, IM, MPPB, N, NEF, NS, OPHR, ORS, PCC, PCP, PM, FS, PTH, TS, U, VS
Institution Id: 20-0312

Louisville
American Red Cross Blood Services (Louisville Region)
510 E Chestnut Street
Louisville, KY 40202
Major participating institution for programs in: EBEK
Institution Id: 20-0200

Child Psychiatric Services (Bingham Child Guidance Clinic)
Uof Louisville Sch of Med
290 E Chestnut St
Louisville, KY 40202
Med Sch Affil: L-03002
Major participating institution for programs in: CHP, P
Institution Id: 20-0500

Frazier Rehabilitation Institute
205 Abraham Flexner Way
Louisville, KY 40203-1837
Med Sch Affil: M-00022
Major participating institution for programs in: PM
Institution Id: 20-0515

James Graham Brown Medical Center
520 S Jackson Street
Louisville, KY 40202
Major participating institution for programs in: HO
Institution Id: 20-0405

Jewish Hospital
217 East Chestnut Street
Louisville, KY 40202
Med Sch Affil: M-00022
Major participating institution for programs in: CD, CRS, END, FP, FSSM, GE, GS, HSS, IC, ICB, NEE, ORS, PS, TS
Institution Id: 20-0416

Kleinert Kutz and Associates-Louisville Hand Surgery Center
225 Abraham Flexner Way, Suite 800
Louisville, KY 40202
Med Sch Affil: L-03007
Major participating institution for programs in: PS
Institution Id: 20-0403
Kosair Children's Hospital (Norton Healthcare, Inc)
PO Box 30570
231 East Chestnut Street
Louisville, KY 40223-3070
Med Sch Affi: M-02002
Major participating institution for programs in: AN, CPP, CHF, EM, GS, MD, NER, NFM, NS, OPH, ORS, OTO, PD, PDI, PEM, PG, PTH, TS
Institution Id: 20-0345

Norton Healthcare - Norton Hospital
200 East Chestnut Street
Louisville, KY 40217
Med Sch Affi: M-02002
Major participating institution for programs in: CBS, EM, END, FPG, GS, N, NFM, NS, OBG, OTO, P, PTH
Institution Id: 20-0355

Norton Medical Pavilion-Norton Healthcare, Inc
PO Box 30570
315 E Broadway
Louisville, KY 40202
Med Sch Affi: L-02012
Major participating institution for programs in: ORS, OTO, PCC, PC, PS, PTH, TS
Institution Id: 20-0307

Office of Chief Medical Examiner
800 Barret Avenue
Louisville, KY 40204
Major participating institution for programs in: POP
Institution Id: 20-0848

University of Louisville Hospital
500 South Jackson Street
Louisville, KY 40202
Med Sch Affi: M-02002
Major participating institution for programs in: AN, BBK, CBS, CD, CRS, D, DR, EM, END, FOP, FPG, GE, GS, HO, ICH, ID, IM, MFD, N, NER, NFM, NS, OBG, OPH, ORS, OTO, P, PCC, POP, PS, PTH, RO, TS
Institution Id: 20-0283

University of Louisville School of Medicine
Abell Administration Center, #518
323 E Chestnut Street
Louisville, KY 40202
Med Sch Affi: M-02002
Programs sponsored in: ADP, AN, APM, BBK, CPP, CBS, CD, CHF, CBS, D, DR, EM, END, FOP, FOP, FPG, GS, GE, HO, ICH, ID, IM, MFD, N, NER, NFM, NS, OBG, OPH, ORS, OTO, P, PCC, POP, PS, PTH, RO, TS
Institution Id: 20-0507

Veterans Affairs Medical Center (Louisville)
800 Zorn Avenue
Louisville, KY 40206
Med Sch Affi: M-02002
Major participating institution for programs in: AN, CO, CBS, D, DR, END, GE, GS, HO, ICH, ID, IM, MFD, N, NER, OPH, ORS, OTO, P, PCC, PTH, TS
Institution Id: 20-0179

Madisonville
Regional Medical Center of Hopkins County
900 Hospital Dr
Madisonville, KY 42431
Med Sch Affi: L-02012, L-02002
Major participating institution for programs in: FP
Institution Id: 20-0320

Trover Clinic Foundation
200 Clinic Drive
Madisonville, KY 42431
Programs sponsored in: FP
Institution Id: 20-8021

Morehead
St Claire Medical Center
222 Medical Circle
Morehead, KY 40351-1180
Med Sch Affi: M-02012
Major participating institution for programs in: FP, OTO
Institution Id: 20-8011

Louisiana
Alexandria
Rapides Regional Medical Center
211 Fourth St
Box 1011
Alexandria, LA 71306
Med Sch Affi: G-02016
Major participating institution for programs in: FP
Institution Id: 21-8028

Baton Rouge
Baton Rouge General Medical Center
3600 Florida Blvd
PO Box 2511
Baton Rouge, LA 70821
Med Sch Affi: G-02016
Programs sponsored in: FP
Major participating institution for programs in: EM
Institution Id: 21-7005

Earl K Long Medical Center
8325 Airline Highway
Baton Rouge, LA 70805-3498
Med Sch Affi: M-02016
Programs sponsored in: EM, IM
Major participating institution for programs in: GS, OBG, ORS
Institution Id: 21-0491

Houma
Leonard J Chabert Medical Center
1978 Industrial Blvd
Houma, LA 70360
Major participating institution for programs in: GS, IFP, OBG, ORS
Institution Id: 21-0735

Kenner
Kenner Regional Medical Center
180 West Esplanade Avenue
Kenner, LA 70065
Med Sch Affi: G-02016
Major participating institution for programs in: FP, ORS
Institution Id: 21-8030

Louisiana
University Medical Center (Lafayette)
2380 W Congress, Box 9500
Lafayette, LA 70506-9500
Med Sch Affi: M-02015
Programs sponsored in: FP, IM
Major participating institution for programs in: GS, OBG, OTO
Institution Id: 21-0380

Lake Charles
Lake Charles Memorial Hospital
1700 Oak Park Boulevard
Lake Charles, LA 70601
Med Sch Affi: G-02016, G-02106
Major participating institution for programs in: FP, OSM
Institution Id: 21-8019

Metairie
East Jefferson General Hospital
4200 Homer Blvd
Metairie, LA 70006
Programs sponsored in: FP
Institution Id: 21-8021

Monroe
E A Conway Medical Center
PO Box 1881
4864 Jackson Street
Monroe, LA 71210-1881
Med Sch Affi: G-02016
Programs sponsored in: FP
Major participating institution for programs in: GS, OBG
Institution Id: 21-0344

New Orleans
Blood Center for Southeast Louisiana
312 Galvez
New Orleans, LA 70119
Major participating institution for programs in: BBK
Institution Id: 21-8026

Children's Hospital
200 Henry Clay Avenue
New Orleans, LA 70118
Med Sch Affi: M-02016, L-00106, G-02101
Major participating institution for programs in: AI, CHF, CN, DR, MFD, NPM, OP, ORS, PD, PDE, PG, PHO, PP, TS, U
Institution Id: 21-0731

DePaul/Tulane Behavioral Health Center
1040 Calhoun Street
New Orleans, LA 70118
Major participating institution for programs in: CPP, P
Institution Id: 21-8031

Louisiana Rehabilitation Institute
L M Building
1502 Tulane Avenue
New Orleans, LA 70118
Major participating institution for programs in: PM
Institution Id: 21-0734

Louisiana State University Eye Center
2020 Gravier Street
New Orleans, LA 70112
Major participating institution for programs in: OPH
Institution Id: 21-8015
Louisiana State University School of Medicine
2020 Gravier Street Suite 102
Campus Mail 81-2
New Orleans, LA 70112
Med Sch Affl: L-00106
Programs sponsored in: AI, BSK, CCS, CD, CHN, CHP, CN, D, DR, EM, END, EP, FP, GE, GS, HS, IC, ID, IM, IME, MMD, N, NEP, NPM, NS, NRB, OP, OR, ORS, OSM, OTO, P, PCC, PCP, PD, PDP, PPP, PG, PHI, PM, PS, PTE, PYP, PYPH, RN, VS, VHR, VS
Institution ID: 21-9052

Medical Center of Louisiana at New Orleans
2021 Perdido Street
New Orleans, LA 70112-3896
Med Sch Affl: M-02105
Major participating institution for programs in: AI, AN, BSK, CCS, CD, CHN, CN, CPP, D, DMP, DR, EM, END, GE, GS, HMF, HG, IC, ID, IM, IME, MMD, N, NEP, NPM, NS, NRB, OP, OR, ORS, OSM, OTO, P, PCC, PCP, PD, PDP, PPP, PFP, PM, PS, PTH, PYP, PYPH, RN, RN, VS
Institution ID: 21-9727

Memorial Medical Center
2700 Napoleon Avenue
New Orleans, LA 70115-6996
Med Sch Affl: G-02105
Major participating institution for programs in: GE, HO, NPP, PCC, PNP
Institution ID: 21-04009

New Orleans Adolescent Hospital
210 St. Charles Avenue
New Orleans, LA 70118
Major participating institution for programs in: CHP, P
Institution ID: 21-8017

New Orleans Health Care for the Homeless Clinic
914 Union Street
New Orleans, LA 70112
Major participating institution for programs in: P
Institution ID: 21-8035

Ochsner Clinic Foundation
1514 Jefferson Highway
New Orleans, LA 70121
Med Sch Affl: M-02105, L-00106, G-02101
Programs sponsored in: AN, CD, CN, CPP, D, DR, EM, END, GE, GS, HS, IC, ID, IM, IME, MMD, N, NEP, NPM, NS, OR, ORS, RHR, TS, U, VS
Institution ID: 21-9020

Parish of Orleans Coroner’s Office
Criminal Court Building
2700 Tulane Avenue
New Orleans, LA 70119
Major participating institution for programs in: POP
Institution ID: 21-08032

Touro Infirmary
1401 Poucher Street
New Orleans, LA 70115-3593
Med Sch Affl: M-02101, G-02105
Major participating institution for programs in: GS, P
Institution ID: 21-0193

Tulane Hospital for Children
1415 Tulane Avenue
New Orleans, LA 70112
Major participating institution for programs in: CPP, PD, PDI, FDP, PNN
Institution ID: 21-9027

Tulane Unives School of Public Health and Tropical Medicine
1440 Tulane Avenue
New Orleans, LA 70112
Major participating institution for programs in: GPM, HPM
Institution ID: 21-04003

Tulane University Hospital and Clinics
Medical Affairs AG03
1415 Tulane Avenue
New Orleans, LA 70112
Med Sch Affl: M-02101
Major participating institution for programs in: AI, AN, CD, CHN, CPP, CN, CPP, D, DR, END, GE, GS, HO, IM, IME, MMD, N, NEP, NPM, NS, OR, ORS, OSM, OTO, P, PCC, PCP, PD, PDP, PPP, PFP, PM, PS, PTH, PYP, PYPH, RN, RN, RN, VS
Institution ID: 21-04045

Tulane University School of Medicine
Office of Graduate Medical Education (SL-97)
1400 Tulane Avenue
New Orleans, LA 70112-2908
Med Sch Affl: M-02100, M-02101, L-02312
Programs sponsored in: AI, AN, CD, CHN, CPP, CN, CPP, D, DR, END, GE, GPM, GS, HMF, HG, IC, ID, IM, IME, MMD, MPD, N, NEP, NPM, NS, OR, ORS, OSM, OTO, P, PCC, PCP, PD, PDP, PPP, PFP, PM, PS, PTH, PYP, PYPH, RN, RN, VS
Institution ID: 21-09501

Veterans Affairs Medical Center (New Orleans)
1601 Perdido Street
New Orleans, LA 70146
Med Sch Affl: M-02105
Major participating institution for programs in: AI, AN, CD, CN, CPP, D, DR, END, GE, GPM, GS, HS, HO, IM, IME, MMD, MPD, N, NEP, NPM, NS, OR, ORS, OSM, OTO, P, PCC, PCP, PD, PDP, PPP, PFP, PM, PS, PTH, PYP, PYPH, RN, RN, VS
Institution ID: 21-0045

Pineville
Huey P Long Regional Medical Center
352 Hospital Boulevard
Pineville, LA 71350
Med Sch Affl: M-02101, G-02105
Major participating institution for programs in: GS
Institution ID: 21-04030

Shreveport
Brentwood Behavioral Health Company
1006 Highland Avenue
Shreveport, LA 71101
Major participating institution for programs in: P
Institution ID: 21-04024

Christus Schumpert Health System
One Saint Mary Place
Shreveport, LA 71101
Med Sch Affl: L-02106
Major participating institution for programs in: CR, P
Institution ID: 21-04060

LSU Health Sciences Center-Hospital
1501 Kings Highway
PO Box 35932
Shreveport, LA 71130-3932
Med Sch Affl: M-00106
Programs sponsored in: AI, AN, AM, CCM, CD, CHN, CPP, CN, CPP, D, DR, END, GE, GS, HS, HO, IM, IME, MMD, MPD, N, NEP, NPM, NS, OR, ORS, OSM, OTO, P, PCC, PCP, PD, PDP, PPP, PFP, PM, PTH, PYP, PYPH, RN, RN, RN, VS
Institution ID: 21-04722

Maine

Augusta
Maine General Medical Center
6 E Chestnut Street
Augusta, ME 04330
Major participating institution for programs in: P, PP
Institution ID: 22-0100

Maine-Dartmouth Family Practice Residency
15 East Chestnut
Augusta, ME 04330
Programs sponsored in: FP, PP
Institution ID: 22-0111

Bangor
Eastern Maine Medical Center
Family Practice Residency Program
560 Union Street - Suite 12
Bangor, ME 04401-3010
Med Sch Affl: M-04007
Programs sponsored in: FP
Institution ID: 22-0191

Lewiston
Central Maine Medical Center
76 High St
Lewiston, ME 04240
Med Sch Affl: L-04006
Programs sponsored in: P, PP
Institution ID: 22-0111

Graduate Medical Education Directory 2004-2005
Portland
Maine Medical Center
22 Bramhall St
Portland, ME 04102
Med Sch Affl: M-06202
Programs sponsored in: AN, CD, CHE, DR, EM, FP, FP, FSM, GS, ID, IM, MFD, NEP, ORG, P, PCC, PD
Major participating institution for programs in: PS, U
Institution ID: 22-8600

South Portland
Spring Harbor Hospital
178 Rumney Hill Rd
South Portland, ME 04106
Major participating institution for programs in: CHP
Institution ID: 22-8600

Togus
Veterans Affairs Medical Center (Togus)
Togus, ME 04301
Major participating institution for programs in: U
Institution ID: 22-8600

Maryland
Andrews AFB
Malcolm Grow Medical Center
89th Medical Group/SGA
1050 West Perimeter Road
Andrews AFB, MD 20762-6600
Med Sch Affl: M-06212
Major participating institution for programs in: FP, FPP, FSM, PS, U
Institution ID: 22-8600

Baltimore
Franklin Square Hospital Center
9000 Franklin Square Dr
Baltimore, MD 21224
Med Sch Affl: M-06210, L-02007
Programs sponsored in: FP, IM, ORG
Major participating institution for programs in: GS
Institution ID: 22-8602

Good Samaritan Hospital of Maryland
5601 Loch Raven Blvd
Rasell Morgan Building, Suite 502
Baltimore, MD 21239-2996
Med Sch Affl: M-06207
Programs sponsored in: IM
Major participating institution for programs in: ORS, PS
Institution ID: 23-8522

Greater Baltimore Medical Center
6701 North Charles Street
Baltimore, MD 21204
Med Sch Affl: M-06205, L-02001
Programs sponsored in: ORS, IM
Major participating institution for programs in: ORB, OPF, OYO
Institution ID: 23-8507

Harbor Hospital Center
300 S Hanover Street
Baltimore, MD 21225-1259
Med Sch Affl: L-02001, L-02007
Programs sponsored in: IM, TY
Institution ID: 23-8459

Johns Hopkins Bayview Medical Center
4940 Eastern Avenue
Baltimore, MD 21224
Med Sch Affl: M-02307, L-02001
Major participating institution for programs in: AI, ODS, D, EM, CE, GS, IM, IMG, N, NEP, NRA, NS, OBG, ORS, OTO, P, PCC, PS, PYG, U
Institution ID: 23-8118

Johns Hopkins Bloomberg School of Public Health
615 N Wolfe St
Room WB602
Baltimore, MD 21205
Med Sch Affl: L-02007
Programs sponsored in: GPM
Major participating institution for programs in: GPM
Institution ID: 23-8603

Johns Hopkins Hospital
600 N Wolfe Street, Buildings 129
Baltimore, MD 21287-1693
Med Sch Affl: M-02307, L-02001, G-02312, G-02301
Major participating institution for programs in: ADR, AI, AN, APN, BKB, CCA, COP, CSS, CD, CHW, CHP, CN, D, DPM, DR, EM, END, GE, GS, HEM, HMP, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NF, NFP, NR, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCE, PD, PDC, PD, PDR, PDR, PDS, PFM, PS, PTH, PYG, RNU, RRO, RO, ST, TS, U, UP, V, V, VS
Institution ID: 23-8193

Johns Hopkins University School of Medicine
720 Rutland Avenue
Medical School Administration Building, Room 100
Baltimore, MD 21205-2100
Med Sch Affl: M-02307
Programs sponsored in: ADR, AI, AN, APN, BKB, CCA, COP, CSS, CD, CHW, CHP, CN, D, DPM, DR, EM, END, GE, GS, HEM, HMP, IC, ICE, ID, IM, IMG, MG, MM, N, NDN, NEP, NM, NP, NFP, NR, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCE, PD, PDC, PD, PDR, PDR, PDS, PFM, PS, PTH, PYG, RNU, RRO, RO, ST, TS, U, UP, V, V, VS
Institution ID: 23-8703

Kennedy Krieger Institute
707 North Broadway
Baltimore, MD 21205
Major participating institution for programs in: NDN
Institution ID: 23-8602

Maryland General Hospital
827 Linden Ave
Baltimore, MD 21201-4584
Med Sch Affl: L-02001
Programs sponsored in: IM, OBG, OPH, TY
Institution ID: 23-8147

Maryland State Department of Health and Mental Hygiene
201 West Preston Street
Room 504
Baltimore, MD 21201
Med Sch Affl: G-02301, G-02312
Programs sponsored in: GPM
Institution ID: 23-8494

Mercy Medical Center
301 St Paul Pl
Baltimore, MD 21202-2165
Med Sch Affl: M-02301
Programs sponsored in: ORA
Major participating institution for programs in: EM, EMP, GS, MEM, NPM, OBG, PTH, V, V, VS
Institution ID: 23-8195

Office of the Chief Medical Examiner
111 Pon Street
Baltimore, MD 21201
Med Sch Affl: L-02007, G-02301
Programs sponsored in: FOP
Major participating institution for programs in: FOP, NP, PP
Institution ID: 23-8499

Sinai Hospital of Baltimore
2401 W Belvedere Avenue
Baltimore, MD 21215-5271
Med Sch Affl: M-02307, L-02001, G-02312
Programs sponsored in: OBG, PD, PM, PMP
Major participating institution for programs in: GS, IM, OPH, ORS, U
Institution ID: 23-8160

St Agnes Hospital
900 South Caton Avenue
Baltimore, MD 21229-5358
Med Sch Affl: M-02307, L-02001
Programs sponsored in: GS, EM
Institution ID: 23-8322

Union Memorial Hospital
201 University Parkway
Baltimore, MD 21218-2865
Med Sch Affl: M-02301, L-02312, L-02307, G-01001
Programs sponsored in: GS, BSO, HSS, IM, ORS, OSM
Major participating institution for programs in: FS, EM, OPH, PS, TY
Institution ID: 23-8257

University of Maryland - Kernan Hospital
2200 Kernan Drive
Baltimore, MD 21207-6607
Med Sch Affl: L-02001
Major participating institution for programs in: FSM, ORS
Institution ID: 23-8328

University of Maryland Medical System
25 South Greene Street
Baltimore, MD 21201-1556
Med Sch Affl: M-02301, G-02307
Programs sponsored in: ADP, AN, APN, CCA, CCP, CSS, CD, CHW, CN, D, DR, EM, EMP, END, GE, GS, HEM, HMP, IC, ICE, ID, IM, IMG, MM, N, NDN, NEP, NM, NP, NFP, NR, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCE, PD, PDC, PDR, PDR, PDS, PFM, PS, PTH, PYG, RNU, RRO, RO, ST, TS, U, UP, V, V, VS
Institution ID: 23-8703

Veterans Affairs Medical Center (Baltimore)
10 N Greene St
Baltimore, MD 21210-1634
Med Sch Affl: M-02301, G-02307
Major participating institution for programs in: ADP, CD, D, END, GE, GS, HO, ICE, ID, IM, IMG, MFD, MM, MPM, N, NEP, NM, NR, NS, OBG, ORS, OTO, P, PM, PTH, PYG, R, RNU, RO, ST, U, V, V, VS
Institution ID: 23-8265

Walter P Carter Mental Health Center
630 W Fayette Street
Baltimore, MD 21201
Med Sch Affl: M-02301
Major participating institution for programs in: ADP, P
Institution ID: 23-8713

1046 Graduate Medical Education Directory 2004-2005
### Bethesda

**Clinical Center at the National Institutes of Health**

Building 10, Room 2C-146
10 Center Drive
Bethesda, MD 20892

Med Sch Affil: L-01001, L-02312, G-01002

Programs sponsored in: AI, ALL, BBK, CCM, D, END, HEM, HMP, ID, MG, ON, P, FCP, PDR, PMG, PTH, RHU

Major participating institution for programs in: ALL, CN, CG, HO, OIS, INR

Institution ID: 23-0204

**National Cancer Institute**

Building 10, Room B3-619
9000 Rockville Pike
Bethesda, MD 20892

Med Sch Affil: G-02313, G-02307

Major participating institution for programs in: BO

Institution ID: 23-0212

**National Capital Consortium**

1500 Forest Glen Rd
Silver Spring, MD 20910-1445

Med Sch Affil: M-01001, G-02312

Major participating institution for programs in: ID, M, N, NPM, NS, OBG, OIS, OTO, P, PCC, PDP, PS, PTH, RHU, RO, TS, U, VS

Institution ID: 19-0120

**National Naval Medical Center**

Bethesda, MD 20814

Med Sch Affil: M-01002, L-01001, G-01003

Major participating institution for programs in: AN, APM, CB, CN, D, DB, END, GD, GS, HMP, HO, IM, N, NPM, NS, OBG, ON, OPH, OIS, OTO, P, FCP, PDP, PTH, RHU, RO, TS, U

Institution ID: 23-0275

**Suburban Hospital Health System**

8600 Old Georgetown Rd
Bethesda, MD 20814

Med Sch Affil: L-01001, G-02312, L-01002

Major participating institution for programs in: OTO, PS

Institution ID: 23-0368

**USUHS F Edward Hebert School of Medicine**

401 Jones Bridge Road
Bethesda, MD 20814-4759

Med Sch Affil: L-01004, G-02312, L-01002, G-01003

Major participating institution for programs in: APM, GPM, NPM, PDP, PS

Institution ID: 23-0271

**Catonsville**

**Spring Grove Hospital Center**

Wade Ave
Catonsville, MD 21228

Med Sch Affil: L-02301

Major participating institution for programs in: P

Institution ID: 23-0289

**Cheverly**

**Prince George’s Hospital Center**

3301 Hospital Drive
Cheverly, MD 20785

Med Sch Affil: L-02312, G-01003, G-01001

Programs sponsored in: ID

Major participating institution for programs in: OBG

Institution ID: 23-0212

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### Jessup

**Clifton T Perkins Hospital Center**

400 Dorsey Run Road
PO Box 1000
Jessup, MD 20794-1000

Med Sch Affil: L-02301, G-02312

Major participating institution for programs in: PFP

Institution ID: 23-0415

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### Silver Spring

**Holy Cross Hospital of Silver Spring**

1500 Forest Glen Rd
Silver Spring, MD 20910-1445

Med Sch Affil: M-01001, G-02312

Major participating institution for programs in: GS, OBG, OTO

Institution ID: 23-04710

**Walter Reed Army Institute of Research**

Attn: MCMR-UWZ
930 Robert Grant Ave, Room 1W08
Silver Spring, MD 20910-7500

Med Sch Affil: G-02312

Programs sponsored in: GPM

Major participating institution for programs in: ID, MP

Institution ID: 10-0485

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### Towson

**Sheppard Pratt Health System**

650 North Charles Street
Towson, MD 21204

Med Sch Affil: M-02301

Major participating institution for programs in: CHP, P

Institution ID: 23-0397

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### Massachusetts

**Bedford**

**Edith Nourse Rogers Memorial Veterans Hospital (Bedford)**

300 Springs Road
Bedford, MA 01730

Med Sch Affil: M-02305

Major participating institution for programs in: GPM, IMG, P, PFG

Institution ID: 24-0443

**Belmont**

**McLean Hospital**

116 Mill Street
Belmont, MA 02478-9506

Med Sch Affil: M-02401

Programs sponsored in: PFG

Major participating institution for programs in: ADP, CHP, P

Institution ID: 24-0230

**Children’s Hospital**

300 Longwood Avenue
Boston, MA 02115-5737

Med Sch Affil: M-02501, L-02313, L-02418, L-02516, G-02005, G-02001

Programs sponsored in: ADI, AI, ACP, COS, CHN, CHP, CN, DBF, ETX, MG, NDN, NPM, NS, OP, PD, PDC, PDE, PDI, PDP, PDR, FDR, PDS, PEM, PG, PHO, TN, PPE, FSP, HSM, UP

Major participating institution for programs in: ADP, APM, BBK, CCA, CN, D, EM, ETX, HSO, MGP, MPD, N, NM, NP, OBG, OIS, OP, PAN, FAN, PS, ENR, RO, TS, U

Institution ID: 24-0212

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**Boston**

**Beth Israel Deaconess Medical Center**

330 Brookline Avenue
Boston, MA 02215

Med Sch Affil: M-02501

Programs sponsored in: AN, AP, AB, CCA, CCG, CD, DMP, DR, EM, END, GE, GS, HMP, HO, HSP, IC, ICE, IC, I, IM, IMG, N, NPM, NS, OBG, PNC, PFP, PHT, SP, TS, VIR, VS

Major participating institution for programs in: BBK, CHN, D, END, EK, MG, MGP, NDN, NM, NS, OIS, OTO, P, PCC, PS, RHU, RO, U

Institution ID: 24-0879

**Boston Medical Center**

One Boston Medical Center Place
Boston, MA 02118-2303

Med Sch Affil: M-03405

Programs sponsored in: APM, AB, ACP, AN, ANP, CD, D, DMP, DR, EM, END, F, GE, GPM, GS, HO, IC, ICE, IC, I, IM, IMG, N, NEP, OGB, OPM, OIS, OS, OTO, P, PCC, PFP, PM, PTH, PS, RRU, SNR, TS, TV, U, V, VS

Major participating institution for programs in: DBP, PD, PDI, PEM

Institution ID: 24-0677

**Boston University School of Public Health**

80 East Concord Street
Boston, MA 02118

Major participating institution for programs in: GPM

Institution ID: 24-0449

**Brigham and Women’s Hospital**

75 Francis Street
Boston, MA 02115

Med Sch Affil: M-03401, G-03650

Programs sponsored in: AI, AN, AP, AR, BBK, CCA, CCG, CD, CTR, DR, EM, END, GE, GS, HMP, RO, HSO, IC, ICE, IM, MGP, MPD, NPM, NS, OBG, P, PCC, PFP, PTH, RHU, RNR, RO, TS, U, VIR, VS

Major participating institution for programs in: ADP, APM, BBK, CN, D, DM, ID, N, NPM, NS, OIS, OTO, PCC, PP, PFR, PS, SE, TV

Institution ID: 24-0483

**Caritas Carney Hospital**

2100 Dorchester Ave
Boston, MA 02124

Med Sch Affil: M-02407, L-02405

Programs sponsored in: IM, TR

Major participating institution for programs in: P

Institution ID: 24-0339

**Caritas St Elizabeth’s Medical Center of Boston**

726 Cambridge Street
Boston, MA 02135

Med Sch Affil: M-02407, M-02416

Programs sponsored in: AN, AP, AB, CCA, CN, DB, END, GE, GS, HMP, HO, HSP, IC, ICE, IC, I, IM, IMG, NM, OGB, OPM, OIS, OTO, PS, PCC, PFP, PTH, PS, PS, RRU, SNR, TS, TV, U, VS

Major participating institution for programs in: ADP, APM, BBK, CCA, CN, D, EM, ETX, HSO, MGP, MPD, N, NM, NP, OBG, OIS, PS, PCC, PFR, PS, SE, TV

Institution ID: 24-0212
Dana-Farber Cancer Institute  
44 Binney Street  
Boston, MA 02115  
Med Sch Affi: M-02401  
Major participating institution for programs in: HO, MGE NM, RO  
Institution ID: 24-0726

Erich Lindemann Mental Health Center  
35 Staniford Street  
Government Center  
Boston, MA 02114  
Major participating institution for programs in: P  
Institution ID: 24-0757

Faulkner Hospital  
1153 Centre St  
Boston, MA 02130  
Med Sch Affi: M-02401, G-02405  
Major participating institution for programs in: GS, HSO, IN  
Institution ID: 24-0727

Harvard School of Public Health  
677 Huntington Avenue  
Boston, MA 02115  
Programs sponsored in: GPM  
Institution ID: 24-0714

Joint Center for Radiation Therapy  
44 Binney Street  
Boston, MA 02115  
Med Sch Affi: G-02405  
Major participating institution for programs in: RO  
Institution ID: 24-0723

Massachusetts General Hospital  
Blufinch 240  
55 Fruit Street  
Boston, MA 02114  
Med Sch Affi: M-02401, G-02405  
Programs sponsored in: ADP, AI, AN, APM, CGA, CCP, CCG, CHN, CHP, CN, D, DR, END, GE, GS, HMP, HSO, HSP, IC, ICE, ID, IM, N, NFT, NS, OMD, ORS, OSM, P, FCC, PCC, PDC, PDM, FPD, FPF, FPH, PMH, PTH, RHEU, RNK, RO, T, U, VHR, VN, VS  
Major participating institution for programs in: BBK, CD, DMP, EM, HO, HSO, MFP, MFD, NDK, NFP, NM, OBS, PG, PMP, PS, RO, TY  
Institution ID: 24-0804

Massachusetts Mental Health Center  
7 Fenwood Road  
Boston, MA 02115  
Med Sch Affi: M-02401  
Major participating institution for programs in: P  
Institution ID: 24-0755

New England Baptist Hospital  
135 Parker Hill Avenue  
Department of Orthopedics  
Boston, MA 02110  
Med Sch Affi: L-03407, G-02416, G-02405  
Programs sponsored in: OSM  
Major participating institution for programs in: HSO, ORS  
Institution ID: 24-0822

Office of the Chief Medical Examiner  
Eastern Massachusetts Office  
720 Albany St  
Boston, MA 02118  
Major participating institution for programs in: PTH  
Institution ID: 24-0806

Shriners Hospitals for Children (Boston)  
51 Blossom Street  
Boston, MA 02114-5099  
Med Sch Affi: G-02401  
Major participating institution for programs in: CCP  
Institution ID: 24-0873

Solomon Carter Fuller Mental Health Center  
85 E Newton Street  
Boston, MA 02118  
Med Sch Affi: L-02407, G-02405  
Major participating institution for programs in: P  
Institution ID: 24-0755

Spaulding Rehabilitation Hospital  
135 Nashua Street  
Boston, MA 02114  
Med Sch Affi: L-02407, G-02401  
Programs sponsored in: PM, PMP, SCI  
Major participating institution for programs in: HSH  
Institution ID: 24-0836

Tufts-New England Medical Center  
750 Washington Street  
Boston, MA 02111  
Med Sch Affi: M-02407, G-02405  
Programs sponsored in: AN, CD, CHN, CHP, CN, CPP, DR, END, GE, GS, HO, HSO, IC, ICE, ID, IM, MG, N, NFP, NM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PD, PG, PM, PPH, PTH, RHEU, RNR, RO, T, U, VHR, VS  
Major participating institution for programs in: D, DMP, FF  
Institution ID: 24-0378

Veterans Affairs Medical Center (Boston)  
150 South Huntington Avenue  
Boston, MA 02110  
Med Sch Affi: M-02405, L-02407  
Major participating institution for programs in: PTH, AI, CD, D, DR, END, GE, GPM, GS, HO, ID, IM, N, OPH, ORS, OTO, P, PCC, PM, RHEU, RNR, RO, T, U, VHR  
Institution ID: 24-0257

Brockton  
Boston VA Healthcare System (Brockton-West Roxbury)  
940 Belmont Street  
Brockton, MA 02301-5596  
Med Sch Affi: M-02401  
Programs sponsored in: P  
Major participating institution for programs in: GS, HSO, IC, ICE, ID, IM, MG, NM, ORS, PCC, SCI, U, VS  
Institution ID: 24-0172

Brockton Hospital  
680 Centre St  
Brockton, MA 02302  
Med Sch Affi: M-02405  
Major participating institution for programs in: TY  
Institution ID: 24-0225

Good Samaritan Medical Center-Cushing Campus  
325 N Pearl St  
Brockton, MA 02301-1714  
Med Sch Affi: L-02407  
Major participating institution for programs in: GS  
Institution ID: 24-0014

Burlington  
Lahey Clinic  
41 Mall Road  
Burlington, MA 01805  
Med Sch Affi: M-02407, L-02401, G-02405  
Programs sponsored in: CD, CRS, DR, END, GE, GS, IC, ICE, IM, PCC, PS, U  
Major participating institution for programs in: CN, D, ID, N, OPH, ORS, OSM, OTO, RO, T, U  
Institution ID: 24-0163

Cambridge  
Cambridge Hospital/Cambridge Health Alliance  
1463 Cambridge Street  
Cambridge, MA 02139  
Med Sch Affi: M-02401, M-02407  
Programs sponsored in: CHF, IM, P, POG, TY  
Major participating institution for programs in: ETX, HSP  
Institution ID: 24-0367

Harvard University Health Services  
Harvard University  
75 M Auburn St  
Cambridge, MA 02138  
Major participating institution for programs in: P  
Institution ID: 24-0891

Mount Auburn Hospital  
330 Mount Auburn St  
Cambridge, MA 02138  
Med Sch Affi: M-02401  
Programs sponsored in: DR, IM  
Major participating institution for programs in: GS, P  
Institution ID: 24-0875

Fitchburg  
Health Alliance Hospital-Leominster  
375 Nichols Road  
Fitchburg, MA 01420-8209  
Major participating institution for programs in: FF  
Institution ID: 24-0866

Framingham  
MetroWest Medical Center-Framingham Union Hospital  
115 Lincoln Street  
Dept of Medical Education, Attn: Helen Clark  
Framingham, MA 01702  
Med Sch Affi: M-02407, L-02416, L-02405, G-02401  
Programs sponsored in: IM, TY  
Institution ID: 24-0862

Jamaica Plain  
Lemuel Shattuck Hospital  
170 Morton Street  
Jamaica Plain, MA 02130-3787  
Med Sch Affi: M-02401  
Major participating institution for programs in: P, TY  
Institution ID: 24-0401

Lawrence  
Greater Lawrence Family Health Center Inc  
24 Hawser Street  
Lawrence, MA 01843-2804  
Med Sch Affi: L-02416  
Programs sponsored in: FF  
Institution ID: 24-0872
Lawrence General Hospital
One General Street
Lawrence, MA 01841
Med Sch Affil: L-02407
Major participating institution for programs in: FP
Institution ID: 24-0030

Medford
Hallmark Health System
Malden Medical Center
c/o 170 Governors Avenue
Medford, MA 02155
Programs sponsored in: FP
Institution ID: 24-0378

Tufts University Health Services
124 Professor's Row
Medford, MA 02155
Major participating institution for programs in: P
Institution ID: 24-0802

Newton
Newton-Wellesley Hospital
204 Washington St
Newton, MA 02466
Med Sch Affil: L-02407
Programs sponsored in: IM, TY
Major participating institution for programs in: HSO, ORS
Institution ID: 24-0448

Pittsfield
Berkshire Medical Center
725 North Street
Pittsfield, MA 01201
Med Sch Affil: M-02416
Programs sponsored in: G6, IM, PTH
Institution ID: 24-0180

Salem
Salem Hospital
81 Highland Avenue
Salem, MA 01970
Med Sch Affil: L-02405, L-02407
Programs sponsored in: IM
Major participating institution for programs in: G6
Institution ID: 24-0287

Somerville
Somerville Hospital
239 Highland Ave
Somerville, MA 02143
Med Sch Affil: L-02407
Major participating institution for programs in: PTG
Institution ID: 24-0974

Somerville Mental Health
83 College Ave
Somerville, MA 02144
Major participating institution for programs in: P
Institution ID: 24-0960

Springfield
Baystate Medical Center
759 Chestnut St
Springfield, MA 01199
Med Sch Affil: M-02407, L-02416, G-02406
Programs sponsored in: AN, APN, BBK, CCA, CD, DR, EM, END, OS, HO, IC, IOR, ID, DM, IMQ, MPD, OBG, PCP, PD, PTH
Institution ID: 24-0409

Shriners Hospitals for Children (Springfield)
510 Carew Street
Springfield, MA 01104-8296
Med Sch Affil: G-02405, G-02406
Major participating institution for programs in: ORS
Institution ID: 24-0388

Stockbridge
Austen Riggs Center
25 Main Street
PO Box 962
Stockbridge, MA 01263-0962
Programs sponsored in: P
Major participating institution for programs in: P
Institution ID: 24-0435

Stoughton
New England Sinai Hospital and Rehabilitation Center
150 York Street
Stoughton, MA 02072
Med Sch Affil: L-02407
Major participating institution for programs in: PM
Institution ID: 24-8035

Westboro
Westboro State Hospital
280 Lyman Street
Westboro, MA 01581
Major participating institution for programs in: CHP
Institution ID: 24-0442

UMass Memorial Health Care (University Campus)
55 Lake Avenue North
Worcester, MA 01650
Med Sch Affil: M-02416, G-02412
Major participating institution for programs in: AN, CCA, CCM, GCM, CD, CHP, CN, D, DR, EM, END, ETX, GE, GPM, HO, HSO, IC, IOR, ID, IM, N, NER, ORS, ORS, S, POP, POP, POP, PP, PTH, PUD, RRU, RUR, TS, U, VRE, VS
Institution ID: 24-0724

University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655
Programs sponsored in: AN, CCA, CCM, CCS, CD, CHP, CN, D, DR, EM, END, ETX, GE, GPM, HO, HSO, IC, IOR, ID, IM, N, NER, ORS, ORS, S, POP, POP, POP, PP, PTH, PUD, RRU, RUR, TS, U, VRE, VS
Institution ID: 24-0724

Worcester State Hospital
305 Belmont St
Worcester, MA 01601
Med Sch Affil: G-02416
Major participating institution for programs in: P
Institution ID: 24-0185

Michigan
Ann Arbor
Center for Forensic Psychiatry
3001 Willow Road
PO Box 2060
Ann Arbor, MI 48106
Programs sponsored in: PFP
Institution ID: 25-0036

St Joseph Mercy Health System
5301 E Huron River Drive
PO Box 995
Ann Arbor, MI 48106-2372
Med Sch Affil: M-02401, L-02407
Programs sponsored in: GS, IM, ORG, TY
Major participating institution for programs in: EM, GE, MIP, OTO, PS
Institution ID: 25-0487

University of Michigan Hospitals and Health Centers
3500 Green Road
Suite 700
Ann Arbor, MI 48108-0748
Med Sch Affil: M-02501
Programs sponsored in: ADP, AI, AN, APN, BBK, CCA, CCF, CCS, CD, CHN, CHP, CN, D, DR, EM, END, ENP, FP, FPM, GE, GS, HMP, HO, IC, ICE, ID, IMQ, IMQ, MPD, N, NEP, NM, NO, NPM, NS, OBG, OBG, ORS, ORS, OTO, P, PAN, FCC, PCC, PCH, PCP, PD, PDC, PDE, PDI, PDP, PFR, PIS, FG, FHQ, FM, PMQ, PM, PPR, PS, PTH, PTH, RRU, RRS, RD, TIS, L, VRE, VS
Major participating institution for programs in: EM, ORG, PFP, VS
Institution ID: 25-0956

University of Michigan School of Public Health
110 South Observatory Street
Ann Arbor, MI 48109-2039
Programs sponsored in: GPM
Institution ID: 25-0520
Veterans Affairs Medical Center (Ann Arbor)
2215 Fuller Road
Ann Arbor, MI 48106
Med Sch Affil: M-02501, L-03843
Major participating institution for programs in: ADP, CD, D, DR, END, GE, GS, ID, IM, IMG, MFD, N, NFP, NM, OPH, OTO, P, PMF, PS, PTH, PYG, RHH, TS, U, VBR, VN, VS
Institution ID: 25-0498

Henry Ford Hospital
2790 West Grand Blvd
Department of Medical Education, CFP 046
Detroit, MI 48202-3639
Med Sch Affil: M-02507, M-03806, L-01649
Programs sponsored in: AJ, AN, APM, CCG, CD, CN, CRS, D, DR, EM, END, FP, FSM, GE, GS, HO, IC, ICE, ID, HIC, IM, MEA, MG, MSK, N, NFP, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PTH, RHH, RN, RO, TS, U, V, VR, VS
Major participating institution for programs in: GP
Institution ID: 25-0381

Orthopaedic Specialty Hospital, The - TOSH
4707 Saint Antoine Boulevard
Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: MFD, OBG, OHS, OSM, PCC, PM, TV
Institution ID: 25-0105

Rehabilitation Institute
261 Mack Blvd
Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: PM, VN
Institution ID: 25-0210

Wayne State University/Detroit Medical Center
4201 St Antoine, Suite 2-B, UHC
Detroit, MI 48201-2403
Med Sch Affil: M-02507
Programs sponsored in: ADP, AI, AN, APM, CCA, CCP, CCS, CD, CHN, CEP, CN, D, DR, EM, EN, ETX, FP, GE, GPM, HS, HMP, HO, IC, ID, IM, IMG, M, N, NFP, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCD, PD, PDC, PDR, PDS, PFM, PO, PHO, PM, PO, PS, PTH, PYG, RHH, RN, RO, TS, TV, U, UF, VR, VS, VN
Major participating institution for programs in: NO
Institution ID: 25-6501

East Lansing
Michigan State University College of Osteopathic Medicine
A-336 S. W. Few Hall
East Lansing, MI 48824
Major participating institution for programs in: PM
Institution ID: 25-8563

Ferndale
Kingswood Hospital
12200 W. Eight Mile Road
Ferndale, MI 48230
Major participating institution for programs in: P
Institution ID: 25-8586

Flint
Hurley Medical Center
One Hurley Plaza
Flint, MI 48502-5661
Med Sch Affil: M-02512, G-02501
Programs sponsored in: IM, IMG, MFD, OBG, PD, TV
Major participating institution for programs in: EM, ORS
Institution ID: 25-8500

McLaren Regional Medical Center
601 S. Ballenger Highway
Flint, MI 48532
Med Sch Affil: M-02512
Programs sponsored in: FP, IM, OBG
Major participating institution for programs in: DI, ORS
Institution ID: 25-6412

Michigan State University/Flint Area Medical Education
One Hurley Plaza
Flint, MI 48508
Med Sch Affil: M-02512
Programs sponsored in: FP
Institution ID: 25-8500

Grand Blanc
Genesys Regional Medical Center
One Genesys Parkway
Grand Blanc, MI 48439-5066
Med Sch Affil: G-02512
Programs sponsored in: FP
Institution ID: 25-8500

Graduate Medical Education Directory 2004-2005
<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genesys Regional Medical Center-Health Park</td>
<td>One Genesys Parkway</td>
<td>616-257-8000</td>
<td>2600 W Burdick St, Kalamazoo, MI 49006</td>
</tr>
<tr>
<td>Michigan State Univ/Kalamazoo Center for Medical Studies</td>
<td>1000 Oakland Drive</td>
<td>616-384-1050</td>
<td>1000 Oakland Drive, Kalamazoo, MI 49008</td>
</tr>
<tr>
<td>Grand Rapids</td>
<td>Grand Rapids Medical Education and Research Center</td>
<td>616-343-1050</td>
<td>1600 Monroe, NW, Grand Rapids, MI 49503</td>
</tr>
<tr>
<td>Lansing</td>
<td>Ingham Regional Medical Center</td>
<td>517-488-6611</td>
<td>401 W Greenlawn, Lansing, MI 48909</td>
</tr>
<tr>
<td>Saint Mary's Mercy Medical Center</td>
<td>200 Jefferson Avenue, SE</td>
<td>616-384-1050</td>
<td>200 Jefferson Avenue, SE, Grand Rapids, MI 49503</td>
</tr>
<tr>
<td>Spectrum Health-Blodgett Campus</td>
<td>1840 Wealthy Street, SE</td>
<td>517-488-6611</td>
<td>1840 Wealthy Street, SE, Grand Rapids, MI 49508</td>
</tr>
<tr>
<td>Spectrum Health-Butterworth Campus</td>
<td>100 Michigan Street, NE</td>
<td>517-488-6611</td>
<td>100 Michigan Street, NE, Grand Rapids, MI 49509</td>
</tr>
<tr>
<td>Grosse Pointe</td>
<td>Bon Secours Cottage Health System</td>
<td>616-384-1050</td>
<td>465 Cadieux Road, Grosse Pointe, MI 49003</td>
</tr>
<tr>
<td>Midland</td>
<td>MidMichigan Medical Center-Midland</td>
<td>517-488-6611</td>
<td>4065 Orchard Drive, Midland, MI 48670</td>
</tr>
<tr>
<td>Kalamazoo</td>
<td>Borgess Medical Center</td>
<td>616-384-1050</td>
<td>1521 Gull Road, Kalamazoo, MI 49008</td>
</tr>
<tr>
<td>Bronson Methodist Hospital</td>
<td>601 John Street</td>
<td>616-384-1050</td>
<td>601 John Street, Kalamazoo, MI 49007</td>
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<tr>
<td>Pontiac</td>
<td>North Oakland Medical Centers</td>
<td>616-384-1050</td>
<td>461 W Huron, Pontiac, MI 48041-1051</td>
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<tr>
<td>St Joseph Mercy-Oakland</td>
<td>44456 Woodward Avenue</td>
<td>517-488-6611</td>
<td>44456 Woodward Avenue, Pontiac, MI 48341-2986</td>
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<tr>
<td>Royal Oak</td>
<td>William Beaumont Hospital</td>
<td>517-488-6611</td>
<td>3601 West Thirteen Mile Road, Royal Oak, MI 48073</td>
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<tr>
<td>Saginaw</td>
<td>Covenant HealthCare System-Cooper Campus</td>
<td>517-488-6611</td>
<td>700 Cooper Street, Saginaw, MI 48632</td>
</tr>
<tr>
<td>Southfield</td>
<td>Providence Hospital and Medical Centers</td>
<td>517-488-6611</td>
<td>16001 West 9 Mile Rd, Fourth Floor Fisher Center, Southfield, MI 48075</td>
</tr>
<tr>
<td>Traverse City</td>
<td>Munson Medical Center</td>
<td>517-488-6611</td>
<td>1106 Sixth St, Traverse City, MI 49084</td>
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<tr>
<td>Troy</td>
<td>William Beaumont Hospital - Troy</td>
<td>517-488-6611</td>
<td>4201 Dequindre Road, Troy, MI 48065-1117</td>
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</tbody>
</table>
Warren
Bi-County Community Hospital
1355 E The Mile Road
Warren, MI 48089
Major participating institution for programs in: TY
Institution ID: 25-8511

Westland
Walter P Reuther Psychiatric Hospital
30001 Palmer Road
Westland, MI 48185
Major participating institution for programs in: PG
Institution ID: 25-8505

Minnesota
Duluth
St Luke's Hospital
915 East First Street
Duluth, MN 55805
Med Sch Affil: M-02007
Programs sponsored in: FP
Institution ID: 26-80209

St Mary’s Medical Center
407 E Third St
Duluth, MN 55805
Med Sch Affil: M-02007
Major participating institution for programs in: P
Institution ID: 26-80346

Eden Prairie
Park Nicollet Medical Center
Suite 300, 11455 Viking Drive
Eden Prairie, MN 55344
Major participating institution for programs in: DBP
Institution ID: 26-80387

The Orthopaedic Center
7700 Golden Triangle Drive
Suite 100
Eden Prairie, MN 55344
Programs sponsored in: OSM
Institution ID: 26-80386

Edina
Minneapolis Sports Medicine Center
7201 Washington Avenue South
Edina, MN 55439
Programs sponsored in: OSM
Institution ID: 26-80214

Fergus Falls
Lakeland Mental Health Center
126 East Alec
Fergus Falls, MN 56537
Med Sch Affil: U-03701
Major participating institution for programs in: P
Institution ID: 26-80223

Mankato
Immanuel-St Joseph’s Hospital
1025 Marsh Street
P.O. Box 8072
Mankato, MN 56002-8673
Med Sch Affil: L-02504
Major participating institution for programs in: FP
Institution ID: 26-80300

Minneapolis
Abbott-Northwestern Hospital/Allina
Health System
800 E 26th Street-1135
Minneapolis, MN 55403
Med Sch Affil: L-02504
Programs sponsored in: IM
Major participating institution for programs in: CBS, IC, OSM, FP, PTH
Institution ID: 26-80340

Allina Hospitals & Clinics
710 East 24th Street
Minneapolis, MN 55404
Programs sponsored in: FP
Institution ID: 26-80231

Children's Hospitals & Clinics - Minneapolis
2525 Chicago Avenue, S
Minneapolis, MN 55404
Med Sch Affil: L-02001, L-02004
Major participating institution for programs in: MPO, PEM
Institution ID: 26-80240

Fairview-University Medical Center
420 Delaware Street, SE
Box 52
Minneapolis, MN 55455
Programs sponsored in: MPO
Major participating institution for programs in: ADP, AL, AN, BBK, CCA, CCA, CCS, CS, CCH, CHF, CN, CBS, D, DPM, DR, END, ER, ME, GS, HMP, HO, HS, IRE, ID, IM, IMG, N, NFR, NPM, NS, OB, OBG, OBG, OHS, OSM, OTO, P, PCC, PD, PCC, PDR, PLE, PHT, PGO, PHO, PM, PO, PS, PTH, RHR, RNR, BO, TS, U, VHR
Institution ID: 26-80254

HealthPartners Institute for Medical Education
Attn: Carl Patow, MD, MPH
8100 34th Avenue South - Mail Stop 2011X
Minneapolis, MN 55440-1389
Programs sponsored in: EM, FP, GP
Institution ID: 26-80204

Hennepin County Medical Center
701 Park Ave S
Office of the Medical Director MC #107A
Minneapolis, MN 55415-1839
Med Sch Affil: M-02004
Programs sponsored in: CCM, CSS, EM, FP, FTM, GS, IM, IMG, P
Major participating institution for programs in: AN, CHN, CN, D, DBR, DR, MPO, M, NFR, NEP, NS, OB, OBG, OHS, OTO, PM, PTH, RHR, RNR, VHR
Institution ID: 26-80204

Hennepin County Medical Examiner
580 Chicago Avenue
Minneapolis, MN 55415
Programs sponsored in: FP
Institution ID: 26-80733

Memorial Blood Centers
126 East Park Avenue
Minneapolis, MN 55404
Med Sch Affil: G-02004
Major participating institution for programs in: BBK
Institution ID: 26-80735

Twin Cities Spine Center
913 East 26th Street
Suite 600
Minneapolis, MN 55404
Programs sponsored in: OSM
Institution ID: 26-80202

University of Minnesota Medical School
MMC 293
420 Delaware Street, SE
Minneapolis, MN 55455
Med Sch Affil: M-02004
Programs sponsored in: ADP, AL, AN, BBK, CCA, CCA, CCS, CS, CCH, CHF, CN, CBS, D, DPM, DR, END, ER, ME, GS, HMP, HO, HS, IRE, ID, IM, IMG, N, NFR, NPM, NS, OB, OBG, OBG, OHS, OTO, P, PCC, PD, PCC, PDR, PLE, PHT, PGO, PHO, PM, PO, PS, PTH, RHR, RNR, BO, TS, U, VIR
Institution ID: 26-80204

Veterans Affairs Medical Center (Minneapolis)
One Veterans Drive
Minneapolis, MN 55417
Med Sch Affil: M-02004
Major participating institution for programs in: ADP, AL, BBK, CCA, CCS, CS, CN, CBS, D, DR, END, ER, GS, IC, ID, IM, MPO, N, OB, OBG, OOH, OIS, OT, OM, PM, PS, PTH, PUG, RHU, RNR, BO, TS, U, VHR
Institution ID: 26-80204

Robbinsdale
North Memorial Health Care
3200 Oakdale Avenue, N
Robbinsdale, MN 55422-2900
Med Sch Affil: G-02604
Major participating institution for programs in: FP, FS
Institution ID: 26-80204

Rochester
Mayo Clinic (Rochester)
200 First St, SW
Rochester, MN 55905
Major participating institution for programs in: Al, AN, APM, AR, BBK, CCA, CCM, CCS, CS, CN, CHP, CN, CBS, D, DMP, DR, END, ER, GE, GS, HMP, HO, HS, IC, ID, IM, IMG, M, N, NFR, NEP, NS, OB, OBG, OOH, OIS, OR, OT, P, PCC, PD, PCC, PDR, PLE, PHT, PGO, PHO, PM, PS, PTH, RHR, RNR, BO, TS, VHR
Institution ID: 26-80204

Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
200 First Street, SW
Rochester, MN 55905
Med Sch Affil: M-02004, L-04802, L-02012
Programs sponsored in: ADP, AL, AN, APM, AR, BBK, CCA, CCM, CCS, CS, CD, CHN, CHP, CN, CBS, D, DMP, DR, END, ER, GS, HMP, HO, HS, IC, ID, IM, IMG, M, N, NFR, NEP, NS, OB, OBG, OOH, OIS, OR, OT, P, PCC, PD, PCC, PDR, PLE, PHT, PGO, PHO, PM, PS, PTH, RHR, RNR, BO, TS, U, VHR
Institution ID: 26-80204

Rochester Methodist Hospital
201 W Center St
Rochester, MN 55902-2004
Med Sch Affil: M-02508
Major participating institution for programs in: AN, APM, AR, BBK, CCA, CCM, CCS, CS, CD, CHN, CHP, CN, CBS, END, ER, GS, HMP, HO, HS, IC, ID, IM, IMG, M, N, NFR, NEP, NS, OB, OBG, OOH, OIS, OT, P, PCC, PD, PCC, PDR, PLE, PHT, PGO, PHO, PM, PS, PTH, RHR, RNR, BO, TS, U, VHR
Institution ID: 26-80204

Graduate Medical Education Directory 2004-2005
St Mary's Hospital of Rochester
1216 Second Street, SW
Rochester, MN 55902-1870
Med Sch Affi: M-00936
Major participating institution for programs in: ADP, AN, AP, AR, CCM, CCS, CD, CHN, CHP, CR, CRS, EM, END, FP, GE, GS, HS, HS, ID, ICE, ID, IM, IMG, MG, N, NEP, NS, OBE, OHE, OHS, OTO, P, PCC, PO, PDC, PG, PHO, PS, PTH, RHE, TS, U, VIR, VS
Institution ID: 26-0948

St Cloud
St Cloud Hospital
1406 Sixth Ave, N
St Cloud, MN 56303
Med Sch Affi: G-00948
Major participating institution for programs in: FP
Institution ID: 26-7910

St Louis Park
Methodist Hospital
6500 Excelsior Blvd
PO Box 560
St Louis Park, MN 55440
Med Sch Affi: G-00948
Major participating institution for programs in: CCM, FP, GS, HSO, OSM
Institution ID: 26-0135

Children’s Hospitals & Clinics - St Paul
345 S Smith Avenue
St Paul, MN 55102
Med Sch Affi: L-02604
Major participating institution for programs in: FP, MDP, NPM, PO, PDC, PSM, U
Institution ID: 26-2497

HealthEast St John’s Hospital
559 Capitol Boulevard
St Paul, MN 55103
Med Sch Affi: G-02404
Major participating institution for programs in: FP
Institution ID: 26-0138

HealthEast St Joseph’s Hospital
559 Capitol Boulevard
St Paul, MN 55103
Med Sch Affi: G-02404
Major participating institution for programs in: FP
Institution ID: 26-0138

Minnesota Epilepsy Group, PA
310 North Smith Avenue, Suite 300
St Paul, MN 55102
Major participating institution for programs in: CN
Institution ID: 26-5933

Regions Hospital
640 Jackson Street
St Paul, MN 55101-3665
Med Sch Affi: M-02904
Major participating institution for programs in: CCA, CCS, EM, FP, GPM, GS, IM, IMG, MDP, OBE, OHE, OHS, OTO, P, PS, TS
Institution ID: 26-0184

United Hospital
355 S Smith Avenue
St Paul, MN 55102
Med Sch Affi: L-02604
Major participating institution for programs in: CR, FP
Institution ID: 26-0811

Mississippi
Biloxi
Veterans Affairs Medical Center (Biloxi)
400 Veterans Avenue
Biloxi, MS 39533-0410
Med Sch Affi: G-02901
Major participating institution for programs in: GS, OTO
Institution ID: 27-0415

Jackson
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202
Med Sch Affi: G-02701
Major participating institution for programs in: FP
Institution ID: 27-0374

Mississippi Methodist Hospital and Rehabilitation Center
1300 Woodrow Wilson Dr
Jackson, MS 39201
Med Sch Affi: G-02701
Major participating institution for programs in: HSO, ORS
Institution ID: 27-02602

Mississippi Sports Medicine & Orthopaedic Center
1225 East Fortification Street
Jackson, MS 39202
Programs sponsored in: OSM
Institution ID: 27-0410

St Dominic-Jackson Memorial Hospital
609 Lakeland Drive
Jackson, MS 32901
Med Sch Affi: G-02701
Major participating institution for programs in: FP
Institution ID: 27-0433

University Hospitals and Clinics
2900 North State Street
Jackson, MS 32916-4505
Med Sch Affi: M-02701
Programs sponsored in: MDP
Major participating institution for programs in: AN, AP, AR, CCM, CR, CHN, CHP, CN, DR, EM, END, FP, GE, GS, HS, HS, ID, IM, N, NER, NS, OBE, OHE, ORS, OTO, P, PCC, PO, PDC, PG, PHO, PS, PTH, RHE, TS, U, VIR
Institution ID: 27-0427

University of Mississippi School of Medicine
2900 North State Street
Jackson, MS 32916-4505
Programs sponsored in: AN, AP, AR, CCM, CR, CHN, CHP, CN, DR, EM, END, FP, GE, GS, HS, HS, ID, IM, N, NER, NS, OBE, OHE, ORS, OTO, P, PCC, PO, PDC, PG, PHO, PS, PTH, RHE, RMR, TS, U, VIR
Institution ID: 27-0501

Veterans Affairs Medical Center (Jackson)
1600 East Woodrow Wilson Drive
Jackson, MS 39201
Med Sch Affi: M-02701
Major participating institution for programs in: CD, END, GE, HS, HSO, ID, IM, N, NS, OBE, ORS, OTO, P, PCC, PO, PDC, PG, PHO, PS, PTH, RHE, TS, U
Institution ID: 27-0430

Keesler AFB
Keesler Medical Center
81st Medical Group/SG
2000 Fisher St, Suite 107
Keesler AFB, MS 39433-5976
Med Sch Affi: M-02501
Programs sponsored in: FP
Institution ID: 27-0371

Tupelo
North Mississippi Medical Center
800 S Glee St
Tupelo, MS 38804-4404
Med Sch Affi: G-02701
Programs sponsored in: FP
Institution ID: 27-9005

Missouri

Missouri

Columbia
Boone Hospital Center
1900 E Broadway
Columbia, MO 65201
Mod Sch Affi: L-02703
Major participating institution for programs in: NS
Institution ID: 28-7835

Columbia Regional Hospital
494 Keene Street
Columbia, MO 65201-6608
Major participating institution for programs in: NS
Institution ID: 28-5280

Ellis Fischel Cancer Center
115 Business Loop 70 West
Columbia, MO 65203-3209
Med Sch Affi: M-02803
Major participating institution for programs in: HO, PTH, TS
Institution ID: 28-0198
Harry S Truman Memorial Veterans Hospital
800 Hospital Drive
Columbia, MO 65201
Med Sch Affil: M-02603
Major participating institution for programs in: CD, DR, END, EP, GE, GS, HO, ID, IM, N, NEP, OPH, OBS, OTO, P, PCC, PM, PS, PTH, RHU, TS, U
Institution ID: 28-0178

Mid-Missouri Mental Health Center
3 Hospital Dr
Columbia, MO 65201
Med Sch Affil: M-02603
Major participating institution for programs in: CHP, P
Institution ID: 28-8613

University Hospitals and Clinics
One Hospital Drive, DC031
Columbia, MO 65212
Med Sch Affil: M-02603
Major participating institution for programs in: AN, CCS, CD, CHP, D, DR, END, EP, FPG, FSM, GE, GS, HO, ID, IM, MDP, N, NEP, NM, NS, OBG, OPH, OBS, OTO, P, PCC, PD, PFP, PM, PS, PTH, RHU, TS, U, VS
Institution ID: 28-0176

University of Missouri-Columbia School of Medicine
MA 22 Medical Sciences Building
One Hospital Drive
Columbia, MO 65212
Programs sponsored in: AN, CCS, CD, CHP, D, DR, END, EP, FPG, FSM, GE, GS, HO, ID, IM, MDP, N, NEP, NM, NS, OBG, OPH, OBS, OTO, P, PCC, PCP, PD, PFP, PM, PS, PTH, RHU, TS, U, VS
Institution ID: 28-8709

Kansas City
Baptist-Lutheran Medical Center
6001 Rockhill Road
Kansas City, MO 64111
Med Sch Affil: M-02646, L-01062
Programs sponsored in: FP
Major participating institution for programs in: OSM
Institution ID: 28-0451

Children’s Mercy Hospital
2401 Gillham Road
Kansas City, MO 64108
Med Sch Affil: M-02646, L-01062, L-02603, G-00006
Programs sponsored in: CNM, MD, FM, PP
Major participating institution for programs in: AI, CCS, NFM, OPH, OBS, OTO, PD, PFP, PDS, PFS, PEM, PG, FHO, PN, PTH
Institution ID: 28-0426

Office of the Jackson County Medical Examiner
660 East 24th Street
Kansas City, MO 64108
Programs sponsored in: POP
Institution ID: 28-8178

Research Medical Center
2316 East Meyer Boulevard
Kansas City, MO 64112-1199
Med Sch Affil: M-02646, L-01902
Programs sponsored in: FP
Major participating institution for programs in: ID
Institution ID: 28-0175

Research Mental Health Services: North Star Program
2801 Wyandotte
Kansas City, MO 64108
Med Sch Affil: M-02603
Major participating institution for programs in: ADP
Institution ID: 28-8018

St Luke’s Hospital
4401 Wornall Road
Kansas City, MO 64111
Med Sch Affil: M-02846, G-01902
Programs sponsored in: TS
Major participating institution for programs in: AN, CD, DR, GE, GS, HO, ID, IC, IF, ID, IM, MDP, OBG, OBS, OSM, PCC, PTH
Institution ID: 28-0837

Swope Parkway Treatment Center
3801 Blue Parkway
Kansas City, MO 64130-2807
Med Sch Affil: L-01902
Major participating institution for programs in: FP
Institution ID: 28-8919

Truman Medical Center
3901 Holmes Street
Kansas City, MO 64108
Med Sch Affil: M-02846
Programs sponsored in: AI, AN, CD, DR, EM, GE, GS, HO, ID, IM, MDP, N, NEP, OBG, OPH, OBS, OSM, PCC, PTH
Institution ID: 28-0253

Truman Medical Center-Lakewood
7900 Lee’s Summit Road
Kansas City, MO 64109-1241
Med Sch Affil: M-02846
Major participating institution for programs in: FP, PFP, MD, OPH
Institution ID: 28-8012

University of Missouri-Kansas City School of Medicine
2441 Holmes
Kansas City, MO 64108-2792
Programs sponsored in: AR, AN, AI, AN, CCS, CD, DR, EM, FP, FPG, GE, GS, HO, IC, ICE, ID, IM, MDP, N, OBG, OPH, OBS, OSM, PCC, PDP, PFP, PDS, PFM, PFP, PM, PS, PTH, RHU, TS, U, VS
Institution ID: 28-0453

Veterans Affairs Medical Center (Kansas City)
4091 Linwood Boulevard
Kansas City, MO 64123
Major participating institution for programs in: CD, CN, GE, GS, HO, ID, IM, MD, N, NEP, NS, OBG, OPH, OBS, OTO, P, PCC, PS, PTH, U
Institution ID: 28-0218

Western Missouri Mental Health Center
600 E 22nd St
Kansas City, MO 64108
Med Sch Affil: M-02846
Major participating institution for programs in: ADP, P
Institution ID: 28-0433

Springfield
Cox Medical Center North
1429 North Jefferson Avenue
Springfield, MO 65802
Programs sponsored in: FP
Institution ID: 28-8168

Cox Medical Center South
2801 S National Ave
Springfield, MO 65802
Major participating institution for programs in: FP
Institution ID: 28-8169

St Louis
Anheuser-Busch Eye Institute
1755 S Grand Boulevard
St Louis, MO 63104
Major participating institution for programs in: OPH
Institution ID: 28-7025

Barnes-Jewish Hospital
St Louis, MO 63110
Med Sch Affil: M-02602, L-02603
Major participating institution for programs in: AN, AP, BK, CA, CCS, CD, CHN, CHP, CN, CRR, D, DMP, DM, EM, END, ESN, GE, GS, HIP, HO, HSO, HSP, IC, ID, IM, IMG, LG, N, NEP, NM, NP, NR, NS, OBG, OHS, OMS, OSS, OTO, P, FPC, PCC, PCP, FDR, PM, PS, PTH, RHU, RN, RO, SCI, SP, TS, U, VS
Institution ID: 28-0416

Barnes-Jewish West County Hospital
12941 Olive Street Road
St Louis, MO 63141-4554
Med Sch Affil: G-02862
Major participating institution for programs in: OSM
Institution ID: 28-8173

Cardinal Glennon Children’s Hospital
1466 South Grand Boulevard
St Louis, MO 63104
Med Sch Affil: M-02604
Major participating institution for programs in: AI, AN, CHN, CN, DR, GE, MD, N, NMB, NOS, OTO, PH, PSB, PEM, PM, PS, PTH, RHU, RN, RO, VIR
Institution ID: 28-0444

Forest Park Hospital
6159 Oakland Ave
St Louis, MO 63126
Med Sch Affil: L-02834
Programs sponsored in: FP, IM, TY
Institution ID: 28-0245

Mallinckrodt Institute of Radiology
510 South Kingshighway
St Louis, MO 63110
Major participating institution for programs in: NR, PDR, E, RO, VIR
Institution ID: 28-0211

Metropolitan St Louis Psychiatric Center
5551 Dewey
St Louis, MO 63116
Med Sch Affil: M-02562
Major participating institution for programs in: P
Institution ID: 28-0214

Shriners Hospitals for Children (St Louis)
2001 S Lindbergh Blvd
St Louis, MO 63131
Med Sch Affil: L-02603, G-02802
Major participating institution for programs in: OP, OHS, OSS, PAN
Institution ID: 28-0164

St John’s Mercy Medical Center
515 South New Ballas Road/GME
St Louis, MO 63141
Med Sch Affil: M-02604, L-02603
Programs sponsored in: FP, IM, OBG, PY
Major participating institution for programs in: CCM, CCS, GS, HO, PCC, U, VS
Institution ID: 28-0231
Omaha

Alegent Health Bergan Mercy Health System
7500 Mercy Rd
Omaha, NE 68124
Med Sch Affil: M-03006, G-03005
Major participating institutions for programs in: OBG, PCC
Institution ID: 30-0452

Alegent Health Immanuel Medical Center
691 1 N 72nd Street
Omaha, NE 68122
Major participating institutions for programs in: P
Institution ID: 30-0985

Children's Hospital
3901 Dodge Street
Omaha, NE 68114
Med Sch Affil: M-03006, M-08006
Programs sponsored in: MFD
Major participating institution for programs in: AI, CD, CRB, CRB, DR, EN, FP, GS, ID, IM, N, OBG, ORS, P, PCC, PDI, PS, PTH
Institution ID: 30-0902

Creighton University Medical Center (Tenet - SJH)
691 North 30th Street
Omaha, NE 68131-2197
Med Sch Affil: M-03006, M-08006
Programs sponsored in: MFD
Major participating institution for programs in: AI, CD, CRB, CRB, DR, EN, FP, GS, ID, IM, N, OBG, ORS, P, PCC, PDI, PS, PTH
Institution ID: 30-0709

Creighton University School of Medicine
2500 California Plaza
Omaha, NE 68178
Programs sponsored in: AI, CD, CRB, CRB, DR, EN, FP, GS, ID, IM, N, OBG, ORS, P, PCC, PDI, PS, PTH
Institution ID: 30-0902

Nebraska Methodist Hospital
8303 Dodge St
Omaha, NE 68114-4199
Med Sch Affil: M-03006
Major participating institution for programs in: GS, OBG, U
Institution ID: 30-0294

Richard Young Center
514 S 30th Street
Omaha, NE 68105
Major participating institution for programs in: P, PYG
Institution ID: 30-0807

The Nebraska Medical Center
987400 Nebraska Medical Center
Omaha, NE 68198-7400
Med Sch Affil: M-03006, M-08006
Programs sponsored in: FP
Major participating institution for programs in: CHP, EM, ICE, MFD, NS, PD, PS
Institution ID: 30-0453

University of Nebraska Medical Center College of Medicine
684285 Nebraska Medical Center
Omaha, NE 68198-4385
Med Sch Affil: M-03006, M-08006
Programs sponsored in: AN, APRT, CD, CR, DR, EM, EN, FP, GE, GS, HMP, HO, HU, ICE, IM, IMG, MFD, N, NM, NS, OB, ORS, ORS, OTU, PCC, PD, PDI, PS, PTH, U, VH
Major participating institution for programs in: ID
Institution ID: 30-0710

Veterans Affairs Medical Center (Omaha)
4101 Woolworth Avenue
Omaha, NE 68105
Med Sch Affil: M-03006, M-08005
Major participating institution for programs in: CD, DR, GS, HO, ICE, IM, MFD, NM, ORH, OTH, PCC, PDC, PDI, PS, PTH, U
Institution ID: 30-0447

Scottsbluff
Regional West Medical Center
4021 Avenue B
Scottsbluff, NE 69361-4665
Med Sch Affil: M-03005
Major participating institution for programs in: EM, FP
Institution ID: 30-0805

Nevada

Las Vegas
Sunrise Hospital and Medical Center
3186 Marylind Parkway
PO Box 98530
Las Vegas, NV 89163-8530
Med Sch Affil: M-03010
Major participating institution for programs in: PD
Institution ID: 31-0814

University Medical Center of Southern Nevada
1800 West Charleston Boulevard
Las Vegas, NV 89102
Med Sch Affil: M-03101
Major participating institution for programs in: PD
Institution ID: 31-0810

VA Southern Nevada Healthcare System
1700 Vegas Drive
Las Vegas, NV 89106
Major participating institution for programs in: GS, PS
Institution ID: 31-0816

Valley View Surgery Center
1330 S Valley View
Las Vegas, NV 89112
Major participating institution for programs in: PS
Institution ID: 31-0817

Reno
Joannis A Lougaris Veterans Affairs Medical Center
1000 Locust Street
Reno, NV 89502
Med Sch Affil: M-03101
Major participating institution for programs in: EM, P
Institution ID: 31-0810

University of Nevada School of Medicine
Pennington Building, Mail Stop 322
Reno, NV 89507-0446
Med Sch Affil: G-06015
Programs sponsored in: FP, GS, IM, OBG, P, PD, PS
Institution ID: 31-0811

Washoe Medical Center
77 Pringle Way
Reno, NV 89503
Med Sch Affil: M-03101
Major participating institution for programs in: FP, IM
Institution ID: 31-7004

West Hills Hospital
1240 E Ninth Street
Reno, NV 89512
Major participating institution for programs in: P
Institution ID: 31-0813

Sparks
Northern Nevada Adult Mental Health Institute
480 Galletti Way
Sparks, NV 89431
Med Sch Affil: G-08101
Major participating institution for programs in: P
Institution ID: 31-7002

New Hampshire

Concord
Concord Hospital
250 Pleasant Street
Concord, NH 03301
Med Sch Affil: M-02001
Programs sponsored in: FP
Major participating institution for programs in: FF, GPM
Institution ID: 32-0802

New Hampshire Hospital
36 Clinton Street
Concord, NH 03301
Med Sch Affil: G-02001
Programs sponsored in: FP, GPM
Major participating institution for programs in: CHP, GPM, F, PYG
Institution ID: 32-0833

Lebanon
Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756-0001
Programs sponsored in: ADP, AN, APRT, CCA, CCM, CD, CRH, D, DR, FP, GE, GPM, GS, HO, ICE, ID, IM, MP, N, NPM, NS, OBG, ORS, P, PCC, PD, PS, PTH, PYG, RHU, RNR, U, VH, V8
Major participating institution for programs in: OTO
Institution ID: 32-0801

New Jersey

Atlantic City
Atlantic City Medical Center
1020 Pacific Avenue
Department of Medical Education
Atlantic City, NJ 08401
Med Sch Affil: G-04115
Programs sponsored in: IM
Major participating institution for programs in: P
Institution ID: 33-0168
Browns Mills  
Deborah Heart and Lung Center  
Trenton Road  
Browns Mills, NJ 08015  
Med Sch Affil: G-03306, G-04101  
Major participating institution for programs in: CD, PAN  
Institution ID: 33-0613

Camden  
Cooper Hospital-University Medical Center  
One Cooper Plaza  
Camden, NJ 08103  
Med Sch Affil: M-03306, L-04113  
 Programs sponsored in: AN, CCM, CCP, CSS, CD, DR, EM, OR, GS, HO, IC, IC1, ID, IM, NEF, OBG, P, PCC, PD, PP, PS, RHE  
Major participating institution for programs in: OSM, PDT, U  
Institution ID: 33-0485

Our Lady of Lourdes Medical Center  
160 Haddon Ave  
Camden, NJ 08103  
Major participating institution for programs in: P  
Institution ID: 33-0166

West Jersey Health System (Camden)  
MJ Ephraim and Atlantic Avenues  
Camden, NJ 08104  
Med Sch Affil: M-04102  
Major participating institution for programs in: OBG  
Institution ID: 33-0719

East Orange  
Veterans Affairs New Jersey Health Care System  
305 Townsend Avenue  
East Orange, NJ 07018-1085  
Med Sch Affil: M-03305, M-03306  
Major participating institution for programs in: ADP, AI, CD, CUN, D, DR, END, GE, GS, ID, IM, MPD, N, NEF, OPH, OBG, OTO, P, PCC, PM, PDT, U, VS  
Institution ID: 33-0187

Edison  
JFK Johnson Rehabilitation Institute  
65 James Street  
Edison, NJ 08818  
Major participating institution for programs in: PM  
Institution ID: 33-0017

JFK Medical Center  
65 James Street  
Edison, NJ 08818-3056  
Med Sch Affil: G-03306  
 Programs sponsored in: PP, PM  
Major participating institution for programs in: CCM, GS, CRS, N  
Institution ID: 33-0714

Elizabeth  
Trinitas Hospital-Williamson Street Campus  
225 Williamson Street  
Elizabeth, NJ 07207  
Major participating institution for programs in: AN, IM  
Institution ID: 33-0417

Englewood  
Englewood Hospital and Medical Center  
360 Engle Street  
Englewood, NJ 07631  
Med Sch Affil: M-04101, M-03347  
 Major participating institution for programs in: CCM, IM, MFD, VS  
Institution ID: 33-0259

Flemington  
Hunterdon Medical Center  
2100 Wemocott Dr  
Flemington, NJ 08822  
Med Sch Affil: L-03306  
 Programs sponsored in: DR, EM, FT, GS, IM, MFD, PD, TY  
Institution ID: 33-0414

Florham Park  
Atlantic Health System  
325 Columbia Turnpike  
Florham Park, NJ 07932  
 Programs sponsored in: DR, EM, FT, GS, IM, MFD, PD, TY  
Institution ID: 33-0200

Hackensack  
Hackensack University Medical Center  
30 Prospect Avenue  
Hackensack, NJ 07601  
Med Sch Affil: M-03305  
 Programs sponsored in: DR  
 Major participating institution for programs in: CD, GS, ID, IM, MFD, NS, OBG, OTO, P, PAN, PCC, PD, PS, PDT, TS  
Institution ID: 33-0219

Hoboken  
St Mary Hospital  
308 Willow Avenue  
Hoboken, NJ 07030-2889  
Med Sch Affil: G-03305  
Major participating institution for programs in: FP  
Institution ID: 33-0236

Jersey City  
Jersey City Medical Center  
50 Baldwin Avenue  
Jersey City, NJ 07304  
Med Sch Affil: M-03347, G-03306  
 Major participating institution for programs in: GS, IM, OBG, OTO, OHS, PD  
Institution ID: 33-0189

Livingston  
St Barnabas Medical Center  
94 Old Short Hills Rd  
Livingston, NJ 07039  
Med Sch Affil: M-03347  
 Programs sponsored in: AN, DR, GS, IM, OBG, PTH, TY  
Major participating institution for programs in: EM, PD, U  
Institution ID: 33-0416

Long Branch  
Monmouth Medical Center  
200 Second Ave  
Long Branch, NJ 07740  
Med Sch Affil: M-04115, G-04101  
 Programs sponsored in: DB, GS, IM, OBG, OHS, PD  
Major participating institution for programs in: PTH  
Institution ID: 33-0335

Lyons  
Veterans New Jersey Health Care System (Lyons)  
Lyons, NJ 07039  
Med Sch Affil: M-03306, G-03305  
Major participating institution for programs in: GE, PCC, PTG  
Institution ID: 33-0122

Marlton  
West Jersey Health System  
94 Brick Road, Suite 280  
Marlton, NJ 08053  
 Programs sponsored in: FP  
Institution ID: 33-0211

Montclair  
Mountainside Hospital  
Atlantic Health System  
337 Bloomfield Avenue  
Montclair, NJ 07042-4998  
Med Sch Affil: L-03306, G-03305  
Major participating institution for programs in: FP, IM  
Institution ID: 33-0117

Morristown  
Morristown Memorial Hospital  
Atlantic Health System  
100 Madison Avenue  
Morristown, NJ 07962-1956  
Med Sch Affil: M-03305  
Major participating institution for programs in: DR, GS, IM, OBG, PD, TY  
Institution ID: 33-0236

Mount Holly  
Virtua-Memorial Hospital Burlington County  
175 Madison Ave  
Mount Holly, NJ 08060-2099  
Med Sch Affil: M-03306  
Major participating institution for programs in: FP, GS, PE  
Institution ID: 33-0117

Neptune  
Jersey Shore University Medical Center  
1445 Cortland Avenue  
Neptune, NJ 07753  
Med Sch Affil: M-03306  
 Programs sponsored in: IM, OBG, PD, PSM  
Major participating institution for programs in: GS, ID  
Institution ID: 33-0220
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<th>New Brunswick</th>
<th>Teaching Institutions</th>
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<td><strong>Newark Beth Israel Medical Center</strong></td>
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<td>201 Lyons Ave</td>
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<td>325 Norfolk Street</td>
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<td>268 Dr Martin Luther King Jr Blvd</td>
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<td>110 Rehill Avenue</td>
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<tr>
<td><strong>South Orange</strong></td>
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<tr>
<td><strong>Seton Hall University School of Graduate Medical Education</strong></td>
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<td>School of Graduate Medical Education, McQuaid Hall</td>
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<td>400 South Orange Avenue</td>
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<td>c/o UMDNJ-School of Osteopathic Medicine</td>
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<td>One Medical Center Drive, Office of GME, Suite 214</td>
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<td><strong>Summit</strong></td>
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<td><strong>Overlook Hospital</strong></td>
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<td>Atlantic Health System</td>
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<td>99 Beaumont Avenue at Sylvan Road</td>
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Trenton
Capital Health System-Fuld Campus
760 Brunswick Avenue
Trenton, NJ 08628
Med Sch Affil: G-03006
Programs sponsored in: PM
Major participating institution for programs in: PS
Institution ID: 33-6150

St Francis Medical Center
601 Hamilton Ave
Trenton, NJ 08629
Major participating institution for programs in: GS, IM
Institution ID: 33-6415

State of New Jersey Department of Health and Senior Services
PO Box 363
56 E State Street
Trenton, NJ 08625-0363
Programs sponsored in: GPM
Institution ID: 33-0520

Union
Union Hospital
1000 Galloping Hill Road
Union, NJ 07083-1652
Major participating institution for programs in: EM
Institution ID: 33-9001

Voorhees
Virtua-West Jersey Hospital Voorhees
101 Carriage Blvd
Voorhees, NJ 08043
Med Sch Affil: L-04113
Major participating institution for programs in: PP
Institution ID: 33-8018

West Orange
Kessler Institute for Rehabilitation
1100 Pleasant Valley Way
West Orange, NJ 07052-1119
Med Sch Affil: M-03505
Major participating institution for programs in: PM, SCI
Institution ID: 33-0726

Woodbury
Underwood-Memorial Hospital
500 N Broadway Street
Woodbury, NJ 08096
Med Sch Affil: L-04113
Programs sponsored in: FP
Institution ID: 33-7079

New Mexico
Albuquerque
- Carrie Tingley Hospital
  1127 University Blvd, NE
  Albuquerque, NM 87102
  Med Sch Affil: G-03041
  Major participating institution for programs in: ORS
  Institution ID: 33-6050
- Lovelace HealthCare System
  5400 Gibson Blvd, SE
  Albuquerque, NM 87108
  Med Sch Affil: G-03401
  Major participating institution for programs in: CD, EM, GE, NS, U
  Institution ID: 34-0196
- Office of the Medical Investigator
  University of New Mexico
  School of Medicine
  Albuquerque, NM 87131
  Med Sch Affil: G-03401
  Major participating institution for programs in: POP
  Institution ID: 34-0508
- University of New Mexico Health Sciences
  University Hospital
  2211 Lomas Blvd, NE
  Albuquerque, NM 87106
  Med Sch Affil: M-03401
  Major participating institution for programs in: APM, BBK, CCM, CD, CHF, D, DR, DM, END, FP, GE, HMP, HS, ID, IM, IMG, N, NBP, NPM, NS, OBG, ORS, OTO, P, PAN, PCC, PD, PHO, PTH, PYG, RBU, RNR, TS, U, VIR
  Institution ID: 34-0498
- University of New Mexico School of Medicine
  MS080 4770
  1 University of New Mexico
  Albuquerque, NM 87131-6001
  Med Sch Affil: M-03401
  Programs sponsored in: ADP, AN, APM, BBK, CCA, CCM, CD, CHF, CN, D, DR, DM, END, FP, GE, GL, HMP, HS, ID, IM, IMG, N, NBP, NPM, NS, OBG, ORS, OTO, P, PAN, PCC, PD, PHO, PTH, PYG, RBU, RNR, TS, U, VIR
  Institution ID: 34-0610
- Veterans Affairs Medical Center (Albuquerque)
  2100 Ridgecrest Dr, SE
  Albuquerque, NM 87108
  Med Sch Affil: M-03401
  Major participating institution for programs in: ADP, AN, APM, CCM, CD, CHF, CN, D, DR, DM, END, GE, ID, IM, IMG, N, NBP, NPM, NS, OBG, ORS, OTO, P, PAN, PCC, PD, PHO, PTH, PYG, RBU, RNR, TS, U, VIR
  Institution ID: 34-0499
- Las Cruces
  Memorial Medical Center
  2450 South Telshor Boulevard
  Las Cruces, NM 88011
  Med Sch Affil: M-03401
  Programs sponsored in: FP
  Institution ID: 34-8014
- Roswell
  Eastern New Mexico Medical Center
  405 W Country Club Road
  Roswell, NM 88001
  Med Sch Affil: G-03401
  Major participating institution for programs in: FP
  Institution ID: 34-8016

Santa Fe
St Vincent Hospital
465 St Michael’s Dr
PO Box 2107
Santa Fe, NM 87505
Med Sch Affil: G-03401
Major participating institution for programs in: FP
Institution ID: 34-8015

New York
Albany
Albany Medical Center
43 New Scotland Avenue
Mailcode 5
Albany, NY 12208
Med Sch Affil: M-03503
Programs sponsored in: AN, CD, DR, EM, END, FP, GE, GS, HMP, IC, IM, IMG, MDP, N, NPM, NS, OBG, ORS, OTH, OTO, PS, U, PCC, PM, PD, PHO, PTH, RHU, RNR, TS, U, VIR, VS
Institution ID: 35-0345

Albany Medical Center South Clinical Campus
25 Rickett Blvd
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: ORS
Institution ID: 35-0615

Capital District Psychiatric Center
75 New Scotland Ave
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: P
Institution ID: 35-0815

New York State Department of Health
Corning Tower, Room 1882
State Capitol Plaza
Albany, NY 12237
Programs sponsored in: GPM
Institution ID: 35-0456

St Peter’s Hospital
315 S Manning Blvd
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: ORS, OTO, PS, U
Institution ID: 35-0108

SUNY at Albany School of Public Health
2 University Place
Albany, NY 12222
Major participating institution for programs in: GPM
Institution ID: 35-0836

Veterans Affairs Medical Center (Albany)
113 Holland Avenue
Albany, NY 12213
Med Sch Affil: M-03503
Major participating institution for programs in: CD, DR, GS, GE, GS, IM, IMG, MDP, N, NS, OBG, ORS, OTO, P, PCC, PM, PD, PHO, PTH, RHU, RNR, TS, U, VIR
Institution ID: 35-0151
New York

Teaching Institutions

Bay Shore

Southside Hospital
901 East Main Street
Bay Shore, NY 11706-8458
Med Sch Affil: L-03546
Programs sponsored in: FP
Major participating institution for programs in: PM
Institution ID: 35-0866

Binghamton

Binghamton General Hospital
2216 Harrison Street
Binghamton, NY 13901
Major participating institution for programs in: IM
Institution ID: 35-0866

Binghamton Psychiatric Center
435 Robinson Street
Binghamton, NY 13901
Major participating institution for programs in: PYG
Institution ID: 35-0866

Bronx

Albert Einstein College of Medicine of Yeshiva University
1300 Morris Park Avenue
Bellerose Room 312
Bronx, NY 10461
Med Sch Affil: M-03546
Programs sponsored in: ADP, AI, AN, APAM, AR, CCM, CCP, CD, CHN, CHP, CN, D, DBP, DR, EM, END, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MSK, NEP, NM, NP, NPM, NS, OBG, OPH, OBS, OTO, P, PCC, PCP, PD, PHE, PDI, PM, PEM, PPG, PHO, PM, PS, PTH, PTG, RHR, RNR, RO, TS, U, Y, VIR, VS
Institution ID: 35-0745

Bronx - Lebanon Hospital Center
1276 Fulton Avenue
Bronx, NY 10456
Med Sch Affil: M-03546
Programs sponsored in: ADP, AI, APAM, AR, CCM, CCP, CD, CHN, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MSK, NEP, NM, NP, NPM, NS, OBG, OPH, OBS, OTO, P, PCC, PCP, PD, PHE, PDI, PM, PEM, PPG, PHO, PM, PS, PTH, PTG, RHR, RNR, RO, TS, U, Y, VIR, VS
Institution ID: 35-0745

Bronx Children’s Psychiatric Center
1000 Waters Place
Bronx, NY 10461
Major participating institution for programs in: CHP
Institution ID: 35-0899

Bronx Psychiatric Center
1500 Waters Place
Bronx, NY 10461
Med Sch Affil: M-03546
Major participating institution for programs in: CHP, PFP, PYG
Institution ID: 35-0542

Jacobi Medical Center
Pelham Pkwy S & Eastchester Road
Bronx, NY 10461
Med Sch Affil: M-03546
Major participating institution for programs in: ADP, CBN, D, DR, EM, END, GE, GS, IM, NR, OBG, OPH, OBS, OTO, PCC, PD, PEM, PM, PS, RHR, TS, U
Institution ID: 35-0179

Lincoln Medical and Mental Health Center
234 Eugenio Maria De Hostos Boulevard (14th) St
Bronx, NY 10451-9698
Med Sch Affil: M-03546
Programs sponsored in: CC, EM, IM, OBG, P, PD
Major participating institution for programs in: GE, GS
Institution ID: 35-0437

Montefiore Medical Center-Henry and Lucy Moses Division
111 East 210th Street
Bronx, NY 10467
Med Sch Affil: M-03546
Major participating institution for programs in: ADL, ADP, AI, APAM, AR, CCP, CD, CHN, CHP, CN, D, DBP, DR, END, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NP, NPM, NS, OBG, OPH, OBS, OTO, P, PCC, PCP, PD, PHE, PDI, PEM, PPG, PHO, PM, PS, PTH, PTG, RHR, RNR, RO, TS, U, Y, VIR, VS
Institution ID: 35-0526

Montefiore Medical Center-Weiler Hospital
1825 Eastchester Road
Bronx, NY 10467
Med Sch Affil: M-03546
Major participating institution for programs in: AI, AN, APAM, AR, CCM, CD, CHN, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MSK, NEP, NM, NP, NPM, NS, OBG, OPH, OBS, OTO, P, PCC, PCP, PD, PHE, PDI, PEM, PPG, PHO, PM, PS, PTH, PTG, RHR, RNR, RO, TS, U, Y, VIR, VS
Institution ID: 35-0526

North Central Bronx Hospital
9424 Roswell Avenue
Bronx, NY 10467
Major participating institution for programs in: D, EM, IM, OBG
Institution ID: 35-0764

Our Lady of Mercy Medical Center
600 E 23rd Street
Bronx, NY 10466
Med Sch Affil: M-03509, G-03508
Major participating institution for programs in: CD, D, EM, GE, GS, HO, IM, IMG, NEP, OBG, OPH, PM, U
Institution ID: 35-0401

St Barnabas Hospital
183rd St and Third Ave
Bronx, NY 10457
Med Sch Affil: L-03509
Programs sponsored in: IM, PD
Major participating institution for programs in: EM
Institution ID: 35-0448

Veterans Affairs Medical Center (Bronx)
130 West Kingsbridge Road
Bronx, NY 10458
Med Sch Affil: M-03547
Major participating institution for programs in: ADP, CD, D, IM, OBG, OTO, P, PCC, PS, PTG, PYG, RHR, SFI, U
Institution ID: 35-0247

Brooklyn

Brookdale University Hospital and Medical Center
Linden Blvd at Brooklyn Plaza
Brooklyn, NY 11212-3168
Med Sch Affil: M-03508
Programs sponsored in: AA, APAM, CHP, GS, HO, IM, NEP, OBG, P, PD, U
Major participating institution for programs in: CD, GE, OBG
Institution ID: 35-0307

Brooklyn Hospital Center
121 DeKalb Avenue
Brooklyn, NY 11201
Med Sch Affil: M-03509, L-03669, G-03519
Programs sponsored in: EM, FP, GE, GS, HO, IM, OBG, PD, PU
Major participating institution for programs in: CD
Institution ID: 35-0820

Coney Island Hospital
2001 Ocean Parkway
Brooklyn, NY 11203
Med Sch Affil: L-03508
Programs sponsored in: EM, IM, PD
Major participating institution for programs in: CD, GS, HO, IM, OBG, OB, PD
Institution ID: 35-0498

Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, NY 11213
Med Sch Affil: L-03508
Programs sponsored in: IM, OBG, PU
Major participating institution for programs in: CD, GE
Institution ID: 35-0417

Kings County Hospital Center
451 Clarkson Avenue
Brooklyn, NY 11203
Med Sch Affil: M-03508
Major participating institution for programs in: ADL, AI, ALJ, AN, APAM, CCM, CD, CHN, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MSK, NEP, NM, NP, NPM, NS, OBG, OPH, OBS, OTO, P, PCC, PCP, PD, PHE, PDI, PEM, PPG, PHO, PM, PS, PTH, PTG, RHR, RNR, RO, TS, U, Y, VIR, VS
Institution ID: 35-0526

Kingsboro Psychiatric Center
631 Clarkson Avenue
Brooklyn, NY 11203
Med Sch Affil: L-03508
Major participating institution for programs in: PPG
Institution ID: 35-0621

Kingsbrook Jewish Medical Center
550 Scheenaday Avenue
Brooklyn, NY 11203-1891
Med Sch Affil: G-03508
Programs sponsored in: IM, ORS, PM
Major participating institution for programs in: P
Institution ID: 35-0687

Long Island College Hospital
Department of OME
35 Hicks Street
Brooklyn, NY 11201-5541
Med Sch Affil: M-03508
Programs sponsored in: AI, DR, GE, IM, NEP, OBG, PD
Major participating institution for programs in: AN, APAM, CCM, CD, CHN, GS, HO, IM, MEM, MP, N, NEP, NEP, OBG, OPH, ORS, OTO, P, PD, PDI, PFD, PHO, PM, PS, PTH, PUH, RHR, RNR, RO, TS, U
Institution ID: 35-0697

Lutheran Medical Center
116 58th St
Brooklyn, NY 11220
Med Sch Affil: L-03508
Programs sponsored in: FP, IM, OBG
Major participating institution for programs in: EM, RO, TS
Institution ID: 35-0449
Maimonides Medical Center
4802 Tenth Ave
Brooklyn, NY 11219
Med Sch Affil: M-03508
Programs sponsored in: AN, CCM, CD, DR, EM, GE, GS, HO, IC, ID, IM, IMG, MG, MFDP, OBQ, OBS, P, PD, PUD, TY, U, VS
Major participating institution for programs in: EM, FDE
Institution ID: 35-0866

New York Methodist Hospital
506 Sixth Street
Brooklyn, NY 11215
Med Sch Affil: L-03505, L-03508
Programs sponsored in: AN, DR, EM, GS, HO, IM, IMG, MFDP, OBQ, OBS, P, PD, PUD
Major participating institution for programs in: GE
Institution ID: 35-0267

SUNY Health Science Center at Brooklyn
GME Office
450 Clarkson Avenue, Box 51
Brooklyn, NY 11203-2808
Programs sponsored in: ADL, AI, ALL, AN, APAM, CCA, CCM, CD, CHN, CHF, CN, D, DR, EM, END, FP, GE, GS, HO, IC, ICE, ID, IM, MEM, MP, N, NEP, NF, OBQ, OBS, OTO, P, PD, PDE, PDR, PG, PHO, PM, PN, PP, PTH, PUD, PYG, RHU, RN, RO, TS, U, VS
Major participating institution for programs in: IM
Institution ID: 35-5802

University Hospital-SUNY Health Science Center at Brooklyn
445 Lenox Rd, Box 23
Brooklyn, NY 11203
Med Sch Affil: M-03508
Major participating institution for programs in: ADL, AI, ALL, AN, APAM, CCA, CCM, CD, CHN, CN, D, DR, EM, END, FP, GE, GS, HO, ID, IM, MEM, MP, N, NEP, NF, OBQ, OBS, P, PD, PDE, PDR, PG, PHO, PM, PN, PP, PTH, PUD, PYG, RHU, RN, RO, TS, U, VS
Institution ID: 35-0541

Veterans Affairs Medical Center (Brooklyn)
800 Polyclinic Place
Brooklyn, NY 11209-7104
Med Sch Affil: M-03508, G-03510
Major participating institution for programs in: CCM, D, END, GE, GS, HO, ICE, IM, MEM, MP, NF, OBQ, OBS, OTO, P, PTH, PUD, PYG, RHU, RN, RO, TS, U, VS
Institution ID: 35-0331

Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206-5317
Med Sch Affil: L-03506
Programs sponsored in: IM, PD
Major participating institution for programs in: CD, GE
Institution ID: 35-0825

Wyckoff Heights Medical Center
374 Stockholm Street
Brooklyn, NY 11237
Med Sch Affil: L-03520
Programs sponsored in: FF
Major participating institution for programs in: IM, PD
Institution ID: 35-0412

Buffalo
Erie County Medical Center
403 Grider Street
Buffalo, NY 14215
Med Sch Affil: M-03506
Major participating institution for programs in: AN, CD, CHN, CN, IM, EM, END, FP, GE, GS, HEM, ID, IM, IMG, MFP, MPD, MPM, NEF, OPH, OBS, P, PCC, PM, U
Institution ID: 35-0413

Kaleida Health System (Buffalo General Hospital)
100 High Street
Buffalo, NY 14203
Med Sch Affil: M-03506
Major participating institution for programs in: AI, AN, APAM, CD, CN, CRS, D, DR, EM, FP, GE, GPM, GS, HEM, IM, IMG, IPM, MFDP, MPM, N, NEF, NM, NS, OBQ, OBS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0482

Kaleida Health System (Millard Fillmore Hospital)
3 Gates Circle
Buffalo, NY 14208-6881
Med Sch Affil: M-03506
Major participating institution for programs in: AN, CD, CN, EM, END, FP, GE, GS, HEM, IM, IMG, MFP, MPD, MPMP, NEF, OPH, OBS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0389

Kaleida Health System (Women and Children’s Hosp of Buffalo)
219 Bryant Street
Buffalo, NY 14222
Med Sch Affil: M-03506
Major participating institution for programs in: AI, AN, APAM, CHN, CN, D, DR, EM, END, FP, GE, GS, HEM, IM, IMG, MFP, MPD, MPMP, NEF, OPH, OBS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0223

Mercy Hospital of Buffalo
665 Abbott Rd
Buffalo, NY 14220
Med Sch Affil: L-03506
Major participating institution for programs in: IM, NM
Institution ID: 35-0126

Roswell Park Cancer Institute
Elm & Carlton Streets
Buffalo, NY 14203
Med Sch Affil: M-03506
Programs sponsored in: CP
Major participating institution for programs in: AN, APAM, D, GE, HEM, ID, IM, MP, NEF, OPH, OBS, P, PCC, PM, PTH, RHU, U
Institution ID: 35-0451

Sisters of Charity Hospital
2157 Main St
Buffalo, NY 14214
Med Sch Affil: L-03506
Major participating institution for programs in: GS, IM, OBQ, PM
Institution ID: 35-0157

SUNY at Buffalo Graduate Medical-Dental Education Consortium
3435 Main St
117 Carly Hall
Buffalo, NY 14214
Med Sch Affil: M-03506, L-03515
Programs sponsored in: AI, AN, APAM, CFP, CD, CHN, CN, CRS, D, DR, EM, END, FP, GE, GPM, GS, HEM, ID, IM, IMG, IPM, MFP, MPD, MPM, N, NEF, NM, NS, OBQ, OBS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0501

SUNY at Buffalo School of Medicine
3435 Main St
Buffalo, NY 14214
Med Sch Affil: M-03506
Major participating institution for programs in: CHP, OSM
Institution ID: 35-0828

Veterans Affairs Medical Center (Buffalo)
3435 Bailey Avenue
Buffalo, NY 14215
Med Sch Affil: M-03506
Major participating institution for programs in: AN, CD, CHN, CN, D, DR, EM, GE, GS, HEM, ID, IM, IMG, MFP, MPD, MPMP, NEF, NM, OPH, OBS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0466

Cooperstown
Bassett Healthcare
One Atwell Road
Cooperstown, NY 13326
Med Sch Affil: M-03506
Major participating institution for programs in: AN, CD, CHN, CN, D, DR, EM, END, GE, GS, HEM, ID, IM, IMG, MFP, MPD, MPMP, NEF, NM, OPH, OBS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0347

Mary Imogene Bassett Hospital
One Atwell Rd
Cooperstown, NY 13326-1394
Med Sch Affil: M-03501
Major participating institution for programs in: GS, IM
Institution ID: 35-0134

Douglas
Jewish Board of Family & Children's Services (Judea Clinic)
Pride of Judea Clinic
243-02 Northern Blvd
Douglaston, NY 11362
Major participating institution for programs in: P
Institution ID: 35-0863

East Amherst
Northtowns Orthopaedics
870 Transit Road Suite 105
East Amherst, NY 14051
Programs sponsored in: OSM
Institution ID: 35-0606

East Meadow
Nassau University Medical Center
2001 Hempstead Turnpike
East Meadow, NY 11554-1854
Med Sch Affil: M-03548
Programs sponsored in: AI, AN, APAM, CFP, CD, CHN, CN, CRS, D, DR, EM, END, GE, GS, HEM, ID, IM, IMG, IPM, MFP, MPD, MPMP, NEF, NM, NS, OBQ, OBS, OSM, P, PCC, PM, PTH, RHU
Major participating institution for programs in: CHN, OSM, P, PCC, PM, RHEU
Institution ID: 35-0162

Graduate Medical Education Directory 2004-2005
Elmhurst
Elmhurst Hospital Center-Mount Sinai Services
79-01 Broadway
Elmhurst, NY 11373
Med Sch Affl: M-03547, G-03519
Major participating institution for programs in: AN, CCA, CD, DIP, D, EM, G, GS, H, HO, ID, IM, MPD, NS, ORG, OPH, ORS, OYO, P, PCC, PD, PM, PS, PFG, U
Institution ID: 35-0271
St Vincent Catholic Medical Centers (St Johns-Queens)
50-02 Queens Boulevard
Elmhurst, NY 11373
Major participating institution for programs in: IM, IMG, ORG, OHS
Institution ID: 35-0172

Far Rockaway
St John's Episcopal Hospital-South Shore
327 Beach 10th Street
Far Rockaway, NY 11691
Med Sch Affl: G-03508
Programs sponsored in: IM
Major participating institution for programs in: ADP, CCM, CD, GE, OYO, P, PM, PUD, PFG
Institution ID: 35-0244

Flushing
Flushing Hospital Medical Center
45th Avenue at Parsons Blvd
Flushing, NY 11355
Med Sch Affl: G-03508
Programs sponsored in: IM
Major participating institution for programs in: CD, EM, GE, GS, ID, IM, NEP, PUD, PG, TV
Institution ID: 35-0364

New York Hospital Medical Center of Queens
56-45 Main St
Flushing, NY 11355-5095
Med Sch Affl: M-03520
Programs sponsored in: CD, EM, GE, GS, ID, IM, NEP, PUD, PG, TV
Major participating institution for programs in: ORG, ORS, VS
Institution ID: 35-0349

Forest Hills
North Shore University Hospital at Forest Hills
102-01 90th Rd
Forest Hills, NY 11375
Programs sponsored in: IM
Institution ID: 35-0568

Glen Cove
North Shore University Hospital at Glen Cove
101 St Andrews Lane
Glen Cove, NY 11540
Med Sch Affl: L-03548
Programs sponsored in: FP
Institution ID: 35-0469

Glen Oaks
Hillside Hospital (Long Island Jewish Medical Center)
76-56 268th St
Glen Oaks, NY 1104
Major participating institution for programs in: P, PFG
Institution ID: 35-0290

Great Neck
North Shore-Long Island Jewish Health System
145 Community Drive
Great Neck, NY 11021
Med Sch Affl: M-03546
Programs sponsored in: ADL, CCM, CCS, CIRS, GS, NPM, PD, PCC, PDE, PDI, PEM, PM, PFG, PPR, VS
Institution ID: 35-0294

Harrison
St Vincent Catholic Medical Centers (Westchester)
240 North St
Harrison, NY 10528
Major participating institution for programs in: P
Institution ID: 35-0490

Hauppauge
Suffolk County Department of Health Services
265 Rabro Drive, E
Hauppauge, NY 11788
Med Sch Affl: G-03548
Major participating institution for programs in: GPM
Institution ID: 35-0211

Ithaca
Cayuga Medical Center at Ithaca
101 Bates Drive
Ithaca, NY 14859
Major participating institution for programs in: PGM
Institution ID: 35-7057

Jamaica
Jamaica Hospital Medical Center
80th Ave and Van Wyck Expwy
Jamaica, NY 11413
Med Sch Affl: L-03530, G-03519, G-03508
Programs sponsored in: PP, EM, ORG, P
Major participating institution for programs in: GS, HSQ, IC, PD, PM
Institution ID: 35-0216

Queens Hospital Center
82-48 614th Street
D-116
Jamaica, NY 11432
Med Sch Affl: M-03547
Major participating institution for programs in: END, IM, ORG, OPH, PCC
Institution ID: 35-0220

St Vincent Catholic Medical Centers (Brooklyn-Queens)
88-25 158th Street
Suite 2A
Jamaica, NY 11432
Med Sch Affl: L-03508
Major participating institution for programs in: CD, FP, GS, ID, IM, IMG, OPB, ORS, ORS, P, PUD
Institution ID: 35-0358

St Vincent Catholic Medical Centers (Mary Immaculate)
152-11 180th Avenue
Jamaica, NY 11432
Major participating institution for programs in: FP, IM, IMG, ORG, OPH, ORS
Institution ID: 35-0472

Johnson City
United Health Services Hospitals
Wilson Memorial Regional Medical Center
33-57 Harrison Street
Johnson City, NY 13790
Major participating institution for programs in: PGM
Institution ID: 35-0463

Wilson Memorial Regional Medical Center (United Health Sys)
33-57 Harrison St
Johnson City, NY 13790
Major participating institution for programs in: FP, IM, TY
Institution ID: 35-0110

Kingston
Kingston Hospital
396 Broadway
Kingston, NY 12401
Major participating institution for programs in: FP
Institution ID: 35-0435

Manhasset
North Shore University Hospital
390 Community Drive
Manhasset, NY 11030
Med Sch Affl: M-03519
Programs sponsored in: ADP, CD, CBN, CHP, DR, EM, GE, HO, IC, ID, IM, IDG, N, NPE, NM, ORG, OPB, OPH, P, PCC, PDT, RBU, RMD
Major participating institution for programs in: CCS, CD, CIRS, GS, ORS, P, PP, PS, U, VS
Institution ID: 35-0467

Schneider Children's Hospital at North Shore University Hosp
North Shore-Long Island Jewish Health System
390 Community Drive
Manhasset, NY 11030
Major participating institution for programs in: ADL, CCM, CCS, CIRS, GS, NPM, PD, PCC, PDE, PDI, PEM, PM, PPR
Institution ID: 35-0864

Middletown
Middletown Psychiatric Center
141 Montagen Avenue
PO Box 1450
Middletown, NY 10940
Major participating institution for programs in: PGM
Institution ID: 35-0382

Mineola
Nassau County Department of Health
240 Old Country Road
Mineola, NY 11501
Major participating institution for programs in: GPM
Institution ID: 35-0222
Oceanside South Nassau Communities Hospital
One Healthy Way
Oceanside, NY 11572
Med Sch Affil: L-0548
Programs sponsored in: FP
Major participating institution for programs in: NM
Institution ID: 35-0277

Olean
Olean General Hospital
515 Main Street
Olean, NY 14760
Major participating institution for programs in: FP
Institution ID: 35-7243

Orangeburg
Rockland Children's Psychiatric Center
400 South Ave
Orangeburg, NY 10962
Major participating institution for programs in: CHP
Institution ID: 35-0809

Queens Village
Creegro Psychiatric Center
110-40 North Broadway
Queens Village, NY 11427
Programs sponsored in: P
Institution ID: 35-0193

Rochester
Highland Hospital of Rochester
1000 South Avenue
Rochester, NY 14620
Med Sch Affil: M-03545
Major participating institution for programs in: CCM, FP, GG, IM, IMG, MPP, OBG, OB/R
Institution ID: 35-0897

Monroe Community Hospital
485 E Henrietta Road
Rochester, NY 14620
Med Sch Affil: M-03545
Major participating institution for programs in: AP, GPM, IM, PGI
Institution ID: 35-0662

Monroe County Medical Examiners Office
740 East Henrietta Road
Rochester, NY 14623
Major participating institution for programs in: GPM
Institution ID: 35-0054

Park Ridge Hospital (Unity Health System)
1555 Long Pond Road
Rochester, NY 14626-4182
Major participating institution for programs in: IM, PGI, PM, U
Institution ID: 35-8059

Recherche General Hospital
1455 Portland Ave
Rochester, NY 14620-3005
Med Sch Affil: M-03545
Programs sponsored in: DB, IM, OBG
Major participating institution for programs in: AD, CC, GG, MP, PGI, OTD, PD, PS, U
Institution ID: 35-0208

Rockefeller Psychiatric Center
1111 Elmwood Avenue
Rochester, NY 14620
Med Sch Affil: M-03545
Major participating institution for programs in: FP, PGI
Institution ID: 35-0809

St Mary’s Hospital (Unity Health System)
155 Long Pond Road
Rochester, NY 14620
Med Sch Affil: M-03545
Programs sponsored in: IM
Major participating institution for programs in: FP, PM
Institution ID: 35-0372

Strong Memorial Hospital of the University of Rochester
601 Elmwood Avenue, Box 601
Rochester, NY 14620-3005
Med Sch Affil: M-03545
Programs sponsored in: AD, AI, AN, AP, CG, CCM, COP, COS, CD, CHN, CHN, CN, DR, EM, EN, ENM, EMF, FP, EG, GS, HG, HSD, IC, ICE, ID, IM, IMG, MPP, MSIR, N, NEP, NM, NP, NPM, NS, OBG, OPH, OPH, OSH, OSS, OTO, P, PAM, PCC, PCP, PD, FDC, PFS, PDD, POR, PR, PPF, PG, PGB, PM, PD, PH, FGI, PH, PG, RHU, JPN, RO, TS, U, V, YR, VN, VS
Institution ID: 35-0493

Rockville Centre
Mercy Medical Center
1000 N Village Avenue
Rockville Centre, NY 11575
Major participating institution for programs in: OBG
Institution ID: 35-0212

Schenectady
Ellis Hospital
119 Nott St
Schenectady, NY 12308
Med Sch Affil: G-03503
Major participating institution for programs in: MPP, OB/R
Institution ID: 35-0474

St Clare’s Hospital of Schenectady
600 McClain Street
Schenectady, NY 12304
Med Sch Affil: G-03503
Programs sponsored in: FP
Major participating institution for programs in: PAM
Institution ID: 35-0214

Staten Island
South Beach Psychiatric Center
700 Seaview Avenue
Staten Island, NY 10305
Major participating institution for programs in: CHP
Institution ID: 35-0808

St Vincent Catholic Medical Centers (Staten Island)
355 audits Avenue
Staten Island, NY 10310
Med Sch Affil: M-03508
Major participating institution for programs in: CD, IM, NEP, OBG, P, PUD
Institution ID: 35-0458

Stony Brook
University Hospital - SUNY at Stony Brook
Health Sciences Center
Level 4, Room 158
Stony Brook, NY 11794-8430
Med Sch Affil: M-03548
Programs sponsored in: AI, AN, AP, AM, AR, BB, CCM, CD, CHN, CHN, CN, DR, EM, EN, EP, GE, GS, HG, HSD, IC, IC, ID, IM, IMG, MPP, MSIR, N, NEP, NM, NP, NPM, NS, OBG, OPH, OPH, OSH, OSS, OTO, P, PAM, PCC, PCP, PD, FDC, PFS, PDD, POR, PR, PPF, PG, PGB, PM, PD, PH, FGI, PH, PG, RHU, JPN, RO, TS, U, V, YR, VN, VS
Institution ID: 35-0493

Syracuse
Community-General Hospital of Greater Syracuse
Broad Rd
Syracuse, NY 13215
Med Sch Affil: M-03515
Major participating institution for programs in: GS
Institution ID: 35-0667

Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210
Med Sch Affil: M-03515
Major participating institution for programs in: SPM
Institution ID: 35-0667

Richard H. Hulting Psychiatric Center
820 Madison Street
Syracuse, NY 13210
Med Sch Affil: M-03515
Major participating institution for programs in: CHP, P
Institution ID: 35-0760

St Joseph’s Hospital Health Center
301 Prospect Ave
Syracuse, NY 13203
Med Sch Affil: M-03515
Programs sponsored in: FP, TY
Major participating institution for programs in: EM, PDR
Institution ID: 35-0446
New York

SUNY Upstate Medical University
750 East Adams Street
Syracuse, NY 13210
Programs sponsored in: AN, AP, B&K, C&G, CD, CH, CN, DR, EM, EN, GE, GS, HMP, HO, HS, ID, IM, IMG, N, NEP, NH, NJ, KS, NB, OBG, OPH, OR, ORS, OTO, P, PCC, PCP, PD, FDC, FDI, FPP, PHO, FM, PTH, RHU, RNS, RO, TS, E, VJR
Institution ID: 35-0174

Veterans Affairs Medical Center (Syracuse)
800 Irving Avenue
Syracuse, NY 13210
Med Sch Affil: M-03515
Major participating institution for programs in: AN, AP, B&K, C&G, CD, CH, CN, DR, EM, EN, GE, GS, HMP, HO, HS, ID, IM, IMG, N, NEP, NH, NJ, KS, NB, OBG, OPH, OR, ORS, OTO, P, PCC, PCP, PD, FDC, FDI, FPP, PHO, FM, PTH, RHU, RNS, RO, TS, E, VJR
Institution ID: 35-0183

Utica
St Elizabeth Hospital
2209 Geenstep Street
Utica, NY 13501
Programs sponsored in: FF
Institution ID: 35-0790

Valhalla
New York Medical College
Administration Building
Valhalla, NY 10595
Med Sch Affil: M-03509
Programs sponsored in: AN, AP, B&K, C&G, CD, CH, CN, DR, EM, EN, GE, GS, HMP, HO, IC, ID, IM, IMG, N, NEP, NM, NF, OBG, OR, ORS, OTO, P, PCC, PCP, PD, FDC, FDI, FPP, PHO, FM, PTH, RHU, RNS, RO, TS, E, VJR
Institution ID: 35-0782

Westchester Medical Center
Valhalla, NY 10595
Med Sch Affil: M-03509
Major participating institution for programs in: AN, C&G, CD, CH, CN, DR, EM, EN, GE, GS, HMP, HO, IC, ID, IM, IMG, N, NEP, NM, NF, OBG, OR, ORS, OTO, P, PCC, PCP, PD, FDC, FDI, FPP, PHO, FM, PTH, RHU, RNS, RO, TS, E, VJR
Institution ID: 35-0301

West Brentwood
Pilgrim Psychiatric Center
986 Crooked Hill Road
West Brentwood, NY 11711-1087
Major participating institution for programs in: PYG
Institution ID: 35-0461

West Point
Keller Army Community Hospital
Joint and Soft Tissue Trauma Fellowship
Rd 600, Washington Road
West Point, NY 10606-1107
Programs sponsored in: OSM
Institution ID: 35-7751

West Seneca
Western New York Children’s Psychiatric Center
1010 East & West Road
West Seneca, NY 14224
Major participating institution for programs in: CHF
Institution ID: 35-8035

White Plains
New York Presbyterian Hospital (Westchester Division)
21 Bloomingdale Road
White Plains, NY 10605
Med Sch Affil: M-03520
Major participating institution for programs in: CHF, PYG
Institution ID: 35-0378

Woodbury
United Presbyterian Residence
378 Sossent-Woodbury Road
Woodbury, NY 11797
Major participating institution for programs in: IMG
Institution ID: 35-0867

North Carolina

Asheville
Mission St Joseph's Health System
509 Biltmore Ave
Asheville, NC 28801
Med Sch Affil: L-03601
Major participating institution for programs in: FF, ORG
Institution ID: 35-0732

Veterans Affairs Medical Center (Asheville)
Riceville and Tunnel Bds
Asheville, NC 28806
Med Sch Affil: L-03607
Major participating institution for programs in: GS, ORS, OTO, TS, U, VJR
Institution ID: 35-0740

Butner
Federal Correctional Complex-Butner
PO Box 1000
Butner, NC 27509-1000
Med Sch Affil: G-03607
Major participating institution for programs in: CHF, PYG
Institution ID: 35-0818

John Umstead Hospital
1001 12th Street
Butner, NC 27509-1226
Med Sch Affil: G-03607
Major participating institution for programs in: CHF, PYG
Institution ID: 35-0818

Camp LeJeune
Naval Hospital-Camp LeJeune
100 Brewwer Boulevard
Camp LeJeune, NC 28547-0100
Programs sponsored in: FF
Institution ID: 36-0097

Chapel Hill
Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580
Major participating institution for programs in: POP
Institution ID: 36-0014

University of North Carolina Hospitals
101 Manning Drive, BM 1107A West Wing
Office of Graduate Medical Education
Chapel Hill, NC 27599
Med Sch Affil: M-03507, L-03607
Programs sponsored in: AN, AP, B&K, C&G, CD, CHS, CHF, D, DR, EM, EN, PO, PP, GE, GMP, HO, IC, IC, IC, ID, IM, IMG, N, NEP, NM, NF, OBG, OR, ORS, OTO, P, PR, PCC, PPC, PO, FDC, FDI, FPP, PP, PHO, PM, PTH, RHU, RNS, RO, TS, E, VJR, VIR
Institution ID: 35-0442

University of North Carolina School of Medicine
CB 7000-125 Mancider Bldg
Chapel Hill, NC 27599-7000
Med Sch Affil: M-03601
Major participating institution for programs in: GMP, POP
Institution ID: 36-0011

University of North Carolina School of Public Health
2105B McGavran-Greenberg Hall
CB# 7400, School of Public Health
Chapel Hill, NC 27599-7400
Med Sch Affil: L-03607
Major participating institution for programs in: GMP, PS
Institution ID: 36-0802

Charlotte
Carolinias Medical Center
1000 Blythe Boulevard
PO Box 32601
Charlotte, NC 28202-2861
Med Sch Affil: M-03601
Programs sponsored in: EM, ETX, FF, GS, HMP, IM, OBG, OR, ORS, OTR, PP, PM, TS, VJR
Major participating institution for programs in: CHF, PYG
Institution ID: 36-0391

Charlotte Institute of Rehabilitation
1100 Blythe Blvd
Charlotte, NC 28203
Major participating institution for programs in: PM
Institution ID: 36-0812

Concord
Northeast Medical Center
920 Church Street, N
Goose Creek, NC 28025
Programs sponsored in: FF
Institution ID: 36-0016

Graduate Medical Education Directory 2004-2005
Durham
Duke University Hospital
Box 3851
Durham, NC 27710
Programs sponsored in: AI, AN, APF, CCA, CCF, CCS, CD, CCE, CHP, CN, D, DMP, DR, EM, EMD, FP, FSP, GH, GPM, GS, HMP, RO, HSO, IC, ICE, ID, IM, IMG, MG, MM, MP, MPO, N, NEF, NF, NPM, NS, NSB, OBG, OPA, OPH, OBS, OTO, P, PCC, PCP, PD, PDC, PDN, PFP, PDE, PDI, POP, PFF, PPH, PN, PPR, PS, PTH, PYG, RHE, RO, RS, U, UR, V, VRS
Institution ID: 36-0222

Durham Regional Hospital
3643 North Roxboro Street
Durham, NC 27704
Med Sch Aff: M-03007, L-03001
Major participating institution for programs in: EM, FP, GS, NS, OBS, FS
Institution ID: 36-0440

Veterans Affairs Medical Center (Durham)
508 Fulton Street
Durham, NC 27705
Med Sch Aff: M-03007
Major participating institution for programs in: ANP, CCA, CCF, CCS, CD, CCE, CHP, CN, D, DMP, DR, END, GE, GS, HMP, IC, ICE, ID, IM, IMG, MG, MM, MP, MPO, N, NEF, NF, NPM, NS, NSB, OBG, OPA, OPH, OBS, OTO, P, PCC, PCP, PD, PDC, PDN, PFP, PPH, PN, PPR, PS, PTH, PYG, RHE, RO, RS, U, UR, V, VRS
Institution ID: 36-0473

Fayetteville
Cape Fear Valley Medical Center
3120 Medical Drive
Fayetteville, NC 28304
Major participating institution for programs in: FP
Institution ID: 36-0371

Southern Regional Area Health Education Center
1661 Owen Drive
Fayetteville, NC 28304-3483
Programs sponsored in: FP
Institution ID: 36-0820

Fort Bragg
Womack Army Medical Center
Attn: MCOX-HED-MF (Mrs Jennie Lopez)
Fort Bragg, NC 28310
Med Sch Aff: G-03012
Programs sponsored in: FP
Institution ID: 36-0101

Greensboro
Moses H Cone Memorial Hospital
1200 North Elm Street
Greensboro, NC 27401-1020
Med Sch Aff: M-03001
Programs sponsored in: FP, FSPM, IM
Institution ID: 36-0486

Greenville
East Carolina University School of Medicine
Pitt County Memorial Hospital - GME Office
2100 Stantonburg Road
Greenville, NC 27835
Major participating institution for programs in: AI, AN, APF, CCA, CCF, CCS, CD, CCE, CHP, CN, D, DMP, DR, EM, EMD, FP, FSP, GH, GPM, GS, HMP, RO, HSO, IC, ICE, ID, IM, IMG, MG, MM, MP, MPO, N, NEF, NF, NPM, NS, NSB, OBG, OPA, OPH, OBS, OTO, P, PCC, PCP, PD, PDC, PDN, PFP, PPH, PN, PPR, PS, PTH, PYG, RHE, RO, RS, U, UR, V, VRS
Institution ID: 36-0501

Pitt County Memorial Hospital
PO Box 6028
Graduate Medical Education Office
Greenville, NC 27834-6028
Med Sch Aff: M-03008
Programs sponsored in: AI, AN, APF, CCA, CCF, CCS, CD, CCE, CHP, CN, D, DMP, DR, EM, EMD, FP, FSPM, GH, GS, HOS, ID, IM, IMG, MG, MM, MP, MPO, N, NEF, NF, NPM, NS, NSB, OBG, OPA, OPH, OBS, OTO, P, PCC, PCP, PD, PDC, PDN, PFP, PPH, PN, PPR, PS, PTH, PYG, RHE, RO, RS, U, UR, V, VRS
Institution ID: 36-0478

Pitt County Mental Health Center
203 Government Circle
Greenville, NC 27854-7799
Major participating institution for programs in: CHP, FP
Institution ID: 36-0741

Hendersonville
Margaret R Pardee Memorial Hospital
715 Fleming St
Hendersonville, NC 28739
Major participating institution for programs in: FP
Institution ID: 36-0015

Monroe
Union Regional Medical Center
600 Hospital Drive
PO Box 5003
Monroe, NC 28111
Major participating institution for programs in: FP
Institution ID: 36-0919

Raleigh
Dorothea Dix Hospital
820 South Boylan Avenue
Raleigh, NC 27603-2176
Med Sch Aff: M-03001
Major participating institution for programs in: CHP, FP, PFF
Institution ID: 36-0377

Wake Medical Center
3000 New Bern Avenue
Raleigh, NC 27610
Med Sch Aff: M-03001, L-03012
Major participating institution for programs in: EM, FP, GS, OB, OBS, OTO, PD, U
Institution ID: 36-0448

Winston-Salem
New Hanover Regional Medical Center
2131 S 17th St
PO Box 6025
Winston, NC 28402-9025
Med Sch Aff: M-03001
Programs sponsored in: FP, GS, IM, OBG
Institution ID: 36-0288

Winston-Salem
Forsyth Memorial Hospital
3333 Silas Creek Parkway
Winston, NC 27103
Med Sch Aff: M-03005
Major participating institution for programs in: FP, NPM, OBG
Institution ID: 36-0242

Wake Forest University Baptist Medical Center
Medical Center Blvd
Winston-Salem, NC 27117-1088
Med Sch Aff: M-03001
Programs sponsored in: AN, APF, CCA, CCF, CCS, CD, CCE, CHP, CN, D, DMP, DR, EM, END, FP, FSPM, GH, GS, HOB, IC, ICE, ID, IM, IMG, MG, MM, MP, MPO, N, NEF, NF, NPM, NS, NSB, OBG, OPA, OPH, OBS, OTO, P, PCC, PCP, PD, PDC, PDN, PFP, PPH, PN, PPR, PS, PTH, PYG, RHE, RO, RS, U, V, VRS
Institution ID: 36-0480

North Dakota
Bismarck
Medcenter One Hospital
300 North 7th Street
PO Box 5525
Bismarck, ND 58501-5525
Med Sch Aff: M-03701
Major participating institution for programs in: FP
Institution ID: 37-0159

St Alexius Medical Center
900 E Broadway
PO Box 5510
Bismarck, ND 58501-5510
Med Sch Aff: M-03701
Major participating institution for programs in: FP
Institution ID: 37-0108

Fargo
MeritCare Health System
720 4th Street, North
Fargo, ND 58102
Med Sch Aff: M-03701
Major participating institution for programs in: IM, P, TY
Institution ID: 37-0396

Southeast Human Service Center
3264 Ninth Avenue, SW
Fargo, ND 58103
Med Sch Aff: G-03701
Major participating institution for programs in: P
Institution ID: 37-0611

Veterans Affairs Medical and Regional Office Center (Fargo)
2101 Elm St
Fargo, ND 58102
Med Sch Aff: M-03701
Major participating institution for programs in: GS, IM, P
Institution ID: 37-0395

Grand Forks
Altru Health System Hospital
1200 S Columbia Road
Grand Forks, ND 58206-6002
Med Sch Aff: M-03701
Major participating institution for programs in: FP, GS
Institution ID: 37-0693
Ohio

Akron

Akron City Hospital (Summa Health System)

525 E Market St.
Akron, OH 44308

MedSchAffil: M-03844, L-03840
Major participating institution for programs in: EM, PP, GS, IM, MPD, OBG, OBG, OPH, ORS, PCP, PS, PTU, TY, U

Institution ID: 38-0215

Akron General Medical Center

400 Wabash Avenue
Akron, OH 44307

MedSchAffil: M-03844, L-03840
Programs sponsored in: EM, EP, GS, IM, MPD, OBG, OBG, OPH, ORS, PCP, PS, PTU, TY, U

Major participating institution for programs in: P, PS

Institution ID: 38-0124

Children's Hospital Medical Center of Akron

One Perkins Square
Akron, OH 44308-1062

MedSchAffil: M-03844
Programs sponsored in: PD, PDR, PEM, FP, PFM

Major participating institution for programs in: MD, OBG, OBG, OPH, ORS, PAN, PES, PTU, U

Institution ID: 38-0371

St Thomas Hospital (Summa Health System)

444 North Main Street
Akron, OH 44310

MedSchAffil: M-03844
Major participating institution for programs in: P, TY

Institution ID: 38-0167

Summa Health System

525 E Market Street
PO Box 2090
Akron, OH 44304-2090

Programs sponsored in: EM, EP, GS, IM, MPD, OBG, OBG, OPH, ORS, FCM, PS, PTU, TY

Institution ID: 38-0466

Barberton

Barberton Citizens Hospital

155 Fifth Street, NE
Barberton, OH 44203

MedSchAffil: M-03844
Programs sponsored in: FP

Institution ID: 38-0184
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, OH 44195-5342
Med Sci Aff: M-02490, M-04114, L-02906
Programs sponsored in: AI, AN, APAM, OGB, OPM, OPH, OTP, L-03406
Major participating institutions in programs in: P, CD, EM, FOM, GE, N, OBG
Institution ID: 38-0291

Cleveland Psychoanalytic Institute
11288 Euclid Avenue, Suite 205
Cleveland, OH 44106-3699
Major participating institutions in programs in: P
Institution ID: 38-03007

Cuyahoga County Coroner’s Office
1100 Cedar Avenue
Cleveland, OH 44110
Programs sponsored in: FOP
Institution ID: 38-0198

Fairview Health System/Fairview Hospital
1810 Lorain Ave
Cleveland, OH 44111-5555
Programs sponsored in: FP, FOM, GE, IM
Institution ID: 38-0201

Fairview Hospital
1810 Lorain Avenue
Cleveland, OH 44111-5555
Med Sci Aff: L-03906
Major participating institutions in programs in: P, OS, IM
Institution ID: 38-0209

MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, OH 44109-1998
Med Sci Aff: M-03906, L-03940
Programs sponsored in: ADL, AN, CD, DR, EM, FP, FPG, GE, ICE, ID, IM, MPO, NPM, OBG, OS, FOM, FC, PC, PF, PM, PTP, VB
Major participating institutions in programs in: CCS, D, OS, GS, HS, ID, MDS, MG, N, NMP, NS, OPH, OIS, OS, OTP, PCC, U, VB
Institution ID: 38-0173

Northcoast Behavioral Health (Cleveland)
1708 Iken St
Cleveland, OH 44110
Major participating institutions in programs in: P
Institution ID: 38-0301

St Luke’s Medical Center
11311 Staker Boulevard
Cleveland, OH 44104-9990
Major participating institutions in programs in: PS
Institution ID: 38-03070

St Vincent Charity Hospital/St Luke’s Medical Center
2351 East 22nd Street
Cleveland, OH 44115
Med Sci Aff: L-03806
Programs sponsored in: IM
Institution ID: 38-0411

University Hospitals of Cleveland
1100 Euclid Avenue
Cleveland, OH 44106
Med Sci Aff: M-01090
Programs sponsored in: ADP, AN, ANM, OGB, OPH, OS, OTP, OTO, P, PC, PGC, POM, PPD, PPD, PPO, PPG, PPG, PG, PS, PTP, RHU, RNR, RO, TS, U, VHR, VN, VS
Major participating institutions in programs in: BKB, CD, EM, FOM, GE, N, OBG
Institution ID: 38-0573

Veterans Affairs Medical Center (Cleveland)
701 Madison Avenue
Cleveland, OH 44106
Med Sci Aff: M-03890
Major participating institutions in programs in: ADP, CD, CN, D, EM, GE, HS, IC, ID, IM, IMG, MD, MG, MPO, N, NER
Institution ID: 38-0590

Columbus
American Red Cross-Central Ohio Region
2000 E. Broad St
Columbus, OH 43205
Major participating institutions in programs in: BKB
Institution ID: 38-0403

Arthur G James Cancer Hospital and Research Institute
305 West 10th Avenue
Columbus, OH 43210
Med Sci Aff: M-03840
Major participating institutions in programs in: GS, HO, ORS, TS
Institution ID: 38-0420

Children’s Hospital (Columbus)
701 Children’s Drive
Columbus, OH 43205-2696
Med Sci Aff: M-03840, G-03840
Programs sponsored in: C, CP, CCH, DRR, NPM, OP, PD, PDC, PHC, PTO, PEM, PHO, PHO, PP
Major participating institutions in programs in: CN, EM, MFD, NS, OPH, OIS, OTO, OTO, OTO, OTO, PCC, U, TO
Institution ID: 38-0491

Franklin County Coroner’s Office
530 King Avenue
Columbus, OH 43201
Programs sponsored in: FOM
Institution ID: 38-0817

Blant Medical Center (OhioHealth)
111 S Grant Avenue
Columbus, OH 43210-1888
Programs sponsored in: C, CPF, OS, FOM
Major participating institutions in programs in: EM, OBG
Institution ID: 38-0317

McConnell Heart Health Center
3373 Olentangy River Road
Columbus, OH 43214
Major participating institutions in programs in: FOM
Institution ID: 38-0871

Mount Carmel
793 W State Street
Columbus, OH 43223-1560
Med Sci Aff: M-02840
Programs sponsored in: PS, GM, JMO, OIS, TS
Major participating institutions in programs in: C, OSB, OTO, PM, PS
Institution ID: 38-0245

Ohio State University Hospital
610 W Tenth Avenue
Columbus, OH 43210-1225
Med Sci Aff: M-03890
Programs sponsored in: AN, ANM, BKB, C, CD, CHP, CN, D, DMP, DR, EM, ENO, FP, FOM, GE, GS, HMP, ID, IC, ID, IM, IMG, NG, N, NMP, NS, OPH, OPH, OS, OTP, P, PC, PGC, POM, PD, PPG, PPG, PPG, PG, PS, PTP, RHU, RNR, RS, TS, U, VHR, VN, VS
Institution ID: 38-0123

Ohio State University Hospitals, East
1402 E Broad Street
Columbus, OH 43205
Med Sci Aff: M-03840
Major participating institutions in programs in: PP, FPG
Institution ID: 38-0584

Riverside Methodist Hospitals
(OhioHealth)
3805 Olentangy River Road
Columbus, OH 43214
Programs sponsored in: F, FOM, GS, ID, OBG, TS
Major participating institutions in programs in: EM, OS, ORS, PS, U
Institution ID: 38-0383

Dayton
Children’s Medical Center
One Children’s Plaza
Dayton, OH 45404
Med Sci Aff: M-03845
Major participating institutions in programs in: CHP, D, MFD, OP
Institution ID: 38-0536

Good Samaritan Hospital and Health Center
2252 Philadelphia Drive
Dayton, OH 45406
Med Sci Aff: M-03845, L-03840
Major participating institutions in programs in: CD, CHP, D, EM, FP, HO, ID, MFD, P
Institution ID: 38-0315

Miami Valley Hospital
One Wisconsin St
Dayton, OH 45409
Med Sci Aff: M-03845
Programs sponsored in: PP
Major participating institutions in programs in: D, EM, GS, ID, MPO, OGB, ORS
Institution ID: 38-0431

Office of the Montgomery County Coroner
261 West Third Street
Dayton, OH 45403
Programs sponsored in: FOM
Institution ID: 38-0860

Veterans Affairs Medical Center (Dayton)
4100 West Third Street
Dayton, OH 45428
Med Sci Aff: M-03845, L-03840
Major participating institutions in programs in: CD, GS, ID, MFD, OPH
Institution ID: 38-0453

Graduate Medical Education Directory 2004-2005
1069
### Ohio

<table>
<thead>
<tr>
<th>Teaching Institutions</th>
<th>Oklahoma</th>
</tr>
</thead>
</table>

#### Wright State University School of Medicine
- PO Box 927
- Dayton, OH 45401-0927

<table>
<thead>
<tr>
<th>Program</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/PhD</td>
<td>4500 S Maple Drive&lt;br&gt;Dayton, OH 45435</td>
<td>937-775-2303</td>
<td><a href="mailto:info@wright-med.edu">info@wright-med.edu</a></td>
</tr>
</tbody>
</table>

#### East Cleveland
- Huron Hospital
  - 1351 Terrace Road<br>East Cleveland, OH 44112-4390
  - Programs sponsored in: GS, IM<br>  - Institution ID: 38-0170

#### Kettering
- Kettering Medical Center
  - 3505 Southern Blvd<br>Kettering, OH 45429
  - Med Sch Affil: M-03845<br>  - Programs sponsored in: IM, TY<br>  - Major participating institution for programs in: CHP, EM, ESM, FP<br>  - Institution ID: 38-0615

#### Mayfield Heights
- Hillcrest Hospital<br>6780 Mayfield Road<br>Mayfield Heights, OH 44143-2902
  - Major participating institution for programs in: GS, IM<br>  - Institution ID: 38-0483

#### Oregon
- St Charles Mercy Hospital<br>2800 Navarre Ave<br>Oregon, OH 43616-2397
  - Major participating institution for programs in: FP, TY<br>  - Institution ID: 38-0764

#### Ravenna
- Robinson Memorial Hospital<br>5947 Chestnut Street<br>Ravenna, OH 44266-1304
  - Med Sch Affil: L-03844<br>  - Major participating institution for programs in: GS<br>  - Institution ID: 38-0264

#### Rootstown
- Northeastern Ohio Universities College of Medicine
  - 4209 State Route 44<br>PO Box 95<br>Rootstown, OH 44272
  - Med Sch Affil: M-03844<br>  - Programs sponsored in: P<br>  - Major participating institution for programs in: U<br>  - Institution ID: 38-6755

#### Sylvania
- Flower Hospital<br>5200 Harron Rd<br>Sylvania, OH 43560
  - Programs sponsored in: PM<br>  - Major participating institution for programs in: PM<br>  - Institution ID: 38-0362

#### Toledo
- Medical College of Ohio<br>3045 Arlington Avenue<br> Toledo, OH 43614
  - Programs sponsored in: AN, CD, CHP, DR, FP, GS, IC, ID, IM, N, NEP, OBG, ORS, OTR, P, PCC, PD, PM, PTH, U<br>  - Institution ID: 38-9501

- Medical College of Ohio Hospital<br>3000 Arlington Ave<br>Toledo, OH 43609
  - Med Sch Affil: M-03843<br>  - Major participating institution for programs in: AN, CD, CHP, DR, FP, GS, IC, ID, IM, N, NEP, OBG, ORS, OTR, P, PCC, PD, PM, PTH, U<br>  - Institution ID: 38-0633

- Northcoast Behavioral Healthcare (Toledo Campus)<br>2123 Cherry Street<br>Toledo, OH 43608
  - Med Sch Affil: M-03843<br>  - Programs sponsored in: EM, PP, TY<br>  - Major participating institution for programs in: AN, DR, GS, ID, IM, OBG, ORS, P, PD, PM, PTH, U<br>  - Institution ID: 38-0180

- Toledo Hospital<br>2142 North Center Boulevard<br>Toledo, OH 43606<br>  - Med Sch Affil: M-03843<br>  - Programs sponsored in: FP, PSM, VS<br>  - Major participating institution for programs in: N, PM<br>  - Institution ID: 38-0218

- Warren<br>Trumbull Memorial Hospital<br>1230 E Market St<br>Warren, OH 44881-1269
  - Med Sch Affil: M-03844<br>  - Major participating institution for programs in: NO<br>  - Institution ID: 38-0354

- Westerville<br>St Ann's Hospital of Columbus<br>500 S Cleveland Ave<br>Westerville, OH 43081<br>  - Med Sch Affil: L-03840<br>  - Major participating institution for programs in: OBG<br>  - Institution ID: 38-6521

- Willoughby<br>UHHS Laurelwood Hospital<br>3300 Euclid Avenue<br>Willoughby, OH 44094-4548<br>  - Med Sch Affil: L-03840<br>  - Major participating institution for programs in: CHP, P<br>  - Institution ID: 38-8072

- Wilmington<br>Clinton Memorial Hospital<br>610 W Main Street<br>Wilmington, OH 45177-2194<br>  - Med Sch Affil: G-03840<br>  - Programs sponsored in: FP<br>  - Institution ID: 38-8067

#### Youngstown
- Forum Health/Western Reserve Care System (Youngstown)<br>500 Gypsy Lane<br>Youngstown, OH 44501<br>  - Programs sponsored in: FP, GS, IM, MDP, PD, PTH<br>  - Institution ID: 38-8066

- Northside Medical Center<br>500 Gypsy Lane<br>Youngstown, OH 44501<br>  - Med Sch Affil: M-03844<br>  - Major participating institution for programs in: FP, GS, IM, MDP, PTH<br>  - Institution ID: 38-0145

- Tod Children's Hospital<br>500 Gypsy Lane<br>Youngstown, OH 44501<br>  - Med Sch Affil: M-03844<br>  - Major participating institution for programs in: MDP, PD<br>  - Institution ID: 38-0754

#### Oklahoma
- Bartlesville
  - Jane Phillips Episcopal-Memorial Medical Center<br>3000 E Frank Phillips Blvd<br>Bartlesville, OK 74006<br>  - Med Sch Affil: L-03801<br>  - Major participating institution for programs in: PP<br>  - Institution ID: 38-0496

- Enid
  - Baptist Healthcare of Oklahoma, Inc<br>600 South Monroe<br>PO Box 3168<br>Enid, OK 73701<br>  - Med Sch Affil: G-03801<br>  - Major participating institution for programs in: PP<br>  - Institution ID: 38-0496

- St Mary's Regional Medical Center<br>305 S Fifth Street<br>Box 223<br>Enid, OK 73702<br>  - Med Sch Affil: G-03801<br>  - Major participating institution for programs in: PP<br>  - Institution ID: 38-0496
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Oregon

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 Pennsylvania

 Abington
 Abington Memorial Hospital
 1200 Old York Road
 Abington, PA 19001-2788
 Med Sch Affil: M-04113
 Programs sponsored in: FP, IM, IMG, OBG
 Major participating institution for programs in: NS, ORS, PS, U
 Institution ID: 41-0455

 Allentown
 Lehigh Valley Hospital
 Cedar Crest Blvd & I-78
 PO Box 689
 Allentown, PA 18105-1556
 Med Sch Affil: M-04115, M-04114
 Programs sponsored in: CCS, ORS, FP, GS, IM, OBG, PS, TTY
 Major participating institution for programs in: CD, NO, OTO, PCC, U
 Institution ID: 41-0724

 Sacred Heart Hospital
 421 Chew St
 Allentown, PA 18102
 Med Sch Affil: M-04113
 Programs sponsored in: FP, PPG
 Institution ID: 41-0179

 Altoona
 Altoona Hospital
 620 Howard Ave
 Altoona, PA 16601
 Programs sponsored in: FP
 Institution ID: 41-0220

 Beaver
 HVHS, The Medical Center, Beaver
 1000 Dutch Ridge Road
 Beaver, PA 15009
 Programs sponsored in: FP
 Institution ID: 41-0747

 Bethlehem
 St Luke's Hospital
 801 Ostrom St
 Bethlehem, PA 18015
 Med Sch Affil: M-04113
 Programs sponsored in: EM, FP, GS, IM, OBG, PS, U
 Institution ID: 41-0234

 Bryn Mawr
 Bryn Mawr Hospital
 130 S Bryn Mawr Ave
 4th Floor
 Bryn Mawr, PA 19010-3160
 Med Sch Affil: M-04102, G-04101
 Programs sponsored in: DR, FP
 Major participating institution for programs in: GS, ORS, PS, U
 Institution ID: 41-0774

 Conshohocken
 Mercy Catholic Medical Center Inc
 1 W Elm Street
 Conshohocken, PA 19428
 Programs sponsored in: DR, GS, IM, TTY
 Institution ID: 41-8029

 Danville
 Geisinger Health System
 100 North Academy Avenue
 Danville, PA 17321-1394
 Med Sch Affil: M-04102, L-04115, L-04114
 Programs sponsored in: CD, DC, DR, EM, HS, GS, IC, IM, MDF, OBG, OPH, ORS, OTO, FCP, PDD, RNU, U, VS
 Institution ID: 41-0420

 Darby
 Mercy Fitzgerald Hospital
 1508 Sansom Avenue
 Darby, PA 19023
 Med Sch Affil: G-04101
 Major participating institution for programs in: DR, ETX, GS, IM, TTY
 Institution ID: 41-0414

 Drexel Hill
 Crozer Keystone Health System-Delaware County Mem Hosp
 501 N Neshaminy Ave
 Drexel Hill, PA 19026-1186
 Med Sch Affil: L-04115, G-04113
 Major participating institution for programs in: FP
 Institution ID: 41-0405

 Easton
 Easton Hospital (Northampton Hospital Corporation)
 250 N 3rd Street
 Easton, PA 18043-3892
 Med Sch Affil: M-04115, G-04101
 Programs sponsored in: GS, IM
 Institution ID: 41-0420

 Erie
 Hamot Medical Center
 301 State St
 Erie, PA 16502
 Med Sch Affil: M-04115, L-04114
 Programs sponsored in: FP, ORS
 Institution ID: 41-0462

 Shriners Hospitals for Children (Erie)
 1645 W 8th St
 Erie, PA 16505
 Major participating institution for programs in: ORS
 Institution ID: 41-0520

 St Vincent Health Center
 232 W 35th St
 Erie, PA 16544
 Programs sponsored in: CRS, FP, PSM
 Institution ID: 41-0191

 Harrisburg
 PinnacleHealth Hospitals
 111 South Front Street
 PO Box 8700
 Harrisburg, PA 17105-8700
 Med Sch Affil: L-04114
 Programs sponsored in: FP, GS, IM
 Major participating institution for programs in: PS
 Institution ID: 41-0463
Hershey
Milton S Hershey Medical Center
Penn State Milton S Hershey Medical Center
500 University Drive, PO Box 850
Hershey, PA 17035-0850
Med Sch Affil: M-04114, G-04101
Programs sponsored in: AI, AN, AFM, CCA, CCS, CD, CHP, CN, D, DR, EM, END, ETS, FP, GE, GS, HO, IC, ICD, IM, MED, M, NEP, NPM, NS, OB, OPH, OSH, OTO, P, PAN, PCC, PD, PS, PTM, PTV, RNB, RS, U, VIB, VS
Major participating institution for programs in: EM
Institution ID: 41-0528

Johnstown
Conemaugh Valley Memorial Hospital
1036 Franklin St
Johnstown, PA 15905
Med Sch Affil: M-04113
Programs sponsored in: FP, GS, IM, PTH, TY
Institution ID: 41-0636

Lancaster
Lancaster General Hospital
555 N Duke Street
PO Box 3555
Lancaster, PA 17604
Med Sch Affil: L-04113, L-04114
Programs sponsored in: FP, PFG
Major participating institution for programs in: U
Institution ID: 41-0657

Langhorne
Frankford Hospitals (Bucks County Campus)
380 North Oxford Valley Road
Langhorne, PA 19047-8399
Major participating institution for programs in: TY
Institution ID: 41-0646

Latrobe
Latrobe Area Hospital
121 West Second Avenue
Latrobe, PA 15650-1006
Med Sch Affil: M-04102
Programs sponsored in: FP
Institution ID: 41-0715

Lebanon
Good Samaritan Hospital
4th and Walnut Streets
PO Box 1281
Lebanon, PA 17042-1281
Med Sch Affil: G-04114
Major participating institution for programs in: FP
Institution ID: 41-0130

Veterans Affairs Medical Center (Lebanon)
1700 S Lincoln Ave
Lebanon, PA 17042
Med Sch Affil: M-04114
Major participating institution for programs in: IM, OPH
Institution ID: 41-0707

McKee萧pnt
McKee Hospital/UPMC
1500 Fifth Avenue
McKeeville, PA 15132
Med Sch Affil: M-04113, L-04113
Major participating institution for programs in: FP, IM
Institution ID: 41-0497

Meadeville
Meadeville Medical Center
751 Liberty Avenue
Meadeville, PA 16335
Programs sponsored in: FP
Institution ID: 41-0627

Monroeville
Forbes Regional Hospital
2570 Haymaker Road
Monroeville, PA 15146
Med Sch Affil: L-04115
Programs sponsored in: FP
Institution ID: 41-0624

Norristown
Montgomery Hospital
1301 Powell Street
PO Box 992
Norristown, PA 19404-0992
Med Sch Affil: M-04113, L-04115
Programs sponsored in: FP
Institution ID: 41-0495

Philadelphia
Albert Einstein Medical Center
5501 Old York Road
Philadelphia, PA 19141-3096
Major participating institution for programs in: GE, MED, MF, NEP, OB, OSH, P, PCC, PFG, RNB, RS, U, VIB, VS
Institution ID: 41-0459

American Red Cross Blood Services-Penn-Jersey Region
Mass General Blood Center
700 Spring Garden Street
Philadelphia, PA 19123-5994
Major participating institution for programs in: BKB
Institution ID: 41-8603

Belmont Center for Comprehensive Treatment
4200 Monument Ave
Philadelphia, PA 19131
Major participating institution for programs in: P, PFG
Institution ID: 41-0283

Chesnut Hill Hospital
8835 Germantown Ave
Philadelphia, PA 19118
Med Sch Affil: M-04101, G-04115
Programs sponsored in: FP
Institution ID: 41-0388

Children's Hospital of Philadelphia
One Children's Center
34th St and Civic Center Blvd
Philadelphia, PA 19104
Med Sch Affil: G-04101
Major participating institution for programs in: OP
Institution ID: 41-0602

Drexel University College of Medicine
(MCP Hahnemann)
3300 Henry Avenue
An Preston Hall, Room 332
Philadelphia, PA 19109
Programs sponsored in: AN, CBS, CD, CHP, CN, D, DMP, DR, EM, ETS, FP, GE, GS, HMP, RO, IC, ICE, IM, IMG, N, NEP, OB, OPH, OSH, P, PCC, PFG, RNB, RS, U, VIB, VS
Institution ID: 41-0683

Fox Chase Cancer Center
333 Cottman Avenue
Philadelphia, PA 19111
Med Sch Affil: G-04101
Programs sponsored in: RO
Major participating institution for programs in: GS, RO, SF, U, VIB
Institution ID: 41-0629

Frankford Hospitals (Frankford Campus)
Frankford Avenue & Wissahickon Street
Philadelphia, PA 19134
Med Sch Affil: L-04113
Programs sponsored in: TY
Institution ID: 41-8004

Frankford Hospitals (Torresdale Campus)
Knights and Red Lion Rds
Philadelphia, PA 19114
Med Sch Affil: M-04113, G-04115
Programs sponsored in: RO
Major participating institution for programs in: GS
Institution ID: 41-0629

Friends Hospital
4641 Roosevelt Blvd
Philadelphia, PA 19124-2309
Med Sch Affil: G-04101
Major participating institution for programs in: CHP
Institution ID: 41-7107

Graduate Hospital (Tenet Health System)
One Graduate Plaza
3800 Lombard Street
Philadelphia, PA 19146
Med Sch Affil: M-04101, M-04115, L-04113
Programs sponsored in: CD, GE, GS, IM, OSM, PUD
Major participating institution for programs in: RO
Institution ID: 41-0114
Hahnemann University Hospital (Tenet Health System)
Broad and Vine Streets
Mail Stop 800
Philadelphia, PA 19102-1193
Med Sch Affil: M-04102
Major participating institution for programs in: AN, CCS, CD, CHN, CN, DR, EM, ETX, FOP, GS, IC, IC, ID, IM, N, NEP, NPM, OBG, OPH, OBS, OTO, P, PAN, PCC, PCP, PTH, RHI, RNS, SO, TS, U
Institution ID: 41-0844
J Edwin Wood Clinic
700 Spruce Street, Suite 304
Philadelphia, PA 19106
Major participating institution for programs in: IM
Institution ID: 41-8050

Magee Rehabilitation Hospital
Six Franklin Plaza
Philadelphia, PA 19102
Med Sch Affil: M-04102
Major participating institution for programs in: PM
Institution ID: 41-0608

Medical College of Pennsylvania Hosp (Tenet Health System)
3300 Henry Avenue
Philadelphia, PA 19129
Med Sch Affil: M-04115
Major participating institution for programs in: CCS, CD, CHN, CN, DR, EM, ETX, FOP, GS, IC, IC, ID, IM, IMG, N, NEP, OB1, OHS, P, PCC, PCP, PTH, RHI, US
Institution ID: 41-0736

Mercy Hospital of Philadelphia
5301 Cedar Avenue
Philadelphia, PA 19143
Med Sch Affil: M-04115
Major participating institution for programs in: DR, EM, ETX, GS, IM
Institution ID: 41-0499

Methodist Hospital
2301 S Broad St
Philadelphia, PA 19148
Med Sch Affil: M-04102
Major participating institution for programs in: IM, OGH
Institution ID: 41-0906

Moss Rehabilitation Hospital
1200 West Tabor Road
Philadelphia, PA 19141
Med Sch Affil: G-04113
Major participating institution for programs in: FPH, IM, OHS, PM
Institution ID: 41-0415

Northeastern Hospital of Philadelphia
2301 East Allegheny Avenue
Philadelphia, PA 19144-4499
Med Sch Affil: G-04113
Major participating institution for programs in: RNR
Institution ID: 41-0246

Office of the Medical Examiner
321 University Avenue
Philadelphia, PA 19104
Med Sch Affil: G-04115
Major participating institution for programs in: FOP
Institution ID: 41-0136

Pennsylvania Hospital (UPHS)
800 Spruce Street
Philadelphia, PA 19107-1192
Med Sch Affil: M-04101
Programs sponsored in: DB, GS, IM, JSM, OB1, PTH, VS
Major participating institution for programs in: CN, ETX, N, OBS, OTO, PS, U
Institution ID: 41-0253

Presbyterian Medical Center (UPHS)
51 North 39th Street
Philadelphia, PA 19104-2609
Med Sch Affil: M-04101
Programs sponsored in: TY
Major participating institution for programs in: APM, CD, FP, GE, HSO, IC, ICE, ID, IM, OBS, OTO, P, PAN, PCC, PCP, PTH, RHI, RNS, SO, TS, U
Institution ID: 41-0253

Scheie Eye Institute
51 North 39th Street
Philadelphia, PA 19104
Med Sch Affil: G-04115
Institution ID: 41-0415

Shriners Hospitals for Children (Philadelphia)
3515 North Broad Street
Philadelphia, PA 19140-4105
Med Sch Affil: G-04115, G-04102
Major participating institution for programs in: MSR, OBS
Institution ID: 41-0110

St Christopher's Hospital for Children (Tenet Health System)
Erie Avenue at Front Street
Philadelphia, PA 19134-1005
Med Sch Affil: M-04113, G-04115, G-04102
Programs sponsored in: CN, ETX, HPH, OBS, PD, PPM, PS, TS, U
Institution ID: 41-0380

Temple University Children's Medical Center
3500 North Broad Street
Philadelphia, PA 19140
Med Sch Affil: M-04113
Major participating institution for programs in: NS, OTO
Institution ID: 41-8045

Temple University Hospital
2301 North Broad Street
Philadelphia, PA 19140
Med Sch Affil: M-04113
Programs sponsored in: AN, APM, AM, DN, EC, EM, EN, EC, FOG, IO, IC, IC, ID, IM, IMG, N, NEP, NM, NS, OB1, OHS, OBS, OTO, P, PAN, PCC, PTH, PHD, RHI, RNS, SO, TS, U, VTR
Institution ID: 41-0224

U of Pennsylvania Hospitals
University of Pennsylvania Health System
3400 Spruce Street
21 Penn Tower
Philadelphia, PA 19104-4263
Med Sch Affil: M-04101, L-04114
Programs sponsored in: ADP, AJ, AN, APM, AR, BSB, CCA, CCS, CD, CN, D, DMP, BS, EM, END, FP, GE, GPM, GS, HMP, HSO, IC, ICE, ID, IM, IMM, MGP, MPO, MSB, N, NEP, NM, NS, OAR, OBG, OBS, OBS, OTO, P, PCC, PCP, PTH, PTG, PTH, PTP, RHI, RO, RNR, RNR, RO, U, VTR
Institution ID: 41-0265

Veterans Affairs Medical Center (Philadelphia)
University and Woodland Avenues
Philadelphia, PA 19104
Med Sch Affil: M-04101, L-04115
Institution ID: 41-0531

Wills Eye Hospital
840 Walnut Street
Suite 800
Philadelphia, PA 19107-5109
Programs sponsored in: OPH
Institution ID: 41-0494

Pittsburgh
Allegheny County Coroner's Office
542 Fourth Avenue
Pittsburgh, PA 15219
Institution ID: 41-0531

Allegeny General Hospital
320 E North Avenue
Pittsburgh, PA 15213-4772
Med Sch Affil: M-04115, G-04112
Programs sponsored in: CD, CHN, CN, DR, EM, ESU, GE, GS, HMP, HSO, IC, IC, IM, MM, N, NEP, NS, OBG, OBS, P, PCC, PTH, PTH, RDR, RDR, RO, TS
Institution ID: 41-0947

Children's Hospital of Pittsburgh
3005 Fifth Avenue
Pittsburgh, PA 15213-2583
Med Sch Affil: M-04112
Major participating institution for programs in: ADL, AI, BSB, CCB, CHN, CN, CPP, D, DRB, MG, MGP, MPO, NDN, NP, NPM, NS, OBG, OBS, OTO, P, PAN, PCC, PTH, PTH, RDR, RDR, RDR, RDR, RO, TS
Institution ID: 41-0947

Institute for Transfusion Medicine
812 Fifth Ave
Pittsburgh, PA 15219
Institution ID: 41-0947

Magee-Women's Hospital
300 Halstead Street
Pittsburgh, PA 15212
Med Sch Affil: M-04112
Major participating institution for programs in: BSB, CPP, MG, MGP, MND, NP, NPM, OBG, OB1, P, PCC, PTH, PTH, SP
Institution ID: 41-0947
Mercy Hospital of Pittsburgh
1400 Locust Street
Pittsburgh, PA 15219-5166
Med Sch Affil: M-04110, G-04112
Programs sponsored in: AN, DE, FP, GS, IM, PD, PM, TY
Major participating institutions for programs in: EM
Institution ID: 41-0196

Pennsylvania Teaching Institutions

St Francis Medical Center
400-45th Street
Pittsburgh, PA 15201
Med Sch Affil: M-04110, M-04112
Major participating institutions for programs in: FM
Institution ID: 41-0271

The Western Pennsylvania Hospital
4800 Friendship Ave
Pittsburgh, PA 15234
Med Sch Affil: M-04113
Institution ID: 41-0122

Univ of Pittsburgh Medical Center
Medical Education Program
3708 Fifth Avenue
Medical Arts Building, Suite 401
Pittsburgh, PA 15213
Med Sch Affil: M-04112
Programs sponsored in: ADL, AI, AN, APDM, BKK, CCA, CCM, CCP, CCS, CD, CHN, CHP, CN, CPP, D, DEP, DMP, DE, EM, END, PP, FPC, FSM, GE, GS, HMP, HP, HS, HSD, IE, IC, ICE, ID, IM, IMS, MO, MIF, MIF, N, NDN, NBA, NFL, PWM, NPS, OAR, OGB, OPH, ORS, ORS, OTO, P, PAB, PCG, PCD, PD, PCI, PDE, PDI, PDO, PED, PDE, PDS, PEM, PFP, PG, PH, PP, PFF, FR, PFF, PM, PS, OTH, PGH, RRE, RNR, RO, SCI, SP, ST, SY, U, UP, VRE, VRE, VS
Institution ID: 41-0494

University of Pittsburgh Graduate School of Public Health
6424 Craighead Hall
130 DeSoto Street
Pittsburgh, PA 15261
Programs sponsored in: GFM
Institution ID: 41-0118

UPMC Presbyterian Shadyside
200 Lothrop Street
Suite A730 MUIH
Pittsburgh, PA 15213
Major participating institution for programs in: AN, APDM, BKK, CCA, CCM, CCP, CCS, CD, CHN, CHP, CN, CPP, D, DEP, DMP, DE, EM, END, PP, FPC, FSM, GE, GS, HMP, HP, HS, HSD, IE, IC, ICE, ID, IM, IMS, MO, MIF, MIF, N, NDN, NBA, NFL, PWM, NPS, OAR, OGB, OPH, ORS, ORS, OTO, P, PAB, PCG, PCD, PD, PCI, PDE, PDI, PDO, PED, PDE, PDS, PEM, PFP, PG, PH, PP, PFF, FR, PFF, PM, PS, OTH, PGH, RRE, RNR, RO, SCI, SP, ST, SY, U, UP, VRE, VRE, VS
Institution ID: 41-0494

UPMC St Margaret
815 Freeport Road
Pittsburgh, PA 15215-3889
Med Sch Affil: M-04112
Major participating institution for programs in: FP, PGH, FSM, GS, ORS
Institution ID: 41-0404

UPMC Western Psychiatric Institute and Clinic
3811 O'Hara St
Pittsburgh, PA 15213
Med Sch Affil: M-04112
Major participating institution for programs in: CHP, CN, CPP, NDN, P, PFP, PGH
Institution ID: 41-0404

Veterans Affairs Medical Center
(Pittsburgh)
University Drive
Pittsburgh, PA 15240
Med Sch Affil: M-04112
Major participating institution for programs in: CCM, CD, CFP, D, GE, GS, IM, MG, N, NF, NS, OPH, ORS, OTO, F, FPG, RRU, RNR, SCI, STS, SY, U
Institution ID: 41-0296

Sayre
Robert Packer Hospital
One Guthrie Square
Sayre, PA 18840-1886
Med Sch Affil: L-04115
Programs sponsored in: FP, GS, IM, VS
Institution ID: 41-0352

Scranton
Community Medical Center
1822 Mulberry St
Scranton, PA 18510
Major participating institution for programs in: IM
Institution ID: 41-0716

Mercy Hospital
746 Jefferson Ave
Scranton, PA 18051
Med Sch Affil: M-04113
Major participating institution for programs in: IM
Institution ID: 41-0717

Moses Taylor Hospital
700 Quincy Ave
Scranton, PA 18510
Med Sch Affil: M-04113
Major participating institution for programs in: IM
Institution ID: 41-0718

Scanton-Temple Residency Program Inc
746 Jefferson Avenue
Scranton, PA 18510
Programs sponsored in: IM
Institution ID: 41-0719

Springfield
Springfield Hospital
190 Willow Rd
Springfield, PA 18064
Major participating institution for programs in: FSM
Institution ID: 41-0906

Upland
Crozer-Chester Medical Center
One Medical Center Blvd
Professional Office Bldg #1 Suite 302
Upland, PA 19053-3985
Med Sch Affil: M-04113, G-04101, G-04102
Programs sponsored in: FP, FSM, IM, OBG, PD, TY
Major participating institution for programs in: CCM, GS, PS
Institution ID: 41-0511

Warminster
Warminster Hospital (Tenet Health System)
1835 Overlook Road
Warminster, PA 18974
Med Sch Affil: M-04115
Major participating institution for programs in: FP, ORS
Institution ID: 41-0803

Washington
Washington Hospital
155 Wilson Ave
Washington, PA 15301
Med Sch Affil: L-04112
Programs sponsored in: FP
Institution ID: 41-0385

West Reading
Reading Hospital and Medical Center
6th Ave and Spruce St
PO Box 10652
West Reading, PA 19512
Med Sch Affil: M-04113, M-04114, G-04101
Programs sponsored in: FP, IM, ORG, TY
Institution ID: 41-0305

Wexford
Western Pennsylvania Hand & Trauma Center
1601 Stonewall Drive
Wexford, PA 15090
Major participating institution for programs in: HSO
Institution ID: 41-0908

Wilkes-Barre
Veterans Affairs Medical Center
(Wilkes-Barre)
1111 East End Boulevard
Wilkes-Barre, PA 18711
Med Sch Affil: G-04115
Programs sponsored in: IM
Major participating institution for programs in: OPH
Institution ID: 41-0617

Wyoming Valley Health Care System
North River and Auburn Streets
Wilkes-Barre, PA 18704
Programs sponsored in: FP
Institution ID: 41-0885

Williamsport
Sussquehanna Health System
1001 Grampian Blvd
Williamsport, PA 17701
Programs sponsored in: FP
Institution ID: 41-0147

Wynnewood
Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA 19096-5488
Med Sch Affil: M-04102, G-04113, G-04101
Programs sponsored in: CD, GS, IS, H0, ICE, IM, NEP, ORS
Major participating institution for programs in: ID, OPH, OSM
Institution ID: 41-0403

York
Center for Pain Mgmt and Rehabilitation-East York Office
2901 Pleasant Valley Road
York, PA 17402
Major participating institution for programs in: PMP
Institution ID: 41-0847

Graduate Medical Education Directory 2004-2005 1075

Teaching Institutions
York Hospital
1001 South George Street
PO Box 15184
York, PA 17405
Med Sch Affil: M-04203
Major participating institution for programs in: EM, FP, GS, IM, OBG, P
Institution ID: 42-0294

Mayaguez
Advanced Cardiology Center Corp/Ponce
SOM Consortium
410 Hostos Avenue/Ramón E Betances Univ Hospital
Mayaguez, PR 00680
Major participating institution for programs in: IM
Institution ID: 42-8020

Bella Vista Hospital
State Road 349
PO Box 1750
Mayaguez, PR 00681
Programs sponsored in: FP
Institution ID: 42-8022

Dr Ramon E Betances Hospital-Mayaguez
Medical Center
Mayaguez Medical Center Branch
410 Hostos Ave
Mayaguez, PR 00680
Med Sch Affil: G-04202
Programs sponsored in: IM
Institution ID: 42-0467

Ponce
Dr Pía Hospital
Avenida Las Americas
PO Box 33193
Ponce, PR 00718-1318
Med Sch Affil: M-04202
Programs sponsored in: IM
Institution ID: 42-0299

Hospital de Damas
2213 Ponce By Pass
Ponce, PR 00717-1318
Med Sch Affil: M-04202
Programs sponsored in: IM
Institution ID: 42-0289

Hospital Episcopal San Lucas
917 Tito Castro Ave
PO Box 395510
Ponce, PR 00733-6810
Med Sch Affil: M-04202
Programs sponsored in: IM, OBG, PD, TY
Institution ID: 42-0194

Ponce School of Medicine
Calle Doñores Marchand, Urb Industrial Reparada
PO Box 7004
Ponce, PR 00732
Programs sponsored in: P
Institution ID: 42-9505

San Juan
HealthSouth Rehabilitation Hospital
Puerto Rico Medical Center
PMB #70 PO Box 70544
San Juan, PR 00936-8344
Med Sch Affil: M-04201
Programs sponsored in: AN, CCP, CD, CE, CHP, D, DR, EM, EN, END, FP, GE, GS, H, ID, IM, IMG, N, NPE, NM, OB, OBG, ON, OPH, ORS, ORT, P, PCC, PM, PTH, PUD, RHU
Institution ID: 42-0290

University of Puerto Rico School of Medicine
Medical Sciences Campus
GPO Box 950507
San Juan, PR 00904-5077
Med Sch Affil: M-04201
Programs sponsored in: AN, CCP, CD, CHF, D, DR, EM, END, FP, GE, GS, H, ID, IM, IMG, N, NPE, NM, OB, OBG, ON, PCC, PM, PTH, PUD, RHU
Institution ID: 42-0289

I Gonzalez Martinez Oncologic Hospital
Puerto Rico Medical Center
PO Box 1011
San Juan, PR 00919
Med Sch Affil: L-04201
Major participating institution for programs in: GS, HEM, ON
Institution ID: 42-9305

Institute of Forensic Sciences of Puerto Rico
Box 11878, Caparra Heights Station
San Juan, PR 00922-1878
Med Sch Affil: L-04203
Programs sponsored in: FOF
Institution ID: 42-0467

San Juan City Hospital
PMB #70 PO Box 70544
San Juan, PR 00936-8344
Med Sch Affil: M-04201
Programs sponsored in: IM
Institution ID: 42-0290

University Hospital
Puerto Rico Medical Center
PO Box 2116
San Juan, PR 00922
Med Sch Affil: M-04201
Major participating institution for programs in: AN, CD, D, DR, EM, EN, END, FP, GE, GS, H, ID, IM, IMG, N, NPE, NM, OB, OBG, ON, OPH, ORS, ORT, P, PCC, PM, PTH, PUD, RHU
Institution ID: 42-0178

University of Puerto Rico School of Medicine
San Juan

Cranston
Eleanor Slater Hospital
PO Box 859
Cranston, RI 02920
Major participating institution for programs in: PYG
Institution ID: 42-8012
Rhode Island

East Providence

Emma Pendleton Bradley Hospital
1011 Veterans Memorial Parkway
East Providence, RI 02915-5090
Med Sch Affl: M-04301
Major participating institution for programs in: CHP
Institution ID: 43-0432

Pawtucket

Memorial Hospital of Rhode Island
111 Brewster Street
Pawtucket, RI 02860
Med Sch Affl: M-04301
Programs sponsored in: PP, IM
Major participating institution for programs in: D, HO, ID, IMG, PTH
Institution ID: 43-0436

Providence

Butler Hospital
345 Blackstone Blvd
Providence, RI 02906
Med Sch Affl: M-04301
Programs sponsored in: P, PYG, PTN
Institution ID: 43-0489

Miriam Hospital-Lifespan
167 Point Street
Providence, RI 02903
Med Sch Affl: M-04301
Major participating institution for programs in: OCM, CD, GS, HO, IC, ID, IM, IMG, NFP, P, PTH, PYG, U
Institution ID: 43-0322

Providence Community Health Center
375 Allens Ave
Providence, RI 02905-5010
Med Sch Affl: M-04301
Major participating institution for programs in: D
Institution ID: 43-0614

Rhode Island Hospital-Lifespan
501 Eddy St
Alfred Building, Room 120
Providence, RI 02906
Med Sch Affl: M-04301, G-02405
Programs sponsored in: OCM, CCS, CD, CHP, CN, CPP, D, DBP, DR, KM, END, GE, GS, HO, HSO, IC, ICY, ID, IM, IMG, NFP, N, NS, OP, OPH, ORS, PCC, PD, PDE, PDH, PFI, PEM, PGH, PHO, PS, PTH, U, VH
Major participating institution for programs in: D, OBG, OTO, P, PC, PTN, RHI, RHI
Institution ID: 43-0281

Roger Williams Medical Center
825 Chalkstone Avenue
Providence, RI 02908
Med Sch Affl: M-04301
Programs sponsored in: D, DMP, HO, ID, IM, PUD, RHI
Major participating institution for programs in: END, PCC
Institution ID: 43-0438

Veterans Affairs Medical Center (Providence)
Davis Park
Providence, RI 02906
Med Sch Affl: M-04301
Major participating institution for programs in: CD, D, END, GE, GS, HO, ID, OPH, ORS, P, PS, PYG, RHI, U
Institution ID: 43-0439

Women and Infants Hospital of Rhode Island
101 Dudley Street
Providence, RI 02905
Med Sch Affl: M-04301
Programs sponsored in: NPM, ORG, PP
Major participating institution for programs in: PC, PTH
Institution ID: 43-0834

South Carolina

Anderson

Anderson Area Medical Center
800 N Park St
Anderson, SC 29621
Med Sch Affl: L-04504, L-04501
Programs sponsored in: FP
Institution ID: 45-0722

Charleston

Charleston Memorial Hospital
326 Calhoun St
Charleston, SC 29401
Major participating institution for programs in: DR, END, GS, ID, OTO, PH, RHI
Institution ID: 45-0483

Medical University of South Carolina College of Medicine
160 Ashley Avenue (Room 202 - Main Hospital)
PO Box 250322
Charleston, SC 29425
Med Sch Affl: M-04501
Programs sponsored in: ADP, AN, APM, C, CHP, CN, D, DBP, DMP, DR, END, FOP, GE, GS, HMP, HO, IC, ID, IM, MP, MPD, N, NFP, NM, NPM, NS, ORS, PCC, OTO, P, PCC, PCT, PD, PDC, PDE, PHO, PS, PTH, PYG, RHI, RO, TS, U, VH
Institution ID: 45-0501

MUSC Medical Center
171 Ashley Avenue
Charleston, SC 29425-0550
Med Sch Affl: M-04501, L-04504
Major participating institution for programs in: ADP, AN, APM, C, CHP, CN, D, DBP, DMP, DR, END, FOP, GE, GS, HMP, HO, IC, ID, IM, MP, MPD, N, NFP, NM, NPM, NS, ORS, PCC, OTO, P, PCC, PCT, PD, PDC, PDE, PHO, PS, PTH, RHI, RO, TS, U, VH
Institution ID: 45-0501

Ralph H Johnson VA Medical Center (Charleston)
109 Bee Street
Charleston, SC 29401
Med Sch Affl: M-04501
Programs sponsored in: AN, CD, DR, END, GE, GS, ID, IM, MP, N, NFP, NM, NPM, NS, ORS, PCC, OTO, P, PCC, ID, PS, PYG, RHI, RHI
Institution ID: 45-0485

Trident Medical Center
9300 Medical Plaza Drive
Charleston, SC 29406-5195
Programs sponsored in: FP
Institution ID: 45-08009

Columbia

Palmetto Health
PO Box 2266
Columbia, SC 29205-2266
Programs sponsored in: CCH, CHP, EM, END, FP, PSM, GS, IMM, MDF, ORG, OPH, ORS, P, PD, PFP
Institution ID: 45-08005

Palmetto Health Baptist
Taylor at Marion Street
Columbia, SC 29203
Med Sch Affl: M-04501
Major participating institution for programs in: CHP, P, PFP
Institution ID: 45-08006

Palmetto Health Richland
Five Richland Medical Park
Columbia, SC 29208
Med Sch Affl: M-04504
Programs sponsored in: CAH
Institution ID: 45-08006

William Jennings Bryan Dorn Veterans Hospital
6439 Garners Ferry Road
Columbia, SC 29209-1639
Med Sch Affl: M-04504
Major participating institution for programs in: EN, GS, IM, MDF, PHO, ORS, P
Institution ID: 45-0735

William S Hall Psychiatric Institute
University of South Carolina SOM
1800 Colonial Drive, PO Box 202
Columbia, SC 29208-2266
Med Sch Affl: M-04504, L-04501
Major participating institution for programs in: CHP, P, PFP
Institution ID: 45-0484

Florence

McLeod Regional Medical Center
555 E Cheves Street
Florence, SC 29506
Med Sch Affl: L-04504, L-04501
Programs sponsored in: FP
Institution ID: 45-0239

Greenville

Greenville Hospital System
701 Grove Road
Greenville, SC 29695
Med Sch Affl: M-04504, L-04501
Programs sponsored in: FP, GS, IM, MDF, ORB, ORS, PD, VS
Major participating institution for programs in: FP
Institution ID: 45-0356

Shriners Hospitals for Children (Greenville)
950 W Paris Road
Greenville, SC 29605-4277
Med Sch Affl: L-04501
Major participating institution for programs in: OBS
Institution ID: 45-0174

Graduate Medical Education Directory 2004-2005 1077
### Greenwood
**Greenwood Genetic Center**
1 Gregory Mendel Circle
Greenwood, SC 29646
- Programs sponsored: MG
- Institution ID: 45-8904

### Self Regional Healthcare
**1125 Spring St.**
Greenwood, SC 29646
- Programs: FP
- Institution ID: 45-7024

### North Charleston
**HealthSouth Rehabilitation Hospital of Charleston**
911 Medcom Street,
North Charleston, SC 29406
- Major participating institution: Providence Hospital
  (Institution ID: 45-8011)

### Naval Hospital (Charleston)
**Naval Hospital (Charleston)**
MNHOSP
3600 Rivers Avenue
North Charleston, SC 29405-7744
- Med Sch Affil: L-04601
- Major participating institution: for programs in: PM
- Institution ID: 45-0134

### Seneca
**Oconee Memorial Hospital**
238 Memorial Drive
Seneca, SC 29678
- Major participating institution: for programs in: FP
- Institution ID: 45-8007

### Spartanburg
**Spartanburg Regional Healthcare System**
101 E Wood Street
Spartanburg, SC 29303
- Med Sch Affil: L-04601, L-04504
- Programs sponsored: FP, GS, TY
- Institution ID: 45-0162

### South Dakota
**Rapid City**
**Rapid City Regional Hospital**
350 Fairway Blvd
PO Box 6000
Rapid City, SD 57709
- Med Sch Affil: M-04601
- Programs sponsored: FP
- Institution ID: 45-8905

**Sioux Falls**
**Avera McKennan Hospital and University Health Center**
800 E 22nd Street
PO Box 6045
Sioux Falls, SD 57117-5045
- Med Sch Affil: M-04601
- Major participating institution: for programs in: CHP, FP, P, TY
- Institution ID: 45-0125

### Center for Family Medicine
**1115 E 20th Street, Sioux Falls, SD 57106**
- Programs sponsored: FP
- Institution ID: 46-0219

### Royal C Johnson Veterans Affairs Medical Center
**2501 W 22nd Street PO Box 5046**
Sioux Falls, SD 57117
- Med Sch Affil: M-04601
- Major participating institution: for programs in: DI, FP, P, TY
- Institution ID: 46-0218

### Sioux Valley Hospital and University of SD Medical Center
**1400 West 22nd St, Sioux Falls, SD 57105-1579**
- Med Sch Affil: M-04601
- Major participating institution: for programs in: CHF, FP, IM, PTH, TY
- Institution ID: 46-0212

### Southeastern Behavioral Healthcare
**2000 Summit Avenue**
Sioux Falls, SD 57105
- Med Sch Affil: G-04601
- Major participating institution: for programs in: P
- Institution ID: 46-0061

### University of South Dakota School of Medicine
**1400 W 22nd St**
Sioux Falls, SD 57105-1579
- Programs sponsored: in: CHP, IM, P, PTH, TY
- Institution ID: 46-0161

### Tennessee
**Bristol**
**Wellmont Health System - Bristol Regional Medical Center**
1 Medical Park Boulevard
Bristol, TN 37620
- Med Sch Affil: M-04700
- Major participating institution: for programs in: FP, GS, FOC
- Institution ID: 47-0491

### Chattanooga
**Erlanger Medical Center**
905 E 3rd Street
Chattanooga, TN 37403
- Med Sch Affil: M-04706
- Major participating institution: for programs in: FP, GS, IM, OB/GYN, OBG, OPH, ORS, FD, P, TY
- Institution ID: 47-0390

**T C Thompson Children's Hospital Medical Center**
910 Blackford Street
Chattanooga, TN 37403
- Med Sch Affil: M-04706
- Major participating institution: for programs in: OPH, ORS, FD
- Institution ID: 47-0313

### University of Tennessee College of Medicine-Chattanooga
**960 East Third Street**
Suite 106
Chattanooga, TN 37403
- Med Sch Affil: M-04706
- Programs sponsored: in: CCS, FP, GS, IM, OB/GYN, OBG, OPH, ORS, FD, P, TY
- Institution ID: 47-0490

### Willie D Miller Eye Center
**915 E 3rd Street**
Chattanooga, TN 37403
- Major participating institution: for programs in: OPH
- Institution ID: 47-8016

### Jackson
**Jackson-Madison County General Hospital**
768 W Forest Ave
Jackson, TN 38305
- Med Sch Affil: G-04766
- Major participating institution: for programs in: FP
- Institution ID: 47-0480

### Johnon City Medical Center Hospital
**200 State Highway**
Johnson City, TN 37604
- Med Sch Affil: M-04750
- Major participating institution: for programs in: CD, FP, GS, IM, MP, MPD, OB/GYN, ON, P, PCC, PD, PTH
- Institution ID: 47-0492

### James H Quillen College of Medicine
**East Tennessee State University**
PO Box 70694
Johnson City, TN 37614-1704
- Med Sch Affil: M-04730
- Programs sponsored: in: CD, FP, GS, IM, MP, MPD, OB/GYN, ON, P, PCC, PD, PTH
- Institution ID: 47-0493

### Kingsport
**Indian Path Medical Center**
2300 Pavilion Drive
Kingsport, TN 37660
- Major participating institution: for programs in: OBS
- Institution ID: 47-8333

**Wellmont Health System - Holston Valley**
130 West Ravine Road
Kingsport, TN 37663
- Med Sch Affil: M-04730
- Major participating institution: for programs in: FP, GS, IM
- Institution ID: 47-8379
Knoxville
University of Tennessee Graduate School of Medicine
1524 Alcoa Highway, Box 94
Knoxville, TN 37932-6890
Med Sch Affil: M-04706
Programs sponsored in: AN, COS, DR, FP, FPG, FSM, GS, IM, NM, OBG, PCP, PTH, TY, U, VS
Institution ID: 47-0445

University of Tennessee Memorial Hospital
1524 Alcoa Highway
Knoxville, TN 37920
Major participating institution for programs in: AN, COS, DR, FP, FPG, FSM, GS, IM, NM, OBG, PTH, TY, VS
Institution ID: 47-0453

Memphis
Baptist Memorial Hospital
6010 Walnut Grove Road
Memphis, TN 38120
Med Sch Affil: M-04706
Programs sponsored in: DR, VIR
Major participating institution for programs in: AI, D, END, FP, FS, IM, MN, OBG, ORS, PTH, TS, VS
Institution ID: 47-0401

Campbell Clinic - University of Tennessee
869 Madison Ave
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: HSO, OP, ORS
Institution ID: 47-0475

LeBonheur Children’s Medical Center
60 N Dunlap
Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: AI, CCP, CHN, CHP, CN, DR, END, FP, GE, GS, HO, ID, IM, MN, MPP, N, NFP, NPM, NS, OBG, OP, ORS, OTO, P, PCC, PD, PDE, PDI, PS, PEM, PH, PPR, PSH, PTH, RDU, TS, U, UP, VIR
Institution ID: 47-0475

Memphis Mental Health Institute
865 Poplar Ave, PO Box 10956
Memphis, TN 38174
Med Sch Affil: L-04706
Major participating institution for programs in: P
Institution ID: 47-0475

Methodist Healthcare - Memphis Hospitals
1265 Union Avenue
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: CN, DR, GS, HO, HSO, ID, NS, OBG, OPH, OTO, PS, REU, TS, TY, U
Institution ID: 47-0413

Regional Medical Center at Memphis
877 Jefferson Avenue
Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: AN, CCS, CD, D, DR, END, GE, GS, HO, ID, IM, MN, MPP, N, NFP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PFR, PS, PTH, REU, TS, VIR
Institution ID: 47-04241

St Francis Hospital
6669 Park Ave
Memphis, TN 38137
Med Sch Affil: M-04706
Major participating institution for programs in: FP
Institution ID: 47-0478

St. Jude’s Children’s Research Hospital
332 N Lauderdale Street
Memphis, TN 38105-2794
Med Sch Affil: M-04706, L-04012
Major participating institution for programs in: MD, PDI, PFS, PHI, PTH
Institution ID: 47-0482

University of Tennessee College of Medicine
920 Madison Avenue, Suite C50
Memphis, TN 38163
Med Sch Affil: M-04706
Programs sponsored in: AI, AN, CCP, CHS, CD, CHN, CHP, CN, D, DI, END, FP, GE, GS, HO, ID, IM, MN, MPP, N, NFP, NPM, NS, OBG, OP, ORS, OTO, P, PCC, PD, PDE, PDI, PS, PEM, PH, PPR, PSH, PTH, RDU, TS, U, UP, VIR, VS
Institution ID: 47-0474

University of Tennessee Medical Center
561 Court Avenue
Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: AN, CRP, D, DR, GE, GS, HO, MN, MPP, N, OPH, OTO, PCC, PDS, PS, T, U
Institution ID: 47-0269

Veterans Affairs Medical Center (Memphis)
1050 Jefferson Avenue
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: AN, CD, D, DR, END, GE, GS, HO, ID, IM, MN, MPP, N, NFP, NS, OPH, OTO, PCC, PTH, REU, TS, VIR
Institution ID: 47-0269

Veterans Affairs Medical Center (Mountain Home)
Mountain Home, TN 37684
Med Sch Affil: M-04706
Major participating institution for programs in: CD, FP, GE, GS, ID, IM, MP ON, P, PCC, PTH
Institution ID: 47-0498

Murfreesboro
Alvin C York Veterans Affairs Medical Center
Alvin C York Campus
3400 Lebanon Rd
Murfreesboro, TN 37130
Med Sch Affil: M-04706
Major participating institution for programs in: FP, GPM, IM, P
Institution ID: 47-0491

Nashville
Baptist Hospital
2000 Church St
Nashville, TN 37228
Med Sch Affil: M-04706, L-04707, G-04705
Major participating institution for programs in: IM, OBG, PS, U
Institution ID: 47-0163

Centennial Medical Center
2000 Patterson Street
Nashville, TN 37202
Med Sch Affil: M-04707
Major participating institution for programs in: P
Institution ID: 47-0828

Medical Examiner’s Office, TN and Nashville and Davidson Co
84 Hermitage Avenue
Nashville, TN 37210-2110
Major participating institution for programs in: FOP, VS
Institution ID: 47-0829

 Meharry Medical College School of Medicine
1005 Dr D H Hoff, Jr Boulevard
Nashville, TN 37203
Programs sponsored in: FP, GPM, IM, P
Institution ID: 47-0501

Metropolitan Nashville General Hospital
1818 Albion Street
Nashville, TN 37208
Med Sch Affil: M-04707, G-04706
Major participating institution for programs in: D, FP, GPM, IM, PTH
Institution ID: 47-0498

Middle Tennessee Medical Health Institute
221 Stewart Pkwy Pike
Nashville, TN 37214
Med Sch Affil: M-04705
Major participating institution for programs in: ADP, CHP
Institution ID: 47-0503

Psychiatric Hospital at Vanderbilt
1601 23rd Ave, S
Nashville, TN 37212
Med Sch Affil: M-04705
Major participating institution for programs in: ADP
Institution ID: 47-0503

St Thomas Hospital
4220 Harding Road
PO Box 360
Nashville, TN 37202
Med Sch Affil: M-04705
Major participating institution for programs in: D, GE, GS, IM, NS, VS
Institution ID: 47-0262

Vanderbilt University Medical Center
1161 21st Avenue S
D-3200 MCN
Nashville, TN 37232-2104
Med Sch Affil: M-04705, L-02012
Programs sponsored in: ADP, AI, AN, APF, CCA, CCP, CS, CD, CHN, CHP, CN, D, DR, END, ETO, ETO, FTO, GE, GS, HMP, HO, IC, ICN, ID, IM, JMG, MG, MPO, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OSN, OTO, P, PAM, PCC, PD, PCC, PDI, PDR, PE, PHO, PS, PSM, PTH, RDU, RNL, RF, BS, U, UP, VIR, VS
Institution ID: 47-0447

Veterans Affairs Medical Center (Nashville)
1320 24th Ave, South
Nashville, TN 37212-2657
Med Sch Affil: M-04705
Major participating institution for programs in: D, DR, GE, GS, HMP, HO, IC, ICN, ID, IM, JMG, MG, MPO, N, NEP, NM, NP, OBG, ORS, OTO, PCC, PS, RDU, TS, U
Institution ID: 47-0461

Graduate Medical Education Directory 2004-2005
1079
Oak Ridge
Methodist Medical Center of Oak Ridge
960 Oak Ridge Turnpike
Oak Ridge, TN 37831-2529
Major participating institution for programs in: U
Institution ID: 48-8030

Texas
Abilene
Hendrick Medical Center/Health System
1242 North 19th Street
Abilene, TX 79601-2316
Major participating institution for programs in: FP
Institution ID: 48-7002

Amarillo
Baptist-St Anthony’s Health System
200 N W Seventh St
PO Box 350
Amarillo, TX 79106
Major participating institution for programs in: FP
Institution ID: 48-7005

Northwest Texas Health Care System
PO Box 1110
Amarillo, TX 79175
Med Sch Affil: M-04815, M-04816
Major participating institution for programs in: FP, IM, OPD, IM, OPD
Institution ID: 48-0566

Texas Tech University Health Sciences Center at Amarillo
1400 S Coulter St
Amarillo, TX 79106
Med Sch Affil: M-04815
Programs sponsored in: FP, FPG, IM, MPD, OBG, PD
Institution ID: 48-0520

Veterans Affairs Medical Center
(Amarillo)
6010 Amarillo Boulevard, West
Amarillo, TX 79106
Med Sch Affil: M-04815
Major participating institution for programs in: IM
Institution ID: 48-0584

Austin
Austin Medical Education Program of Seton Healthcare Network
Seton Healthcare Network - Network Office
200 East 38th Street
Suite 150
Austin, TX 78705
Med Sch Affil: M-04816
Programs sponsored in: CHF, FP, IM, P, PD, TY
Major participating institution for programs in: NDN, P
Institution ID: 48-0451

Austen State Hospital
4110 Guadalupe
Austin, TX 78751-4296
Programs sponsored in: P
Major participating institution for programs in: CHF
Institution ID: 48-0388

Austin-Travis County Mental Health and Retardation Center
1430 Collier St
Austin, TX 78704
Major participating institution for programs in: P
Institution ID: 48-0586

Brackenridge Hospital
601 E 15th Street
Austin, TX 78701
Major participating institution for programs in: CHP, FP, IM, OBG, PD
Institution ID: 48-0563

Seton Shoal Creek Hospital
3501 Mills Avenue
Austin, TX 78731
Major participating institution for programs in: P
Institution ID: 48-8042

St David's Hospital
919 S 33rd St
Austin, TX 78705
Major participating institution for programs in: P
Institution ID: 48-8080

Texas Department of Health
1100 W 49th St
Austin, TX 78750
Med Sch Affil: L-04810
Programs sponsored in: GPM
Institution ID: 48-0468

University of Texas Counseling Center
100 A West Dean Keeton Drive
Austin, TX 78712-1801
Major participating institution for programs in: P
Institution ID: 48-0585

Veteran’s Affairs Medical Center (Austin)
2901 Montopolis Drive
Austin, TX 78741
Major participating institution for programs in: P
Institution ID: 48-0579

Baytown
San Jacinto Methodist Hospital
4401 Garth Rd
Baytown, TX 77521-3159
Programs sponsored in: FP
Institution ID: 48-0579

Big Spring
Veterans Affairs Medical Center (Big Spring)
300 Veterans Boulevard
Big Spring, TX 79720
Med Sch Affil: G-04815
Major participating institution for programs in: OPH
Institution ID: 48-0557

Brooks City-Base
USAF School of Aerospace Medicine
2601 Louis Bauer Drive
Brooks City-Base, TX 78235-5120
Programs sponsored in: GPM
Institution ID: 48-0493

Bryan
Family Practice Foundation of the Brazos Valley
Brazos Family Medicine Residency
1301 Medical Drive #520
Bryan, TX 77802
Med Sch Affil: L-04802
Programs sponsored in: FP
Institution ID: 48-8062

St Joseph Regional Health Center
2501 Franciscan Drive
Bryan, TX 77802-2544
Med Sch Affil: G-04815
Major participating institution for programs in: FP
Institution ID: 48-8063

Conroe
Conroe Medical Education Foundation
704 Old Montgomery Road
Conroe, TX 77301
Programs sponsored in: FP
Institution ID: 48-0590

Conroe Regional Medical Center
506 Medical Center Blvd
Conroe, TX 77304
Major participating institution for programs in: FP
Institution ID: 48-0574

Corpus Christi
Christus Spohn Memorial Hospital
2506 Hospital Boulevard
Corpus Christi, TX 78405
Med Sch Affil: G-04813
Programs sponsored in: FP
Institution ID: 48-0257

D subordinate Children’s Hospital
3535 S Alameda, PO Drawer 6530
Corpus Christi, TX 78465-6530
Med Sch Affil: M-04810, M-04802, M-04815
Programs sponsored in: PD
Major participating institution for programs in: PAN
Institution ID: 48-0157

Dallas
Baylor Institute for Rehabilitation
3504 Swiss Avenue
Dallas, TX 75204
Major participating institution for programs in: PM, PMP
Institution ID: 48-8030

Baylor University Medical Center
3600 Gaston Avenue
Suite 150
Dallas, TX 75246
Med Sch Affil: L-04812
Programs sponsored in: CD, DBS, DR, GE, GS, IC, ICE, IM, NK, OBG, ON, PM, PMP, PTPH, VIII, V8
Major participating institution for programs in: ORS, PS, U
Institution ID: 48-0351

Carver BloodCare
3000 Harry Rines Blvd
Dallas, TX 75230
Med Sch Affil: G-04812
Major participating institution for programs in: BBK
Institution ID: 48-8061
<table>
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<tr>
<th>Institution</th>
<th>Address</th>
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<td><strong>Teaching Institutions</strong></td>
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<td><strong>Graduate Medical Education Directory 2004-2005</strong></td>
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<td><strong>Graduate Med Sch</strong></td>
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<tr>
<td>5909 W Wheatland Road</td>
<td>Dallas, TX 75237</td>
<td>FP, FFM, GS, IM, OBG</td>
<td>48-0636</td>
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<tr>
<td><strong>Children's Medical Center of Dallas</strong></td>
<td>1335 Motor Street</td>
<td>AI, AN, AM, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
<td>48-0575</td>
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<td><strong>Dallas County Hospital District-Parkland Memorial Hospital</strong></td>
<td>5091 Harry Hines Blvd</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
<td>48-0360</td>
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<tr>
<td><strong>North Texas Clinical PET Institute</strong></td>
<td>9305 Fort Worth Street</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
<td>48-0404</td>
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<tr>
<td><strong>Presbyterian Hospital of Dallas</strong></td>
<td>8200 Walnut Hill Lane</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<td><strong>Southwestern Institute of Forensic Sciences</strong></td>
<td>5230 Medical Center Dr</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<td><strong>St Paul University Hospital</strong></td>
<td>Graduate Medical Education Dept</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<tr>
<td><strong>Texas Scottish Rite Hospital for Children</strong></td>
<td>2222 Wellborn St</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
<td>48-0636</td>
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<tr>
<td><strong>Texas Tech University Health Sciences Center at El Paso</strong></td>
<td>4800 Albert Avenue</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
<td>48-0636</td>
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<tr>
<td><strong>William Beaumont Army Medical Center</strong></td>
<td>5005 S Piedras St</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<td><strong>Fort Hood</strong></td>
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<td><strong>Darnall Army Community Hospital</strong></td>
<td>36000 Darnall Loop</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<td><strong>Fort Sam Houston</strong></td>
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<td><strong>Brooke Army Medical Center</strong></td>
<td>2961 Roger Brooke Drive</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<td><strong>Harris Methodist Fort Worth</strong></td>
<td>1301 Pennsylvania Avenue</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<td><strong>John Peter Smith Hospital (Tarrant County Hospital District)</strong></td>
<td>1500 S Main Street</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
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<tr>
<td><strong>Tarrant County Medical Examiner's Office</strong></td>
<td>201 Peters Gaines Place</td>
<td>AI, AN, AP, ARM, CRP, CRR, CS, D, DMP, EM, END, ETP, DYP, GE, HMP, HSP, ICE, ID, IM</td>
<td>48-0561</td>
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Galveston
Shriners Hospitals for Children (Galveston Burns Institute)
815 Market Street
Galveston, TX 77550-3725
Med Sch Affil: L-04904, L-04902
Major participating institution for programs in: CCS, PE
Institution ID: 48-8001

University of Texas Medical Branch Hospitals
301 University Boulevard, Route 0463
Galveston, TX 77555-0463
Programs sponsored in: AS, AN, APM, CCA, CCS, CD, CHF, D, DMP, DR, END, FP, GE, GPM, GS, IC, ID, IM, INU, IPM, MM, MPD, N, NEP, NPM, NS, ORG, ON, OPH, ORS, OSS, OTU, P, PAN, PCC, PCP, PD, PDE, PDS, PDI, PSD, PNS, PNS, PTH, RHU, RNS, RO, TS, U, VIR
Institution ID: 48-0131

Galveston
Baylor Medical Center at Galveston
2900 Marie Curie Blvd
Galveston, TX 77547
Programs sponsored in: FP
Institution ID: 48-8058

Harlingen
Valley Baptist Medical Center
2101 Peace St
PO Box 2588
Harlingen, TX 78551
Med Sch Affil: L-04902, C-04913
Programs sponsored in: FP
Institution ID: 48-8060

Houston
Baylor College of Medicine
One Baylor Plaza
0220
Houston, TX 77030
Med Sch Affil: M-04902, L-02012
Programs sponsored in: ADG, AI, ALL, AN, BBK, CCM, CCP, CCS, CD, CHF, CHN, CHP, CN, D, DMP, DR, END, FP, GE, GS, HEM, HMP, HPO, HSP, IC, ICE, ID, IM, IMG, MG, MGP, MD, N, NDN, NID, NEF, NM, NP, NPR, NS, ORG, ON, OP, OPH, ORS, OSM, OSS, OTU, OTO, P, PAN, PCC, PCP, PD, FDC, PDE, PDI, PDD, PDE, PDS, PEM, PG, PHO, PM, PN, PP, PS, PSH, PTH, RHU, RNS, RO, SCI, TS, U, UP, V, VS
Institution ID: 48-0211

Christus St Joseph Hospital
1401 St Joseph Parkway
Houston, TX 77002
Med Sch Affil: L-04914
Programs sponsored in: FP, GS, OBG, FS, TS
Major participating institution for programs in: DR, MPD, OTO
Institution ID: 48-0206

Harris County Hospital District-Ben Taub General Hospital
PO Box 56769
Houston, TX 77206
Med Sch Affil: M-05404, L-02012
Major participating institution for programs in: AN, BKK, CD, D, DMP, DR, END, FF, GE, GS, HEM, HMP, HSO, HSP, IM, MD, MGP, NEP, N, OBG, OPM, OR, ORS, OSS, OTHO, OTU, P, PCC, PDP, PD, PDI, PDS, PDE, PDM, PEO, PFS, PHTH, RHU, RO, TS, U, VIR
Institution ID: 48-0363

Harris County Medical Examiner Department
1885 Old Spanish Trail
Houston, TX 77064
Programs sponsored in: FOP
Institution ID: 48-8070

Harris County Psychiatric Center
2800 S MacGregor
Houston, TX 77025-0349
Med Sch Affil: M-04914
Major participating institution for programs in: CHF, P
Institution ID: 48-8044

Institute for Rehabilitation and Research
1333 Moursund
Houston, TX 77059
Med Sch Affil: M-04904, M-04914, L-04902
Major participating institution for programs in: NIDN, PM, SCI
Institution ID: 48-0511

Lyndon B Johnson General Hospital
5656 Kelly Street
Houston, TX 77006
Med Sch Affil: M-04914
Major participating institution for programs in: CD, D, D, END, FP, CPP, GE, GS, HEM, ID, IM, IMG, MG, MGP, MD, N, NDN, NID, NEF, NM, NP, NPR, NS, ORG, ON, OP, OPH, ORS, OSM, OSS, OTU, OTO, P, PAN, PCC, PCP, PD, FDC, PDE, PDI, PDD, PDE, PDS, PEM, PG, PHO, PM, PN, PP, PS, PSM, PTH, RHU, RNS, RO, SCI, TS, U, UP, V, VS
Institution ID: 48-0359

Memorial Hermann Hospital System
7373 Southwest Freeway, Suite 200
Houston, TX 77074
Med Sch Affil: M-04904
Programs sponsored in: FP, PSM
Institution ID: 48-0495

Methodist Hospital
6006 Fannin Street
Houston, TX 77030
Med Sch Affil: M-04904, L-04914
Major participating institution for programs in: ADG, AI, ALL, AN, BBK, CCM, CCP, CCS, CD, CHF, CHI, CHN, CHP, CN, CCR, D, DMP, DR, END, FF, GE, GS, HEM, HMP, HPO, HSP, IC, ICE, ID, IM, IMG, MG, MGP, MD, N, NDN, NID, NEF, NM, NP, NPR, NS, ORG, ON, OPH, ORS, OSM, OSS, OTU, OTO, P, PCC, PDP, PDE, PDI, PDD, PDE, PDS, PEM, PG, PHO, PM, PN, PP, PS, PSH, PTH, RHU, RNS, RO, SCI, TS, U, UP, V, VS
Institution ID: 48-0359

NASA Johnson Space Center
Houston, TX 77058
Med Sch Affil: M-04902
Programs sponsored in: FP, GS, OBG, FS, TS
Major participating institution for programs in: CHF, P
Institution ID: 48-8067

Shriners Hospitals for Children (Houston)
6977 Main Street
Houston, TX 77002
Med Sch Affil: L-04904, L-04914
Major participating institution for programs in: OP, ORS
Institution ID: 48-8028

St Luke's Episcopal Hospital
6720 Bertner Ave
Houston, TX 77030
Med Sch Affil: M-04904, L-01002, L-04914, G-04915
Major participating institution for programs in: CD, FF, HSP, IC, IM, MGP, NEP, NM, OSS, OSS, PTH, TS, U, VIR
Institution ID: 48-0395

Texas Children's Hospital
6621 Fannin Street
Houston, TX 77030
Med Sch Affil: M-04904, L-04914
Major participating institution for programs in: ADG, AI, ALL, APH, CCA, CHIN, CN, CRN, HMP, HSP, MG, MPG, MD, NM, NP, NPR, ORS, PAN, PDD, PDD, PDC, PDI, PDD, PDD, PDC, PEO, PHS, PEM, PGM, PF, PHO, PS, PSM, PTH, TS, U, UP
Institution ID: 48-0456

Texas Heart Institute
Mail Code 3-117
PO Box 20345
Houston, TX 77225-0345
Med Sch Affil: L-00101, L-01002, L-04914, G-04915
Programs sponsored in: TS
Major participating institution for programs in: PMPD
Institution ID: 48-8029

The Woman's Hospital of Texas
7600 Fannin
Houston, TX 77054
Major participating institution for programs in: PDI
Institution ID: 48-8059

University of Texas MD Anderson Cancer Center
1515 Holcombe Boulevard
Houston, TX 77030
Med Sch Affil: M-04914, M-04902, L-04904, L-02012
Programs sponsored in: BKK, DMP, HMP, HMO, PCH, PCP, RO, SP
Major participating institution for programs in: APF, APS, CCA, CHN, CHN, CTPS, CCR, D, DMP, DR, END, FF, GE, GS, HEM, IC, ICE, ID, IM, IMG, MG, MGP, MD, N, NDN, NID, NEF, NM, NP, NPR, NS, ORG, ON, OTHO, PCC, PDI, PDE, PES, PEO, PFO, PHI, PHTH, RNS, RO, SCI, TS, U, UP, V, VS
Institution ID: 48-0494

University of Texas Medical School at Houston
Suite J11310
PO Box 20703
Houston, TX 77225
Med Sch Affil: M-04914, M-04902
Programs sponsored in: ADG, AI, APF, APF, CCA, CCA, CCS, CD, CHN, CHN, CTPS, D, DMP, EN, FF, HEM, IM, IMG, MG, MGP, MD, NM, NP, NPR, ORS, ORS, OTHO, OTU, P, PCC, PDI, PDE, PES, PEO, PFO, PHI, PHTH, RNS, RO, SCI, TS, U, UP, V, VS
Institution ID: 48-0547

University of Texas Medical Sciences Institute
1300 Moursund Ave
Houston, TX 77005
Med Sch Affil: M-04914
Major participating institution for programs in: CHF
Institution ID: 48-8025
University of Texas Health Science Center
Bexar County Hospital District
7700 Floyd Curl Drive
San Antonio, TX 78228-3900
Med Sch Affil: M-04613
Major participating institution for programs in: HS0
Institution ID: 48-0522

University of Texas Medical School at San Antonio
7700 Floyd Curl Dr, Mail Stop 7250
Office of the Medical Dean
San Antonio, TX 78228-3900
Med Sch Affil: M-04613
Programs sponsored in: ADP, AN, APM, BBK, CCP, CCS, CD, CHP, CN, D, DR, END, FP, FSM, GE, GS, HMP, HO, HS0, IC, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OPH, OTS, OMS, OPT, P, PCC, PCT, PD, PM, PP, PS, PSM, PTH, PYG, RHI, RNK, RO, SCI, TS, U, VR
Major participating institution for programs in: OBS
Institution ID: 48-9501

Tyler
Mother Frances Hospital Regional Health Care Center
800 E Dawson
Tyler, TX 75701
Major participating institution for programs in: FP
Institution ID: 48-8037

University of Texas Health Center at Tyler
11937 US Highway 271
Tyler, TX 75708-3154
Med Sch Affil: M-04632
Programs sponsored in: FP, GPM
Institution ID: 48-0687

Waco
Hillcrest Baptist Medical Center
Box 5100
Waco, TX 76708
Med Sch Affil: M-04612
Major participating institution for programs in: FP
Institution ID: 48-0539
McLennan County Medical Education and Research Foundation
1600 Providence Drive
Waco, TX 76707
Programs sponsored in: FP
Institution ID: 48-0633

Providence Health Center
1700 Providence Drive
Waco, TX 76703
Med Sch Affil: M-04616, G-04612
Major participating institution for programs in: FP
Institution ID: 48-0540

Wichita Falls
North Central Texas Medical Foundation
1301 3rd St, Suite 200
Wichita Falls, TX 76301
Programs sponsored in: FP
Institution ID: 48-0555
United Regional Health Care Systems
1600 Tenth St
Wichita Falls, TX 76301
Med Sch Affil: G-04812
Major participating institution for programs in: FP
Institution ID: 48-0554

Utah
Midvale
St Mark’s Health Care Foundation
aka Utah Healthcare Institute
6947 S 995 E
Midvale, UT 84047-1703
Programs sponsored in: FP
Institution ID: 48-0621

Murray
The Orthopedic Specialty Hospital
5848 South 300 E
Murray, UT 84107
Programs sponsored in: OSM
Institution ID: 48-8013

Ogden
McKay-Dee Hospital Center
4400 Harrison Boulevard, Suite A-700
Ogden, UT 84403
Programs sponsored in: FP
Institution ID: 48-0394

Provo
Utah Valley Regional Medical Center
1034 North 500 West
Provo, UT 84604-2037
Programs sponsored in: FP, FSM
Institution ID: 48-8019

Salt Lake City
LDS Hospital
Eighth Ave and C St
Salt Lake City, UT 84143
Med Sch Affil: M-04901
Programs sponsored in: TY
Major participating institution for programs in: GS, IC, ID, IM, OBG, OMS, PCP, PTH, RO, TS, U
Institution ID: 49-0340

Primary Children’s Medical Center
180 North Medical Drive
Salt Lake City, UT 84113
Med Sch Affil: M-04901
Major participating institution for programs in: APM, CPG, CHN, CHP, CN, D, END, MG, MFP, NPM, NS, OP, OBG, OMS, OTO, PD, OGU, PDE, PFM, PFO, PP, PS, TS, U
Institution ID: 49-0315

Salt Lake Regional Medical Center
1650 E South Temple
Salt Lake City, UT 84102
Med Sch Affil: M-04901
Major participating institution for programs in: FP, GS, OTO
Institution ID: 49-0297

Shriners Hospital for Children
(Intermountain Unit)
Fairfax Avenue and Virginia Street
Salt Lake City, UT 84103
Med Sch Affil: G-04901
Major participating institution for programs in: OP, OBS
Institution ID: 49-0331

St Mark’s Hospital
3800 South 1200 East
Salt Lake City, UT 84124
Major participating institution for programs in: FP
Institution ID: 48-0441

University Counseling Center
450 SSB
University of Utah
Salt Lake City, UT 84112
Major participating institution for programs in: P
Institution ID: 49-0915

University of Utah Medical Center
30 North 900 East
Salt Lake City, UT 84132
Med Sch Affil: M-04901, L-04901
Programs sponsored in: AN, APG, CCP, CD, CHN, CHP, CN, CPE, D, DR, END, FP, FSM, GE, GPM, GS, HMP, HO, HS0, IC, ICE, ID, IM, IMG, MFP, N, NEP, NPM, NS, OBG, OPH, OMS, OTO, PCC, PCT, PD, PDE, PFM, PFO, PP, PS, PTH, RHI, RNK, RO, TS, U, VR, VS
Institution ID: 49-0247

University of Utah Neuropsychiatric Institute
501 Chipeta Way
Salt Lake City, UT 84108
Med Sch Affil: L-04901
Major participating institution for programs in: CHP, P
Institution ID: 48-8014

1084
<table>
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<tr>
<th>State</th>
<th>Teaching Institutions</th>
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<td>Virginia</td>
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| Stanardsville | Evergreen Nursing Care Center  
335 William Mills Drive  
Stanardsville, VA 22973  
Major participating institution for programs in: IMG  
Institution ID: 54-8945 |
| Staunton   | De Jarnette Center  
PO Box 2306  
Staunton, VA 24401  
Major participating institution for programs in: CHP  
Institution ID: 54-8902 |
| Western State Hospital |  
1301 Richmond Ave  
PO Box 2506  
Staunton, VA 24402-2560  
Major participating institution for programs in: PFP  
Institution ID: 51-7023 |
| Virginia Beach | Sentara Virginia Beach General Hospital  
1609 First Colonial Rd  
Virginia Beach, VA 23454  
Med Sch Affil: G-05107  
Major participating institution for programs in: BQ  
Institution ID: 51-6614 |
| Winchester | Winchester Medical Center  
1640 Amherst Street  
PO Box 2340  
Winchester, VA 22601-3340  
Major participating institution for programs in: FF  
Institution ID: 51-6478 |
| Washington |                                                                                       |
| Bremerton | Naval Hospital (Bremerton)  
One Boone Blvd, Code 09  
Bremerton, WA 98312-1888  
Med Sch Affil: L-05404, G-02312  
Programs sponsored in: FP  
Institution ID: 54-7099 |
| Colville   | Mount Carmel Hospital  
862 E Columbia St  
Box 561  
Colville, WA 99114  
Major participating institution for programs in: FP  
Institution ID: 54-8908 |
| Goldendale | Klickitat Valley Hospital  
301 S Roosevelt  
PO Box 5  
Goldendale, WA 98810  
Major participating institution for programs in: FP  
Institution ID: 54-8910 |
| Olympia    | St Peter Hospital  
413 Lilly Road, NE  
Olympia, WA 98506  
Med Sch Affil: L-05404  
Programs sponsored in: FP  
Institution ID: 54-8904 |
| Renton     | Valley Medical Center  
410 4th Street  
Renton, WA 98055  
Med Sch Affil: L-05404  
Programs sponsored in: FP  
Institution ID: 54-8919 |
| Seattle    | Children's Hospital and Regional Medical Center  
4800 Sand Point Way, NE  
PO Box 5371, CH-78  
Seattle, WA 98109-1536  
Med Sch Affil: M-05404  
Programs sponsored in: PFP  
Major participating institution for programs in: ADL  
AI, CCA, CCP, CHP, DBP, DR, MG, NS, ORS, PAN,  
PD, PDP, PDR, PEM, PMO, PM, PN, PP, PPR, FS,  
SCI, TS, U, UP  
Institution ID: 54-8911 |
|                | Fred Hutchinson Cancer Research Center  
PO Box 19024, Mail Stop D1-608  
1100 Fairview Avenue, North  
Seattle, WA 98109-1024  
Med Sch Affil: L-05404  
Major participating institution for programs in: ON,  
PFI  
Institution ID: 54-8901 |
|                | Group Health Cooperative  
521 Wall St  
Seattle, WA 98121-1536  
Med Sch Affil: M-05404  
Programs sponsored in: FP  
Institution ID: 54-8948 |
|                | Harborview Medical Center  
225 Ninth Ave  
Seattle, WA 98104  
Med Sch Affil: M-05404, L-05105, G-05109  
Major participating institution for programs in: AI  
AN, CCA, CCM, CUB, CUN, CN, DR, END, FP, FPG, GS,  
HSO, IM, IMG, N, NM, NEP, NP, OBG, OBG, ORS,  
OTO, P, PAN, PFP, PM, FS, PTE, PVD, RHR, SCI,  
TS, U, VIR  
Institution ID: 54-8905 |
|                | King County Medical Examiner's Office  
Public Health - Seattle & King County  
350 5th Avenue, BMC Box 358792  
Seattle, WA 98104-2499  
Med Sch Affil: L-05404  
Programs sponsored in: FOP  
Institution ID: 54-8915 |
|                | Northwest Colon and Rectal Clinic, PS  
1101 Madison, Suite 508  
Seattle, WA 98104  
Programs sponsored in: CBS  
Institution ID: 54-8905 |
| Northwest Hospital |  
1500 N 115th St  
Seattle, WA 98133  
Med Sch Affil: L-05404  
Major participating institution for programs in: CBS  
Institution ID: 54-8906 |
| PhenoPath Laboratories |  
551 N 54th St, Suite 110  
Seattle, WA 98103  
Programs sponsored in: SP  
Institution ID: 54-8915 |
| Puget Sound Blood Center |  
Medical Division  
921 Torry Avenue  
Seattle, WA 98104-1356  
Programs sponsored in: BRK  
Institution ID: 54-8912 |
| Swedish Medical Center-Seattle |  
747 Broadway  
Seattle, WA 98102-2407  
Med Sch Affil: M-05404  
Programs sponsored in: FP, FPG, GS  
Major participating institution for programs in: CBS,  
ORR  
Institution ID: 54-8941 |
| Swedish Medical Center/Providence Campus |  
500 17th Avenue  
Seattle, WA 98104-1098  
Med Sch Affil: M-05404  
Major participating institution for programs in: FP  
Institution ID: 54-8940 |
| University of Washington Center on Human Development (CHDD) |  
PO Box 35720  
Seattle, WA 98105-7920  
Major participating institution for programs in: DBP  
Institution ID: 54-8823 |
| University of Washington Medical Center |  
1500 N E Pacific Street, Box 356151  
Seattle, WA 98105-6151  
Med Sch Affil: M-05404  
Major participating institution for programs in: AI,  
AN, APM, CCA, CCM, CD, CHN, CHP, D, DR, EM, END,  
FP, FPG, GS, HEM, IMP, HSO, ICE, ID, IM, MG, N,  
NEP, NM, NP, NPM, NS, OBG, ON, OPH, ORS, OTO, P,  
PAN, PDP, PPB, PS, PVD, RHR, SCI, TS, U, VIR  
Institution ID: 54-8920 |
| University of Washington School of Medicine |  
C-314 HSC, Box 35650  
Seattle, WA 98195-6350  
Med Sch Affil: M-05404  
Programs sponsored in: ADL, ADP, AI, AN, APM, CCA,  
CCM, CUN, CUB, CN, DR, END, FP, FPG, GS, HEM, IMP,  
HSO, ICE, ID, IM, IMG, MG, N, NF, NM, NP, NPM, NS,  
ORR, ORS, OTO, P, PAN, PDP, PPB, PS, PTE, PVD,  
RHR, SCI, TS, U, VIR  
Institution ID: 54-8942 |
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<th>Washington</th>
<th>Teaching Institutions</th>
<th>West Virginia</th>
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<tr>
<td><strong>University of Washington School of Public Health</strong>&lt;br&gt;Dean's Office, Box 357230&lt;br&gt;Seattle, WA 98195-1230&lt;br&gt;Med Sch Affil: L-05404&lt;br&gt;Programs sponsored in: GPM&lt;br&gt;Major participating institution for programs in: GPM&lt;br&gt;Institution ID: 54-6906</td>
<td><strong>Tacoma General Hospital</strong>&lt;br&gt;315 S 8th St&lt;br&gt;P.O. Box 3260&lt;br&gt;Tacoma, WA 98415-0299&lt;br&gt;Med Sch Affil: L-05404&lt;br&gt;Major participating institution for programs in: FP&lt;br&gt;Institution ID: 54-8266</td>
<td><strong>Clarksburg</strong>&lt;br&gt;Louis A Johnson Veterans Affairs Medical Center&lt;br&gt;1 Medical Center Drive&lt;br&gt;Clarksburg, WV 26301-1499&lt;br&gt;Med Sch Affil: G-05501&lt;br&gt;Major participating institution for programs in: GS, OPM, OT, U&lt;br&gt;Institution ID: 55-0749</td>
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<td><strong>VA Puget Sound Health Care System</strong>&lt;br&gt;1660 S Columbian Way&lt;br&gt;Seattle, WA 98106-1067&lt;br&gt;Med Sch Affil: M-05404&lt;br&gt;Major participating institution for programs in: ADP, APM, DR, END, GS, IM, IMG, N, NM, NS, OPH, ORS, OTO, F, PM, PS, PTH, PTG, RHI, RKN, SCI, TS, U, VIB, VS&lt;br&gt;Institution ID: 54-0362</td>
<td><strong>Veterans Affairs Medical Center (Tacoma)</strong>&lt;br&gt;American Lake&lt;br&gt;Tacoma, WA 98403&lt;br&gt;Major participating institution for programs in: IMG&lt;br&gt;Institution ID: 54-8903</td>
<td><strong>United Hospital Center</strong>&lt;br&gt;3 Hospital Plaza&lt;br&gt;PO Box 1690&lt;br&gt;Clarksburg, WV 26302&lt;br&gt;Med Sch Affil: L-05501&lt;br&gt;Programs sponsored in: FP&lt;br&gt;Institution ID: 65-0798</td>
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<td><strong>Virginia Mason Medical Center</strong>&lt;br&gt;1108 8th Avenue&lt;br&gt;Seattle, WA 98101&lt;br&gt;Med Sch Affil: L-05404&lt;br&gt;Programs sponsored in: AN, APM, DR, GS, IM, TY&lt;br&gt;Major participating institution for programs in: FP, U&lt;br&gt;Institution ID: 54-0366</td>
<td><strong>Western State Hospital</strong>&lt;br&gt;9611 Steilacoom Blvd, SW&lt;br&gt;Tacoma, WA 98496-7213&lt;br&gt;Major participating institution for programs in: PPP&lt;br&gt;Institution ID: 54-8914</td>
<td><strong>Huntington</strong>&lt;br&gt;Cabell Huntington Hospital&lt;br&gt;1340 Hal Greer Blvd&lt;br&gt;Huntington, WV 25701&lt;br&gt;Med Sch Affil: M-05502&lt;br&gt;Major participating institution for programs in: CD, END, FP, FPM, GS, IM, OB, PD, PUD&lt;br&gt;Institution ID: 55-0170</td>
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<tr>
<td><strong>Spokane</strong>&lt;br&gt;Deaconess Medical Center&lt;br&gt;West 800 Fifth Ave&lt;br&gt;P.O. Box 298&lt;br&gt;Spokane, WA 99210-0248&lt;br&gt;Med Sch Affil: L-05404&lt;br&gt;Programs sponsored in: TY&lt;br&gt;Major participating institution for programs in: FP, IM&lt;br&gt;Institution ID: 54-8907</td>
<td><strong>Vancouver</strong>&lt;br&gt;Southwest Washington Medical Center&lt;br&gt;P.O. Box 1600&lt;br&gt;Vancouver, WA 98686&lt;br&gt;Med Sch Affil: L-04002&lt;br&gt;Programs sponsored in: FP&lt;br&gt;Institution ID: 54-0806</td>
<td><strong>Marshall University School of Medicine</strong>&lt;br&gt;1600 Medical Center Dr, Suite 3480&lt;br&gt;Huntington, WV 25701-3565&lt;br&gt;Med Sch Affil: M-05502, L-05501&lt;br&gt;Programs sponsored in: CD, END, FP, FPM, GS, IM, MPO, OB, PD, PUD&lt;br&gt;Institution ID: 55-0501</td>
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<td><strong>Inland Empire Hospital Services Association</strong>&lt;br&gt;Sacred Heart Medical Center&lt;br&gt;West 101 Eighth, P.O. Box 2555&lt;br&gt;Spokane, WA 99205-2555&lt;br&gt;Programs sponsored in: DR, FP, IM, TY&lt;br&gt;Institution ID: 54-0316</td>
<td><strong>Yakima</strong>&lt;br&gt;Yakima Regional Medical and Heart Center&lt;br&gt;110 N Ninth Ave&lt;br&gt;Yakima, WA 98902-3267&lt;br&gt;Major participating institution for programs in: FP&lt;br&gt;Institution ID: 54-0210</td>
<td><strong>St Mary's Hospital</strong>&lt;br&gt;200 First Ave&lt;br&gt;Huntington, WV 25701&lt;br&gt;Med Sch Affil: M-05502&lt;br&gt;Major participating institution for programs in: CD, END, GS, IM, MPO, OB/G, PD, PUD&lt;br&gt;Institution ID: 55-0908</td>
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<td><strong>Sacred Heart Medical Center</strong>&lt;br&gt;West 101 Eighth, TAP-C9&lt;br&gt;Spokane, WA 99200&lt;br&gt;Med Sch Affil: M-05404&lt;br&gt;Major participating institution for programs in: DR, FP, IM, P, TY&lt;br&gt;Institution ID: 54-0402</td>
<td><strong>Yakima Valley Memorial Hospital</strong>&lt;br&gt;3811 Tieton Dr&lt;br&gt;Yakima, WA 98902&lt;br&gt;Programs sponsored in: FP&lt;br&gt;Institution ID: 54-0410</td>
<td><strong>Veterans Affairs Medical Center (Huntington)</strong>&lt;br&gt;1540 Spring Valley Drive&lt;br&gt;Huntington, WV 25704&lt;br&gt;Med Sch Affil: M-05502&lt;br&gt;Major participating institution for programs in: CD, END, GS, IM, MPO, OB/G, PD, PUD&lt;br&gt;Institution ID: 55-0742</td>
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<td><strong>Shriners Hospitals for Children (Spokane)</strong>&lt;br&gt;911 W Fifth Avenue&lt;br&gt;P.O. Box 2472&lt;br&gt;Spokane, WA 99210-2472&lt;br&gt;Programs sponsored in: ORS&lt;br&gt;Institution ID: 54-0198</td>
<td><strong>West Virginia</strong>&lt;br&gt;Buckhannon&lt;br&gt;<strong>St Joseph's Hospital</strong>&lt;br&gt;Amalia Drive&lt;br&gt;Buckhannon, WV 26201-2222&lt;br&gt;Major participating institution for programs in: NR&lt;br&gt;Institution ID: 55-8917</td>
<td><strong>Martinsburg</strong>&lt;br&gt;<strong>Charleston</strong>&lt;br&gt;Charleston Area Medical Center/West Virginia University&lt;br&gt;1310 MacCorkle Ave SE&lt;br&gt;Room 3045, WVU Bldg&lt;br&gt;Charleston, WV 25304&lt;br&gt;Med Sch Affil: M-05501, G-05502&lt;br&gt;Programs sponsored in: FP, GS, IM, MP, MPO, OB/G, PD&lt;br&gt;Institution ID: 55-6931</td>
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<tr>
<td><strong>Tacoma</strong>&lt;br&gt;Madigan Army Medical Center&lt;br&gt;Attn: MCHQ-DC&lt;br&gt;Tacoma, WA 98441&lt;br&gt;Med Sch Affil: M-05404, M-02312, L-04002&lt;br&gt;Programs sponsored in: DRP, DR, EM, FP, GPM, GS, IM, IMG, N, OPH, ORS, OTO, PD, PTH, PTG, RHI, RKN, SCI, TS, U, VIB, VS&lt;br&gt;Institution ID: 54-0393</td>
<td><strong>Charleston</strong>&lt;br&gt;Charleston Area Medical Center/West Virginia University&lt;br&gt;1310 MacCorkle Ave SE&lt;br&gt;Room 3045, WVU Bldg&lt;br&gt;Charleston, WV 25304&lt;br&gt;Med Sch Affil: M-05501, G-05502&lt;br&gt;Programs sponsored in: FP, GS, IM, MP, MPO, OB/G, PD&lt;br&gt;Institution ID: 55-0350</td>
<td><strong>Veterans Affairs Medical Center (Martinsburg)</strong>&lt;br&gt;State Route 9&lt;br&gt;Martinsburg, WV 25401&lt;br&gt;Med Sch Affil: G-01001, G-05501&lt;br&gt;Major participating institution for programs in: FP, OPH&lt;br&gt;Institution ID: 55-6210</td>
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<tr>
<td><strong>MultiCare Medical Center</strong>&lt;br&gt;P.O. Box 5369&lt;br&gt;Tacoma, WA 98415&lt;br&gt;Programs sponsored in: FP&lt;br&gt;Institution ID: 54-9013</td>
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</table>
Menomonie

Myrtle Werth Medical Center
2231 Street Road
Menomonie, WI 54751
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution ID: 56-8922

Milwaukee

Aurora Health Care
3000 W Montana Avenue
Milwaukee, WI 53215
Programs sponsored in: CD, DR, FP, GE, IC, ICE, IM, IMG, OBG, TY
Institution ID: 56-8926

Aurora Sinai Medical Center
945 N 12th Street
PO Box 342
Milwaukee, WI 53201
Med Sch Affil: M-05606, G-05606
Major participating institution for programs in: CD, GE, IC, ICE, IM, IMG, OBG
Institution ID: 56-9303

Blood Center of Southeastern Wisconsin
PO Box 2178
Milwaukee, WI 53201-2178
Med Sch Affil: G-05606
Major participating institution for programs in: BBK
Institution ID: 56-9378

Children's Hospital of Wisconsin
3000 W Wisconsin Avenue
PO Box 1997
Milwaukee, WI 53201
Med Sch Affil: M-05606, L-05606
Major participating institution for programs in: AI, BBR, CCF, CKS, CIN, CD, DR, END, GE, GS, HO, ID, IM, IMG, MN, MOMP, N, NEP, NM, NPM, NS, OBG, OTO, P, PPN, PCC, PDP, PDR, PDR, DSM, PS, PFP, PFP, PFP
Institution ID: 56-0237

Clement J Zablocki Veterans Affairs Medical Center
5000 West National Avenue
Milwaukee, WI 53295
Med Sch Affil: M-05606
Major participating institution for programs in: AI, AN, CD, CHN, CN, D, DR, END, GE, GS, HO, ID, IM, IMG, MN, MOMP, N, NEP, NM, NPM, NS, OBG, OTO, P, PCC, PFP, PM, PS, PTH, RII, RO, SCI, TS, U, VIR
Institution ID: 56-0354

Columbia Hospital
2025 E Newport Ave
Milwaukee, WI 53211
Med Sch Affil: M-05606
Major participating institution for programs in: FP, GS, P
Institution ID: 56-0433

 Froedtert Memorial Lutheran Hospital
6200 West Wisconsin Ave
Milwaukee, WI 53226
Med Sch Affil: M-05606
Major participating institution for programs in: AI, AN, APM, BBR, CCA, CCS, CD, CKS, CHN, CN, D, DR, EM, END, GE, GS, GSM, HSP, ID, IM, IMG, MN, MOMP, N, NEP, NM, NPM, NS, OBG, OTO, P, PCC, PDP, PPM, PT, RII, RNI, RO, TS, U, VIR
Institution ID: 56-0788

Medical College of Wisconsin
8701 W Watertown Plank Rd
Milwaukee, WI 53226
Major participating institution for programs in: GPM
Institution ID: 56-0461

Medical College of Wisconsin Affiliated Hospitals, Inc
8701 Watertown Plank Road
Milwaukee, WI 53226
Programs sponsored in: AI, AN, APM, BBR, CCA, CCF, CCS, CD, CKS, CHN, CN, D, DR, EM, END, FOP, FPP, FP, FPP, FSM, GR, GPM, GR, HSP, HO, HSP, ID, IM, IMG, MN, MN, MN, N, NEP, NM, NPM, NS, OBG, OTO, P, PPN, PCC, PDP, PDR, PDR, PDR, DSM, PS, PFP, PFP, PFP
Institution ID: 56-0441

Milwaukee County Behavioral Health Division
4945 Watertown Plank Rd
Milwaukee, WI 53226
Med Sch Affil: M-05606
Major participating institution for programs in: CHIP, P
Institution ID: 56-0146

Milwaukee County Medical Examiners Office
933 West Highland Avenue
Milwaukee, WI 53223
Major participating institution for programs in: FOP
Institution ID: 56-0916

St Joseph Regional Medical Center
5000 W Chambers St
Milwaukee, WI 53210
Med Sch Affil: M-05606
Programs sponsored in: DR, TY
Major participating institution for programs in: GR, ID, OBG
Institution ID: 56-0570

St Luke's Medical Center
2900 W Oklahoma Ave
Milwaukee, WI 53215
Med Sch Affil: M-05606, G-05606
Major participating institution for programs in: DR, END, FF, ICE, MPM, OBG, PM, TY
Institution ID: 56-0837

St Mary's Hospital (Milwaukee)
2283 North Lake Drive
Milwaukee, WI 53211-6028
Med Sch Affil: M-05606
Major participating institution for programs in: FP, OBG
Institution ID: 56-0167

St Michael Hospital
3400 W Villard Avenue
Milwaukee, WI 53209
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution ID: 56-0190

Prairie du Chien Hospital
705 East Taylor Street
Prairie du Chien, WI 53821
Major participating institution for programs in: FP
Institution ID: 56-0835

Wisconsin

Racine

All Saints Healthcare System (St Luke's Memorial Hospital)
3801 Spring Street
Racine, WI 53405
Major participating institution for programs in: FP
Institution ID: 56-8928

All Saints Healthcare System (St Mary's Medical Center)
3801 Spring Street
Racine, WI 53405
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution ID: 56-8927

Waukesha

Waukesha Memorial Hospital
725 American Ave
Waukesha, WI 53188
Med Sch Affil: G-05606
Major participating institution for programs in: FP, PTH
Institution ID: 56-6722

Wausau

Wausau Hospital
333 Pine Ridge Blvd
Wausau, WI 54401
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution ID: 56-6111

Wauwatosa

Aurora Psychiatric Hospital
1220 Dewey Ave
Wauwatosa, WI 53213
Major participating institution for programs in: CHIP
Institution ID: 56-0400

Wyoming

Casper

Wyoming Medical Center
1330 E 2nd St
Casper, WY 82001
Major participating institution for programs in: FP
Institution ID: 57-6109

Cheyenne

United Medical Center
300 E 23nd St
Cheyenne, WY 82001
Major participating institution for programs in: FP
Institution ID: 57-6106

Veterans Affairs Center
2360 E Pershing Blvd
Cheyenne, WY 82001-5382
Major participating institution for programs in: FP
Institution ID: 57-6091
Laramie

University of Wyoming College of Health Sciences
Box 3432
Laramie, WY 82071-3432
Programs sponsored in: FP
Institution ID: 57-9501
Combined specialty programs in two or more specialties are approved by each respective specialty board; resident physicians completing these programs are eligible for board certification. The Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees do not accredit combined programs; instead, they separately accredit the core specialty programs that form the combined program. In 2001, the ACGME began to list all active combined programs in its accreditation database and on its Web site (www.acgme.org); program information is also available via the AMA's FREIDA Online Web site at www.ama-assn.org/go/freida. Requests for information about the guidelines for these programs should be directed to the specialty boards at the addresses listed in Appendix B. Applicants to combined specialty programs are encouraged to review requirements for admission to the certification process of each board, also listed in Appendix B.

### Diagnostic Radiology/Nuclear Medicine

The American Board of Radiology (ABR) and the American Board of Nuclear Medicine (ABNM) offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both boards and successfully passed the certifying examination of both boards.

To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include a) a preparatory clinical year in an ACGME-accredited program and b) 4 years of education in an ACGME-accredited diagnostic radiology program that includes 6 months of nuclear medicine training, followed by c) 1 year of education in a combined nuclear medicine and nuclear radiology program. Certifying examinations of each board cannot be taken until all required years of training in both specialties are satisfactorily completed.

### Internal Medicine/Dermatology

The American Board of Internal Medicine and the American Board of Dermatology offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency consists of 5 years of balanced education in the two disciplines. It is strongly recommended that the participating residencies be in the same academic health center.

To be eligible for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The certifying examinations cannot be taken until all 5 years are completed.

### Internal Medicine/Emergency Medicine

The American Board of Internal Medicine and the American Board of Emergency Medicine offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency consists of 5 years of balanced education in the two disciplines. It is strongly recommended that the participating residencies be in the same academic health center.

To be eligible for dual certification, the resident must satisfactorily complete 00 months of combined education, which must be verified by the directors of both programs. The certifying examinations cannot be taken until all 5 years are completed.

### Internal Medicine/Emergency Medicine/Critical Care Medicine

The American Board of Internal Medicine and the American Board of Emergency Medicine offer triple certification for candidates who complete a 6-year (72-month) integrated, coherent program of combined training in internal medicine, emergency medicine, and critical care medicine, approved by both boards.

Upon successful completion and verification of the first 5 years of this program, candidates may apply to take the certification exami-
nations in internal medicine and emergency medicine. To meet eligibility for certification in critical care medicine, the candidate must: 1) have satisfactorily completed the 6-year combined program; 2) be certified by the American Board of Internal Medicine; and 3) have met the certification requirements of the American Board of Emergency Medicine.

**Internal Medicine/Family Practice**
The American Board of Internal Medicine and the American Board of Family Practice offer dual certification for candidates who have satisfactorily completed 4 years of combined training in programs approved by both boards.

To be eligible for dual certification, combined residency training in internal medicine and family practice must include at least 48 months of balanced education in the two disciplines and be verified by the training director(s) of the program. The written certifying examinations cannot be taken until all required years in both specialties are completed.

**Internal Medicine/Medical Genetics**
The American Board of Internal Medicine and the American Board of Medical Genetics have approved a pathway leading to admissibility to the certification processes in internal medicine and medical genetics for candidates who have satisfactorily completed 5 years of combined training in internal medicine and medical genetics in an approved training track, beginning with a GYI in internal medicine. Such training, which must be verified by the program directors of both specialties, is intended to provide educational and practical experiences in each discipline that are equivalent to those in the training programs of the parent specialties.

This combined residency training must be conducted in the same institution and its affiliated hospitals. There should be no interruption in training.

**Internal Medicine/Neurology**
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed 5 years of combined training suitable to both boards. A combined residency in internal medicine and neurology must include at least 5 years of coherent education integral to residencies in the two disciplines. It is strongly recommended that the participating residencies be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until required training in a specialty has been satisfactorily completed. The certifying examination in internal medicine cannot be taken prior to the fall of the fifth year in the combined program.

**Internal Medicine/Nuclear Medicine**
The American Board of Internal Medicine and the American Board of Nuclear Medicine offer dual certification in internal medicine and nuclear medicine. A combined residency must include at least 5 years of coherent training integral to residencies in the two disciplines. Participating residencies must be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until all required years in both specialties are satisfactorily completed.

**Internal Medicine/Pediatrics**
The American Board of Internal Medicine and the American Board of Pediatrics offer dual certification in internal medicine and pediatrics. A combined residency must include at least 2 years in each specialty, for a total of 4 years of coherent training integral to residencies in the two disciplines. The participating residencies should be in the same academic health center. Continuity clinics in each specialty should be provided throughout the 4 years.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 48 months of combined education, and clinical competence in both specialties must be verified by the directors of both programs. The certifying examinations cannot be taken until all required years in both specialties are satisfactorily completed.

**Internal Medicine/Physical Medicine and Rehabilitation**
The American Board of Internal Medicine and the American Board of Physical Medicine and Rehabilitation offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency must include at least 5 years of coherent training integral to residencies in the two disciplines. It is strongly recommended that the participating residencies be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until required training in a specialty has been satisfactorily completed. The certifying examination in internal medicine cannot be taken prior to the fall of the fifth year in the combined program.

**Internal Medicine/Preventive Medicine**
The American Board of Internal Medicine (ABIM) and the American Board of Preventive Medicine (ABPM) offer dual certification for candidates who have completed a minimum of 4 years of accredited training in combined internal medicine/preventive medicine programs that meet the Guidelines for Combined Internal Medicine-Preventive Medicine Residency Training Programs approved by ABPM and ABIM. In addition to satisfactory completion of the combined training programs, applicants for the ABPM certifying examination must have completed the required year of preventive medicine practice to qualify.

**Internal Medicine/Psychiatry**
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology offer dual certification in internal medicine and psychiatry. A combined residency must include at least 5 years of coherent education integral to residencies in the two disciplines. Participating residencies must be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until all required years of training in both specialties are satisfactorily completed.

**Neurology/Nuclear Medicine**
The American Board of Psychiatry and Neurology and the American Board of Nuclear Medicine offer dual certification in neurology and nuclear medicine. A combined residency must include 5 years of combined education. It is strongly recommended that the participating residencies be in the same institution.

To qualify for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the respective directors of both programs. The written certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed.
Neurology/Physical Medicine and Rehabilitation
The American Board of Psychiatry and Neurology and the American Board of Physical Medicine and Rehabilitation offer dual certification in neurology and physical medicine and rehabilitation. A combined residency must include 5 years of combined education. This combined training must follow a year in a residency program that meets the requirements for neurology and should be completed in the same institution. All required years in both specialties must be satisfactorily completed prior to admission to the certifying examinations of each board.

Neurology/Diagnostic Radiology/Neuroradiology
The American Board of Psychiatry and Neurology and the American Board of Radiology offer certification in neurology, diagnostic radiology, and neuroradiology. The combined residency must include at least 7 years of coherent training integral to all three residencies. It is recommended that the participating residencies be in the same academic health center.

To meet eligibility requirements for triple certification, the resident must satisfactorily complete 84 months of combined training, which must be verified by the directors of each program. Lacking verification of acceptable clinical competence in the combined program, the resident must satisfactorily complete the standard length of residency training and all other requirements before each certifying examination may be taken. Applicants may not take the certifying examination until all required years of training have been completed. In order to be eligible for the neuroradiology exam, a resident must have completed certification in both diagnostic radiology and neurology.

Pediatrics/Dermatology
The American Board of Pediatrics and the American Board of Dermatology offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Emergency Medicine
The American Board of Pediatrics and the American Board of Emergency Medicine offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Medical Genetics
The American Board of Pediatrics and the American Board of Medical Genetics offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Physical Medicine and Rehabilitation
The American Board of Pediatrics and the American Board of Physical Medicine and Rehabilitation permit applicants interested in pediatric rehabilitation to qualify for admission to the certifying examinations of both boards by completing a 5-year combined program. All 5 years should be completed at one academic institution; exceptions must be approved in advance by both boards.

Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Psychiatry/Child and Adolescent Psychiatry
The American Board of Pediatrics, the American Board of Psychiatry and Neurology, and the Committee on Certification in Child and Adolescent Psychiatry have developed a committee that is overseeing training via a different format. This is a 5-year curriculum with 24 months of pediatrics, 18 months of adult psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirement for certification in all three areas. Applicants pursuing training in these programs may not take the certifying examinations until all training has been completed. Credit for training via this route may be obtained only by training in one of these programs.

Psychiatry/Family Practice
The American Board of Family Practice and the American Board of Psychiatry and Neurology offer dual certification in family practice and psychiatry. A combined residency in family practice and psychiatry must include at least 5 years of coherent training integral to residencies in the two disciplines. It is required that the combined training be under the aegis of the same academic institution.

To meet eligibility for dual certification, the resident must satisfactorily complete 60 months of combined training, which must be verified by the directors of both programs. The certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed.

Psychiatry/Neurology
The American Board of Psychiatry and Neurology has established guidelines for combined training in psychiatry and neurology. A combined residency must include one postgraduate year (PGY1) of training that is acceptable to neurology plus a minimum of 5 years of combined residency training. The 5 years of residency training are usually taken at one approved institution but may be taken at no more than two approved institutions.
Combined Specialty Programs in Internal Medicine/ Dermatology

Internal Medicine/ Dermatology

Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans Veterans Affairs Medical Center (New Orleans)
Program Director: Lee T Nesbitt Jr, MD
Dayton W Daberkow II, MD
Louisiana State Univ Med Ctr
1542 Tulane Ave
New Orleans, LA 70112-2822
Tel: 504 568-4600 Fax: 504 568-2170
Accred Length: 5 Yrs Program Size: 1
Program ID: 706-54-44-004

Wisconsin

Madison

University of Wisconsin Program
Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Program Director: George Reizner, MD
Bennett Vogelman, MD
One South Park St/7th Fl
Madison, WI 53715
Tel: 608 263-2020 Fax: 608 263-2676
E-mail: running@dermatology.wisc.edu
Accred Length: 5 Yrs Program Size: 2
Program ID: 706-54-44-004

New York

Stony Brook

SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook Veterans Affairs Medical Center (Northport)
Program Director: Richard Barnett, MD
Richard Clark, MD
Stony Brook Univ Hosp
HSC T16-62
Stony Brook, NY 11794-8140
Tel: 631 444-5665 Fax: 631 444-2493
E-mail: impr@notes.cc.sunysb.edu
Accred Length: 5 Yrs Program Size: 2
Program ID: 785-35-44-003

Pennsylvania

Philadelphia

University of Pennsylvania Program
Sponsor: University of Pennsylvania Health System Children's Hospital of Philadelphia
Presbyterian Medical Center (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Program Director: Lisa Bellini, MD
Victoria Werth, MD
Univ of Pennsylvania
2 Rhoads Pavilion
3600 Spruce St
Philadelphia, PA 19104
Tel: 215 662-2707 Fax: 215 349-8835
Accred Length: 5 Yrs Program Size: 2
Program ID: 785-41-44-002

Internal Medicine/ Emergency Medicine

California

Sylmar

UCLA Medical Center Program
Sponsor: Olive View/UCLA Medical Center
Program Director: Pamela Dyne, MD
Sona Wall, MD
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Lee T Nesbitt Jr, MD
Dayton W Daberkow II, MD
Louisiana State Univ Med Ctr
1542 Tulane Ave
New Orleans, LA 70112-2822
Tel: 504 568-4600 Fax: 504 568-2170
Accred Length: 5 Yrs Program Size: 1
Program ID: 706-54-44-004

Delaware

Wilmington

Christiana Care Health Services Program
Sponsor: Christiana Care Health Services Inc
Program Director: Charles L Rees IV, MD
Christiana Care Hill System
Emergency Med Int Med Pgm
4755 Ogletown-Stanton Rd
Newark, DE 19718-6001
Tel: 302 733-1840 Fax: 302 733-1833
E-mail: creese@christianacare.org
Accred Length: 5 Yrs Program Size: 15
Program ID: 706-54-44-010

Illinois

Chicago

University of Illinois College of Medicine at Chicago Program
Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Program Director: Thomas Eiseman, MD
Univ of Illinois-Chicago
848 S Wood St/Rm 470
MC 724
Chicago, IL 60612
Tel: 312 996-5719 Fax: 312 413-0259
E-mail: teiseman@uic.edu
Accred Length: 5 Yrs Program Size: 10
Program ID: 706-16-44-012
Louisiana

New Orleans

Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Program Director: Dayan W Daberkow, MD
Jorge Martinez, MD
Charity Hosp LSU
1642 Tulane Ave
Box 447
New Orleans, LA 70112-3922
Tel: 504 588-4800  Fax: 504 588-7885
E-mail: rgchein@lsuhsc.edu
Accred Length: 5 Yrs  Program Size: 9
Program ID: 705-51-44-015

Maryland

Baltimore

University of Maryland Program
Sponsor: University of Maryland Medical System
Mercy Medical Center
Program Director: Amal Matta, MD
Susan D Ovalle, MD
Univ of Maryland Med Ctr
Dept of Emergency Med
410 W Redwood St Ste 389
Baltimore, MD 21201
Tel: 410 328-8025  Fax: 410 328-8028
E-mail: emermed@umm.edu
Accred Length: 5 Yrs  Program Size: 10
Program ID: 705-20-44-014

Michigan

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Usamaa Mossallam, MD
Eric Scher
Emergency Med/Int Med Pgm
Henry Ford Hosp
2790 W Grand Blvd CFP-2
Detroit, MI 48202-2689
Tel: 313 916-1503  Fax: 313 916-7457
E-mail: umosallam@hfhs.org
Accred Length: 5 Yrs  Program Size: 10
Program ID: 705-20-44-003

New York

Brooklyn

SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Program Director: Stephen Rinnert, MD
Jeanne Maerue
SUNY Downstate Med Ctr
450 Clarkson Ave
Brooklyn, NY 11203-2086
Tel: 718 245-3320  Fax: 718 245-4789
E-mail: sunybkdlynems@msn.com
Accred Length: 5 Yrs  Program Size: 8
Program ID: 705-38-44-018

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program
Sponsor: Long Island Jewish Medical Center
Program Director: Kamar Alalouf, MD
Long Island Jewish Med Ctr
270-05 76th Ave
New Hyde Park, NY 11040
Tel: 718 470-7873  Fax: 718 962-7728
E-mail: foid@ej.edu
Accred Length: 5 Yrs  Program Size: 10
Program ID: 705-51-44-001

North Carolina

Greenville

Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Program Director: Joseph Shiber, MD
East Carolina Univ
Brody Sch of Med Brody 4F35
600 Moye Blvd
Greenville, NC 27858-4954
Tel: 252 744-2864  Fax: 252 744-5989
E-mail: shiberj@mail.ecu.edu
Accred Length: 5 Yrs  Program Size: 0
Program ID: 705-35-44-013

Pennsylvania

Pittsburgh

Allegheny General Hospital Program
Sponsor: Allegheny General Hospital
Program Director: Dennis P Hochon, MD
Allegheny General Hosp
Dept of Med
320 E North Ave
Pittsburgh, PA 15212-0686
Tel: 412 395-4965  Fax: 412 395-4963
E-mail: cadetlasiwpahs.org
Accred Length: 5 Yrs  Program Size: 10
Program ID: 705-41-44-006

Internal Medicine/Emergency Medicine/Critical Care Medicine

Michigan

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Program Director: Usamaa Mossallam, MD
John Buckely, MD
Henry Ford Hosp
2790 W Grand Blvd
Detroit, MI 48202-2689
Tel: 313 916-1503  Fax: 313 916-7457
E-mail: umosallam@hfhs.org
Accred Length: 5 Yrs  Program Size: 10
Program ID: 705-20-44-014
Combined Specialty Programs in Internal Medicine/Family Practice

**Internal Medicine/Family Practice**

**California**

**Fresno**

University of California (San Francisco)/Fresno Program  
Sponsor: UCSF-Fresno Medical Education Program  
Program Director: Paul Goebel, MD  
John Zweifler, MD  
Internal Med Ctr  
445 S Cedar Ave  
Fresno, CA 93702  
Tel: 559 459-5705  
Fax: 559 459-4443  
Accred Length: 4 Yrs  
Program Size: 0  
Program ID: 740-38-44-004

**Indiana**

**Indianapolis**

St Vincent Hospital Program  
Sponsor: St Vincent Hospital and Health Care Center  
Program Director: Robert M Lubitz, MD, MPH  
Judith A Monroe, MD  
St Vincent Hosp  
2001 W 86th St/SUN  
Indianapolis, IN 46260  
Tel: 317 338-2172  
Fax: 317 338-6359  
E-mail: jenneroll@stvincent.org  
Accred Length: 4 Yrs  
Program Size: 4  
Program ID: 740-17-44-008

**Louisiana**

**New Orleans**

Ochsner Clinic Foundation Program  
Sponsor: Ochsner Clinic Foundation  
Leonard J Chabert Medical Center  
Program Director: Stephen C Hamburger, MD  
Andrew Schectman, MD  
Ochsner Clinic Foundation  
Grad Med Ed  
1514 Jefferson Hwy  
New Orleans, LA 70121  
Tel: 504 842-8200  
Fax: 504 842-9183  
E-mail: gme@ochsner.org  
Accred Length: 4 Yrs  
Program Size: 1  
Program ID: 740-38-44-002

**Ohio**

**Cleveland**

Case Western Reserve University  
(MetroHealth) Program  
Sponsor: MetroHealth Medical Center  
Program Director: Michael J McFarlane, MD  
Christine A Alexander, MD  
MetroHealth Med Ctr  
2500 MetroHealth Dr  
Cleveland, OH 44109-1998  
Tel: 216 778-3886  
Fax: 216 778-5823  
E-mail: medres@metrohealth.org  
Accred Length: 4 Yrs  
Program Size: 0  
Program ID: 740-38-44-004

**Virginia**

**Norfolk**

Eastern Virginia Medical School Program  
Sponsor: Eastern Virginia Medical School  
Sentara Norfolk General Hospital  
Program Director: James G Dixon, MD, MS  
Eastern Virginia Med Sch  
Dept of Internal Med  
825 Fairfax Ave  
Norfolk, VA 23507-1912  
Tel: 757 446-7356  
Fax: 757 446-5342  
E-mail: brennalm@evmsmail.evms.edu  
Accred Length: 4 Yrs  
Program Size: 13  
Program ID: 740-31-44-001

**Internal Medicine/Medical Genetics**

**Ohio**

**Cleveland**

Case Western Reserve University/  
University Hospitals of Cleveland  
Program  
Sponsor: University Hospitals of Cleveland  
MetroHealth Medical Center  
Veterans Affairs Medical Center (Cleveland)  
Program Director: Keith B Armitage, MD  
Arthur Zinn, MD  
Univ Hosp of Cleveland  
Cleveland, OH 44106  
Tel: 216 844-3886  
Fax: 216 844-7497  
E-mail: arthur.zinn@uhhs.com  
Accred Length: 3 Yrs  
Program Size: 0  
Program ID: 766-38-44-001

Graduate Medical Education Directory 2004-2005
Internal Medicine/Neurology

Arizona

Tucson
University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Program Director: David M Laber, MD
Richard M Mandel, MD
Univ of Arizona Hlth Sciences Ctr
1501 N Campbell Ave
PO Box 240523
Tucson, AZ 85724-5023
Tel: 520 626-3000 Fax: 520 626-2111
E-mail: labernd@arizona.edu
Accred Length: 5 Yrs Program Size: 2
Program ID: 745-05-44-010

California

Los Angeles
University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Program Director: Leslie P Weiner, MD
Univ of Southern California Sch of Med
1975 Zonal Ave/RAM 410
Los Angeles, CA 90033
Tel: 323 442-3015 Fax: 323 442-3015
E-mail: subueno@usc.edu
Accred Length: 5 Yrs Program Size: 6
Program ID: 745-05-44-006

Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Richard L Roudebush Veterans Affairs Medical Center
William N Wobard Memorial Hospital
Program Director: Jose Biller, MD
Indiana Univ Sch of Med
Dept of Neurology
545 Barnhill Dr EH 125
Indianapolis, IN 46202-5124
Tel: 317 274-2384 Fax: 317 274-2384
E-mail: neuromed@iuui.edu
Accred Length: 5 Yrs Program Size: 5
Program ID: 745-17-44-009

Louisiana

New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Program Director: Anne L Foutz, MD
Jeffrey Weis, MD
Tulane Univ Hlth Sci Ctr
Dept of Neurology TB-52
1430 Tulane Ave(6th Fl)
New Orleans, LA 70112-2689
Tel: 504 588-2581 Fax: 504 588-3865
E-mail: dranne@tulane.edu
Accred Length: 5 Yrs Program Size: 5
Program ID: 745-21-44-005

West Virginia

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Laurie Gutmann, MD
Michelle Nuss, MD
West Virginia Univ Neurology Dept
Robert C Byrd Hlth Sci Ctr
PO Box 9180
Morgantown, WV 26506-9180
Tel: 304 293-3242 Fax: 304 293-3252
E-mail: mgutmann@hsc.wvu.edu
Accred Length: 5 Yrs Program Size: 5
Program ID: 745-55-44-002

Wisconsin

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Program Director: James M Cerletty, MD
Wendy Larson, MD
Med Coll of Wisconsin
Dept of Neurology
9200 W Wisconsin Ave Ste E4174
Milwaukee, WI 53226
Tel: 414 454-5092 Fax: 414 265-0469
E-mail: icnmew@mcw.edu
Accred Length: 5 Yrs Program Size: 6
Program ID: 745-36-44-016

New York

Stony Brook
SUNY at Stony Brook Program
Sponsor: University Hospital - SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Program Director: Mark A Kaufman, MD
William Wertheim, MD
SUNY Stony Brook
453 T16 Rm 050
Stony Brook, NY 11794-8121
Tel: 631 444-7878 Fax: 631 444-1474
Accred Length: 5 Yrs Program Size: 7
Program ID: 745-35-44-004

Tennessee

Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Program Director: James B Lewis Jr, MD
Michael Jacewicz, MD
Univ of Tennessee
Med Educ Office
482 Jefferson Ave/Ste E4174
Memphis, TN 38103
Tel: 901 448-5704 Fax: 901 448-7836
E-mail: kconlee@utmem.edu
immcw@mcw.edu
Accred Length: 5 Yrs Program Size: 9
Program ID: 745-47-44-014
Internal Medicine/Pediatrics

Alabama

Birmingham

University of Alabama Medical Center Program
Sponsor: University of Alabama Hospital
Program Director: Dean S Miner, MD
Raymond G Watts, MD
Univ of Alabama at Birmingham
1600 7th Ave S
604 ACC
Birmingham, AL 35233-001
Tel: 205-345-5004 Fax: 205-816-0977
E-mail: usabid@peds.uaal.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-01-44-115

Mobile

University of South Alabama Program
Sponsor: University of South Alabama Hospitals
Program Director: Franklin Trimm, MD
John B Bass Jr, MD
Univ of South Alabama
Med Peds Residency Pgm
2451 Fillingham St MST 400L
Mobile, AL 36617
Tel: 251-471-7891 Fax: 251-471-1291
E-mail: pgpeds@usatcab.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-01-44-085

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program
Sponsor: University Hospital of Arkansas
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
Program Director: Robert W Brubaker, MD
Gordon E Schiebler, MD
Univ of Arkansas for Med Sci
Int Med Res Office #434
4301 W Markham St
Little Rock, AR 72205-7199
Tel: 501 686-5162 Fax: 501 686-8188
E-mail: rimresident@uams.edu
Accred Length: 4 Yrs Program Size: 19
Program ID: 700-04-44-002

California

Loma Linda

Loma Linda University Program
Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Program Director: Francis D Chan, MD
Francis Chan, MD
Loma Linda Univ Med Ctr
11175 Campus St/Run A1111 CP
Loma Linda, CA 92354
Tel: 909 558-4174 Fax: 909 558-4184
E-mail: fchan@ahs.limu.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-093

Los Angeles

Cedars-Sinai Medical Center Program
Sponsor: Cedars-Sinai Medical Center
Program Director: Brian D Kan, MD, MS
Cedars Sinai Med Ctr
Med Ped Combined Pgm
8700 Beverly Blvd/Rm 4400
Los Angeles, CA 90048
Tel: 310 423-4760 Fax: 310 423-0145
E-mail: lisa.payne@csa.org
Accred Length: 4 Yrs Program Size: 12
Program ID: 700-05-44-004

UCLA Medical Center Program
Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Program Director: Alice Koo, MD
Jodi K Friedman, MD
UCLA Med Ctr
10465 Le Conte Ave
Ste 1401
Los Angeles, CA 90095-6839
Tel: 310 825-8042 Fax: 310 206-3180
E-mail: akoo@med.ucla.edu
Accred Length: 4 Yrs Program Size: 0
Program ID: 700-05-44-130

UCLA

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Program Director: Lawrence M Opas, MD
Ron Ben-Ari, MD
Los Angeles County-USC Med Ctr
Women & Children's Hosp
1240 N Mission Rd/Rm 1.02
Los Angeles, CA 90033-1064
Tel: 213 266-6700 Fax: 213 226-4380
E-mail: clovd@usc.edu
Accred Length: 4 Yrs Program Size: 24
Program ID: 700-05-44-005

San Diego

University of California (San Diego) Program
Sponsor: University of California (San Diego) Medical Center
Program Director: Lori J Wun, MD
UCSD Med Ctr
Combined Med Peds
200 W Arbor Dr/1425
San Diego, CA 92103-8435
Tel: 619 543-0273 Fax: 619 543-6529
E-mail: sbhsherman@ucsd.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-090

Connecticut

Bridgeport

Yale University (Bridgeport) Program
Sponsor: Bridgeport Hospital
Program Director: Michael B Smith, MD
Bridgeport Hosp
207 Trunk St
Bridgeport, CT 06610-2570
Tel: 203 594-3405 Fax: 203 594-3910
E-mail: medpeds@bpthosp.org
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-005

Farmington

University of Connecticut School of Medicine Program
Sponsor: University of Connecticut School of Medicine
Program Director: Jacqueline Nissen, MD
John Dempsey Hosp
253 Farmington Ave
Farmington, CT 06080-1235
Tel: 860 679-4658 Fax: 860 679-4613
E-mail: handel@exchange.uchc.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-05-44-114

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Stephen J Huot, MD, PhD
M S Moyer, MD
Yale Univ Sch of Med
PO Box 20696
New Haven, CT 06520-8066
Tel: 203 785-7941 Fax: 203 785-3022
E-mail: marysarah.chan@yale.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-123

Arizona

Phoenix

Maricopa Medical Center Program
Sponsor: Maricopa Medical Center
Phoenix Children's Hospital
Program Director: Steven S Simmons, MD
Phoe Pham, MD
Maricopa Med Ctr
2601 E Roosevelt/Rm 0-D-10
Dept of Med Pediatrics
Phoenix, AZ 85008
Tel: 602 344-1218 Fax: 602 344-1488
E-mail: karen.boettcher@medprovcoors.com
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-03-44-094

Phoenix Hospitals Program
Sponsor: Banner Good Samaritan Medical Center
Maricopa Medical Center
Phoenix Children's Hospital
Program Director: Donna L Holland, MD
Good Samaritan Regional Med Ctr
Dept of Med
1111 E McDowell Rd
Phoenix, AZ 85006
Tel: 602 546-0754 Fax: 602 546-0806
E-mail: dspholland@phoenixchildrens.com
Accred Length: 4 Yrs Program Size: 23
Program ID: 700-03-44-081

University of Southern California/LAC+USC Medical Center Program
Sponsor: University of Southern California/LAC+USC Medical Center
LAC + USC Medical Center
Program Director: Lawrence M Opas, MD
Ron Ben-Ari, MD
Los Angeles County-USC Med Ctr
Women & Children's Hosp
1240 N Mission Rd/Rm 1.02
Los Angeles, CA 90033-1064
Tel: 213 266-6700 Fax: 213 226-4380
E-mail: clovd@usc.edu
Accred Length: 4 Yrs Program Size: 24
Program ID: 700-05-44-005

San Diego

University of California (San Diego) Medical Center
Program Director: Lori J Wun, MD
UCSD Med Ctr
Combined Med Peds
200 W Arbor Dr/1425
San Diego, CA 92103-8435
Tel: 619 543-0273 Fax: 619 543-6529
E-mail: sbhsherman@ucsd.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-090

Connecticut

Bridgeport

Yale University (Bridgeport) Program
Sponsor: Bridgeport Hospital
Program Director: Michael B Smith, MD
Bridgeport Hosp
207 Trunk St
Bridgeport, CT 06610-2570
Tel: 203 594-3405 Fax: 203 594-3910
E-mail: medpeds@bpthosp.org
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-005

Farmington

University of Connecticut School of Medicine Program
Sponsor: University of Connecticut School of Medicine
Program Director: Jacqueline Nissen, MD
John Dempsey Hosp
253 Farmington Ave
Farmington, CT 06080-1235
Tel: 860 679-4658 Fax: 860 679-4613
E-mail: handel@exchange.uchc.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-05-44-114

New Haven

Yale-New Haven Medical Center Program
Sponsor: Yale-New Haven Hospital
Program Director: Stephen J Huot, MD, PhD
M S Moyer, MD
Yale Univ Sch of Med
PO Box 20696
New Haven, CT 06520-8066
Tel: 203 785-7941 Fax: 203 785-3022
E-mail: marysarah.chan@yale.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-05-44-123
### Delaware

**Wilmington**

**Christiana Care Health Services Program**  
**Sponsor:** Christiana Care Health Services Inc  
**Alfred I duPont Hospital for Children**  
**Program Director:** Allen Friedland, MD  
**Contact:** Virginia Collier, MD  
**Accred:** Christiana Care Health System  
**E-mail:** Prgm Director: allen.friedland@christianacare.org  
**Accred Length:** 4 Yrs  
**Program Size:** 16  
**Program Id:** 700-09-44-000

### District of Columbia

**Washington**

**Georgetown University Program**  
**Sponsor:** Georgetown University Hospital  
**Program Director:** Susan E Cheung, MD  
**Contact:** Wolfgang Rennert, MD  
**Accred:** Georgetown University Hospital  
**Program Size:** 4  
**Program Id:** 700-14-44-119

### Florida

**Miami**

**University of Miami-Jackson Memorial Medical Center Program**  
**Sponsor:** Jackson Memorial Hospital/Jackson Health System  
**Veterans Affairs Medical Center (Miami)**  
**Program Director:** Ning Shamma, MD, MPH  
**Contact:** Harry Golan, MD  
**Univ of Miami**  
**Dept of Med (J-103)**  
**PO Box 01690**  
**Miami, FL 33101**  
**Tel:** 305-585-2335  
**Fax:** 305-585-2335  
**E-mail:** hrmail@miami.edu  
**Accred Length:** 4 Yrs  
**Program Size:** 16  
**Program Id:** 700-11-44-008

**Orlando**

**Orlando Regional Healthcare System Program**  
**Sponsor:** Orlando Regional Healthcare  
**Program Director:** George B Everett, MD  
**Contact:** Michael J Muspratt, MD  
**Accred:** Orlando Regional HealthCare System  
**Int Med Pediatric Pgm**  
**E-mail:** ccmpprogram@orlandohealth.com  
**Accred Length:** 4 Yrs  
**Program Size:** 16  
**Program Id:** 700-11-44-112

### Georgia

**Tampa**

**University of South Florida Program**  
**Sponsor:** University of South Florida College of Medicine  
**Tampa General Hospital**  
**Program Director:** Lynn Ewinghagen, MD  
**Contact:** Philip Altman, MD  
**Univ of South Florida Coll of Med**  
**Tampa, FL 33606**  
**Tel:** 813-253-8706  
**Fax:** 813-253-8748  
**E-mail:** slaman@tampagroup.com  
**Accred Length:** 4 Yrs  
**Program Size:** 17  
**Program Id:** 700-11-44-125

### Hawaii

**Honolulu**

**University of Hawaii Program**  
**Sponsor:** University of Hawaii John A Burns School of Medicine  
**Kapiolani Medical Center for Women and Children**  
**Queen's Medical Center**  
**St Francis Medical Center**  
**Program Director:** Irwin J Schatz, MD  
**Contact:** Christian DeRaad, MD  
**Univ of Hawaii**  
**Internal Medicine Pgm**  
**Honolulu, HI 96819**  
**Tel:** 808-586-2010  
**Fax:** 808-586-7496  
**E-mail:** uhim@hawaii.edu  
**Accred Length:** 4 Yrs  
**Program Size:** 8  
**Program Id:** 700-14-44-110

### Illinois

**Chicago**

**Cook County Hospital Program**  
**Sponsor:** John H Stroger Hospital of Cook County  
**Program Director:** Darryl A Woods, MD  
**Contact:**  
**Cook County Hosp**  
**Chicago, IL 60612-9898**  
**Tel:** 312-633-7833  
**Fax:** 312-633-7833  
**E-mail:** dwoods@rosh.ch  
**Accred Length:** 4 Yrs  
**Program Size:** 10  
**Program Id:** 700-16-44-011

**Rush University Medical Center Program**  
**Sponsor:** Rush University Medical Center  
**Program Director:** Keith M Boyd, MD  
**Contact:** Stephanie Lezko, MD  
**Renewed Combined Int Med/Peds Pgm**  
**Lifetime Med Associates**  
**1645 W Jackson Blvd/Ste 215**  
**Chicago, IL 60612**  
**Tel:** 312-924-2254  
**Fax:** 312-924-3511  
**E-mail:** wesley@rush.edu  
**Accred Length:** 4 Yrs  
**Program Size:** 17  
**Program Id:** 700-16-44-103

**University of Chicago Program**  
**Sponsor:** University of Chicago Hospitals  
**Mercy Hospital and Medical Center**  
**University of Chicago Children's Hospital**  
**Program Director:** Deborah L Burnet, MD, MA  
**Univ of Chicago Hosps and Clinics**  
**Chicago, IL 60617-1470**  
**Tel:** 773-702-0339  
**Fax:** 773-702-2230  
**E-mail:** tuashare@medicine.bsd.uchicago.edu  
**Accred Length:** 4 Yrs  
**Program Size:** 16  
**Program Id:** 700-16-44-012

**University of Illinois College of Medicine at Chicago Program**  
**Sponsor:** University of Illinois College of Medicine at Chicago  
**Michael Reese Hospital and Medical Center**  
**University of Illinois Hospital and Clinics**  
**Veterans Affairs W Va Med Center**  
**Program Director:** Saul J Weisner, MD  
**Contact:** Kevin F Simpson, MD  
**Univ of Illinois Hosp**  
**840 S Wood St**  
**Chicago, IL 60612-7282**  
**Tel:** 773-433-7043  
**Fax:** 773-433-7043  
**E-mail:** chrrown@uic.edu  
**Accred Length:** 4 Yrs  
**Program Size:** 16  
**Program Id:** 700-16-44-013

**Maywood**

**Loyola University Program**  
**Sponsor:** Loyola University Medical Center  
**Program Director:** Gregory J Gazark, MD  
**Contact:** Kevin F Simpson, MD  
**Univ of Illinois Hosp**  
**2100 S First Ave**  
**60645 Rm 9121**  
**Maywood, IL 60153**  
**Tel:** 708-216-5838  
**Fax:** 708-216-5856  
**E-mail:** gazark@lamc.edu  
**Accred Length:** 4 Yrs  
**Program Size:** 16  
**Program Id:** 700-16-44-014

**Peoria**

**University of Illinois College of Medicine at Peoria Program**  
**Sponsor:** University of Illinois College of Medicine at Peoria  
**OSF St Francis Medical Center**  
**Program Director:** Richard L Horndasch, MD  
**Contact:** Deborah L Burnet, MD, MA  
**Univ of Illinois Coll of Med Peoria**  
**OSF St Francis Med Ctr**  
**1500 NE Glen Oak Ave**  
**Peoria, IL 61604**  
**Tel:** 309-363-7531  
**Fax:** 309-363-7531  
**E-mail:** mtralson@osfmc.org  
**Accred Length:** 4 Yrs  
**Program Size:** 26  
**Program Id:** 700-16-44-015
Indiana

Indianapolis
Indiana University School of Medicine Program
Sponsor: Indiana University School of Medicine
Clarion Indiana University Hospital
Richard L Roudebush Veterans Affairs Medical Center
William N Wilard Memorial Hospital
Prgm Director: Mary B Duke, MD
Wiley Hosp for Children
702 Barnhill Dr/Rm 5900
Indianapolis, IN 46202-5225
Tel: 317 274-4094 Fax: 317 274-1476
E-mail: mgy3@iuui.edu
Accred Length: 4 Yrs Program Size: 53
Program ID: 700-17-44-018

Kansas

Kansas City
University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Andreas Degmann, MD
Pamela K Shaw, MD
Univ of Kansas Med Ctr
Dept of Pediatrics
3901 Rainbow Blvd
Kansas City, KS 66160-7330
Tel: 913 588-7300 Fax: 913 588-6328
E-mail: kewman@kumc.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-19-44-087

Wichita

University of Kansas (Wichita) Program
Sponsor: University of Kansas School of Medicine (Wichita)
Wesley Medical Center
Prgm Director: Harold O Minns, MD
Katherine Melhorn, MD
Univ of Kansas Sch of Med Wichita
1010 N Kansas
Wichita, KS 67214-3199
Tel: 316 293-3611 Fax: 316 293-2688
E-mail: pediatrics@kumc.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-19-44-124

Kentucky

Lexington
University of Kentucky Medical Center Program
Sponsor: University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Mary B Duke, MD
Jackson Smith, MD
Univ of Kentucky Coll of Med
Int Med Ed Office
3511 Kentucky Clinic Bldg
Lexington, KY 40536-0284
Tel: 859 292-1723 Fax: 859 292-1197
E-mail: ukmedpededs@kv.uky.edu
Accred Length: 4 Yrs Program Size: 22
Program ID: 700-20-44-019

Louisiana

New Orleans
Louisiana State University Program
Sponsor: Louisiana State University School of Medicine
Children's Hospital
Prgm Director: Darby Lindsey, MD
New Orleans, LA 70112
Tel: 504 568-6400 Fax: 504 568-7885
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-21-44-023

Tulane University Program
Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Tracy L Conrad, MD, DO
Tulane Univ Med Ctr
1430 Tulane Ave Box 8257
New Orleans, LA 70112-2899
Tel: 504 988-6800 Fax: 504 988-6808
E-mail: tconrad@tulane.edu
Accred Length: 4 Yrs Program Size: 24
Program ID: 700-21-44-023

Shreveport
Louisiana State University (Shreveport) Program
Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Jennifer S Singh, MD
Shreveport, LA 71130-3032
Tel: 318 675-5856 Fax: 318 675-5856
E-mail: jss3@lsuhsc.edu
Accred Length: 4 Yrs Program Size: 10
Program ID: 700-21-44-023

Maine

Portland
Maine Medical Center Program
Sponsor: Maine Medical Center
Prgm Director: Ann M Lemire, MD
Maine Med Ctr
20 Bramhall St
Portland, ME 04102
Tel: 207 842-7066 Fax: 207 842-7066
E-mail: medpededs@ummc.org
Accred Length: 4 Yrs Program Size: 4
Program ID: 700-22-44-019

Maryland

Baltimore
University of Maryland Program
Sponsor: University of Maryland Medical System
Prgm Director: Susan D Wolfshohl, MD
Carol L Carraccio, MD
Univ of Maryland
22 S Greene St/Rm N3509
Baltimore, MD 21201-1506
Tel: 410 328-2588
E-mail: umdmed@medicine.umaryland.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-23-44-096

Massachusetts

Boston
Harvard Combined Program
Sponsor: Brigham and Women's Hospital
Children's Hospital
Massachusetts General Hospital
Prgm Director: David Ting, MD
Massachusetts General Hospital
55 Fruit St
Bartlett 9
Boston, MA 02114
Tel: 617 736-7782 Fax: 617 736-0068
E-mail: dmw浈ngerspartners.org
Accred Length: 4 Yrs Program Size: 32
Program ID: 700-24-44-084

Springfield
Baystate Medical Center Program
Sponsor: Baystate Medical Center
Prgm Director: Samuel H Borden, MD
Baystate Med Ctr
750 Chestnut St
Springfield, MA 01199
Tel: 413 794-2713 Fax: 413 794-4588
E-mail: kathleen.o.neil@bhs.org
Accred Length: 4 Yrs Program Size: 32
Program ID: 700-24-44-024

Worcester
University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Prgm Director: John Solomontides, MD
Megan Douglas, DO
Univ of Massachusetts Med Sch
Dept of Pediatrics
55 Lake Ave N
Worcester, MA 01655
Tel: 508 856-3590 Fax: 508 856-3779
E-mail: greehen.jones@umassmed.edu
Accred Length: 4 Yrs Program Size: 10
Program ID: 700-25-44-111
Michigan

Ann Arbor
University of Michigan Program 1
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Program Director: John G Prohaska, MD, MPH
Univ of Michigan Hops 3116 Taubman Ctr Box 0468
1500 E Medical Center Dr
Ann Arbor, MI 48105-0688
Tel: 734-936-4385 Fax: 734-936-3545
E-mail: medipeds@umich.edu
Accredited Length: 4 yrs Program Size: 24
Program ID: 700-35-44-025

University of Michigan Program 2
Sponsor: University of Michigan Hospitals and Health Centers
St Joseph Mercy Health System
Program Director: John M Watt, MD
Univ of Michigan Med-Peds Pgm 2
5331 McCabe Dr/REB 3009
Ypsilanti, MI 48197
Tel: 734-712-3965 Fax: 734-712-5583
E-mail: medipeds2@umich.edu
Accredited Length: 4 yrs Program Size: 8
Program ID: 700-35-44-029

Detroit
St John Hospital and Medical Center
Program
Sponsor: St John Hospital and Medical Center
Program Director: Ronald Herztz, DO
St John Hosp and Med Ctr
Dept of Med Ed
22101 Monroe Rd
Detroit, MI 48236
Tel: 313-343-3875 Fax: 313-343-7840
E-mail: kimberly.mahoney@sjohn.org
Accredited Length: 4 yrs Program Size: 7
Program ID: 700-35-44-028

Wayne State University Program
Sponsor: Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center Orthopaedic Specialty Hospital, The - TOSH Sinai Grace Hospital
Veterans Affairs Medical Center (Detroit)
Program Director: Eric W Ayers, MD
Wayne State Univ Detroit Med Ctr
4201 St Antoine Blvd/UHC 5C
Detroit, MI 48201-2166
Tel: 313-577-5827 Fax: 313-745-4707
E-mail: dapers@intmed.wayne.edu
Accredited Length: 4 yrs Program Size: 27
Program ID: 700-35-44-029

Flint
Hurley Medical Center/Michigan State University Program
Sponsor: Hurley Medical Center
Program Director: Laura A Carnavallll, MD
Hurley Med Ctr
Pediatric Educ Dept
One Hurley Plaza
Flint, MI 48503-5893
Tel: 810-257-9283 Fax: 810-257-9766
E-mail: lcarnavalll@hurleymc.com
Accredited Length: 4 yrs Program Size: 16
Program ID: 700-35-44-030

Grand Rapids
Spectrum Health-Butterworth Campus Program
Sponsor: Spectrum Health-Butterworth Campus
Program Director: Richard A Switzer, MD
Towers Medical Bldg
21 Michigan NE
Ste 202
Grand Rapids, MI 49503
Tel: 616-391-3245 Fax: 616-391-3130
E-mail: Sarah.Crance@Spectrum-Health.org
Accredited Length: 4 yrs Program Size: 11
Program ID: 700-35-44-020

Kalamazoo
Kalamazoo Center for Medical Studies/Michigan State University Program
Sponsor: Michigan State Univ/Kalamazoo Center for Medical Studies
Bronson Methodist Hospital
Program Director: Thomas Melgar, MD
MSU Kalamazoo Ctr for Med Studies
Med Peds Dept
1000 Oakland Dr
Kalamazoo, MI 49006-1524
Tel: 269-387-6601 Fax: 269-387-6601
E-mail: medipeds@cmus.msu.edu
Accredited Length: 4 yrs Program Size: 16
Program ID: 700-35-44-029

Royal Oak
William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Program Director: Jeffrey D Haller, MD
William Beaumont Hosp
3601 W 13 Mile Rd
Royal Oak, MI 48073-6700
Tel: 248-551-6400 Fax: 248-551-8800
E-mail: dvowler@beaumont.org
Accredited Length: 4 yrs Program Size: 16
Program ID: 700-35-44-030

Minnesota

Minneapolis
University of Minnesota Program
Sponsor: Fairview-University Medical Center
Children's Hospitals & Clinics - Minneapolis
Children's Hospitals & Clinics - St. Paul
Bennepin County Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Program Director: Bradley J Benson, MD
Univ of Minnesota
420 Delaware St SE
MMC 391
Minneapolis, MN 55455-6292
Tel: 612-626-5660 Fax: 612-626-7042
E-mail: steve1996@umn.edu
Accredited Length: 4 yrs Program Size: 46
Program ID: 700-35-44-034

Mississippi

Jackson
University of Mississippi Medical Center Program
Sponsor: University Hospitals and Clinics
Program Director: S L Elkins, MD
Univ of Mississippi Med Ctr
2500 N State St
Jackson, MS 39216-4695
Tel: 601-984-6515 Fax: 601-984-6589
E-mail: selkins@medicine.unms.edu
Accredited Length: 4 yrs Program Size: 11
Program ID: 700-35-44-035

Missouri

Columbia
University of Missouri-Columbia Program
Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Program Director: D P Robinson, MD, BA
Charles S Brooks, MD
Univ of Missouri-Columbia
Dept of Child Health
One Hospital Dr/Rm N725
Columbia, MO 65212
Tel: 573-882-4488 Fax: 573-884-5356
E-mail: adamskrausp@health.missouri.edu
Accredited Length: 4 yrs Program Size: 16
Program ID: 700-35-44-126

Kansas City
University of Missouri at Kansas City Program
Sponsor: Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center-Lakewood
Program Director: Brenda Rogers, MD
David M Bangberger, MD
Univ of Missouri-Kansas City Sch of Med
Combined Int Med/Peds
2411 Holmes St
Kansas City, MO 64108
Tel: 816-404-0908 Fax: 816-404-0999
E-mail: intmed@umkc.edu
Accredited Length: 4 yrs Program Size: 16
Program ID: 700-35-44-036

St Louis
St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Program Director: Paul G Schmitz, MD
Marilyn Billingsby, MD
St Louis Univ Sch of Med
Dept of Int Med
1005 S Grand Blvd
St Louis, MO 63104
Tel: 314-577-5762 Fax: 314-286-5108
E-mail: robins@slu.edu
Accredited Length: 4 yrs Program Size: 16
Program ID: 700-35-44-037
Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University Medical Center (Tommy St. John)
Children's Hospital
Veterans Affairs Medical Center (Omaha)

Program Director: Larry L Brown, MD
Creighton Univ
101 N 30th St/Ste 5850
Omaha, NE 68112-2197
Tel: 402.280.4258 Fax: 402.280.4105
E-mail: rosapp@creighton.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-30-44-038

University of Nebraska Medical Center Program

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)

Program Director: Joel R Beemster, MD
John Wallburn, MD
3200 Nebraska Med Ctr
Omaha, NE 68138-2989
Tel: 402.558-6450 Fax: 402.558-6114
E-mail: smialoe@unmc.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-30-44-136

New Jersey

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
St. Michael's Medical Center (Cathedral Health Services, etc.)

Program Director: Jon F Sicat, DO
Carlo Mainardi, MD
Newark Beth Israel Med Ctr
180 Lyons Ave
Newark, NJ 07112
Tel: 973.926-1741 Fax: 973.926-2441
E-mail: jisca1@dhchs.com
Accred Length: 4 Yrs Program Size: 12
Program ID: 700-33-44-941

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Newark Beth Israel Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System

Program Director: Susan G Maustone, MD
Vincent J Baiza II, MD
UMDNJ-New Jersey Med Sch
Dept of Pediatrics
185 3 Orange Ave/FS09
Newark, NJ 07103
Tel: 973.972-6015 Fax: 973.972-1019
E-mail: cherbanga@umdnj.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-33-44-040

Paterson

St. Joseph's Hospital and Medical Center Program

Sponsor: St. Joseph’s Regional Medical Center
Program Director: Thomas J Danley, MD
St. Joseph’s Regional Med Ctr
703 Main St/Rm X72
Paterson, NJ 07503
Tel: 973 754-2541 Fax: 973 754-2546
E-mail: pottert@hmc.org
Accred Length: 4 Yrs Program Size: 2
Program ID: 700-33-44-942

Summit

Atlantic Health System (Overlook) Program

Sponsor: Atlantic Health System
Overlook Hospital
UMDNJ-New Jersey Medical School
Program Director: Rafael E Pajaro, MD
99 Beauvoir Ave
PO Box 129
Summit, NJ 07902-0220
Tel: 908 522-3904 Fax: 908 522-0864
E-mail: elizabeth.jackson@ahsbs.org
Accred Length: 4 Yrs Program Size: 3
Program ID: 700-33-44-119

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Ellis Hospital
St. Peter's Hospital
Veterans Affairs Medical Center (Albany)

Program Director: Elizabeth A Ruggles, MD
Paul C Borum, MD, PhD
724 Water Street
Albany, NY 12210
Tel: 518.783-6012 ext. 0821 Fax: 518.783-7485
E-mail: biggles@amc.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-33-44-04

Brooklyn

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Program Director: Henry A Schaeffer, MD
Malcolm Rose, MD
Maimonides Med Ctr
4802 13th Ave
Brooklyn, NY 11219
Tel: 718.283-8690 Fax: 718.635-8656
E-mail: vanhouw@maimonides.org
Accred Length: 4 Yrs Program Size: 7
Program ID: 700-33-44-122

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Program Director: Harvey Dosik, MD
Leonard Glass, MD
New York Methodist Hosp
506 Sixth St
Brooklyn, NY 11215-5608
Tel: 718.780-2690 Fax: 718.780-2569
Accred Length: 4 Yrs Program Size: 2
Program ID: 700-33-44-139

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program

Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Women and Children's Hosp of Buffalo)
 Veterans Affairs Medical Center (Buffalo)

Program Director: Colin J Mc Mahon, MD
Children’s Hosp of Buffalo
185 Bryant St
Buffalo, NY 14222
Tel: 716 878-7553 Fax: 716 888-3899
E-mail: chicotak@upa.choba.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-33-44-049

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Elmhurst Hospital and Medical Center
Manhattan VA Harbor Health Care System
Mount Sinai Medical Center

Program Director: Leon Joel, MD
Mount Sinai Med Ctr
One Gustave L Levy Pl
Box 1512
New York, NY 10028
Tel: 212.241-6934 Fax: 212.241-4309
E-mail: Lorrayne0@msnyuhealth.org
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-33-44-103

New York Medical College Program

Sponsor: Metropolitan Hospital Center
Program Director: Shobhana A Chaudhari, MD, PhD
Jason S Mack, MD
Cook County Hosp
1901 First Ave
Rm 704
New York, NY 10029
Tel: 212 423-6771
E-mail: shobhana.chaudhari@nymc.edu
Accred Length: 4 Yrs Program Size: 1
Program ID: 700-33-44-051

St. Vincent's Hospital and Medical Center of New York Program

Sponsor: St. Vincent's Catholic Medical Centers (Manhattan)

Program Director: Margaret S Smith, MD
Jayne D Rice, MD
St. Vincent's Hospital - Manhattan
153 West 11th Street
MP 3-D
New York, NY 10011
Tel: 212.694-7519 Fax: 212.694-3268
E-mail: registrar@sunysectionnyc.org
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-33-44-082

Graduate Medical Education Directory 2004-2005
Rochester
University of Rochester Program
Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Rochester General Hospital
Prgm Director: Brent W Cobbins, MD
Lynn C Garfunkel, MD
Univ of Rochester Med Ctr-Strong Memorial Hosp
61 Elmwood Ave/Box Med-Peds
Rochester, NY 14642
Tel: 585 341-6771 Fax: 585 341-8805
E-mail: medped@urmc.rochester.edu
Accred Length: 4 Yrs Program Size: 32
Program ID: 700-36-44-054

Greenville
East Carolina University Program
Sponsor: Pitt County Memorial Hospital
Prgm Director: Greg M Taitt, MD, MS
East Carolina Univ Sch of Med
Dept of Pediatrics
35-138 Brody Med Sciences Bldg
Greenville, NC 27858-6254
Tel: 919 744-3041 Fax: 252-744-2898
E-mail: nyverse@mail.ecu.edu
Accred Length: 4 Yrs Program Size: 23
Program ID: 700-36-44-057

Ohio
Akron
Akron General Medical Center/Children's Hospital Medical Center Program
Sponsor: Akron General Medical Center
Children's Hospital Medical Center of Akron
Prgm Director: Paul J Leal, MD
Akron General Med Ctr
Dept of Med
400 Wabash Ave
Akron, OH 44307
Tel: 330 344-5140 Fax: 330 535-2970
E-mail: jsotich@agmc.org
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-36-44-058

Summa Health System (Children's Hospital Medical Center) Program
Sponsor: Summa Health System
Children's Hospital Medical Center of Akron
Prgm Director: Joseph P Myers, MD
Jeffery A Kempf, DO
Summa Hill System
Med Educ Mary Yanki
550 E Market St
Akron, OH 44304
Tel: 800 322-0517 Fax: 330 775-3804
E-mail: yanikm@summa-health.org
Accred Length: 4 Yrs Program Size: 4
Program ID: 700-36-44-059

Cincinnati
University of Cincinnati Hospital Group Program
Sponsor: University Hospital Inc
Prgm Director: Caroline V Mueller, MD
Univ of Cincinnati
Dept of Int Med
PO Box 670557
Cincinnati, OH 45267-6577
Tel: 513-588-2680 Fax: 513-588-3878
E-mail: caroline.mueller@uc.edu
Accred Length: 4 Yrs Program Size: 24
Program ID: 700-36-44-060

Cleveland
Case Western Reserve University (MetroHealth) Program
Sponsor: MetroHealth Medical Center
Prgm Director: Molly B Perry, MD
David J Manzur, MD, MA
MetroHealth Med Ctr
Dept of Med Peds
2500 MetroHealth Dr
Cleveland, OH 44109-1988
Tel: 216-778-3882 Fax: 216-778-1834
E-mail: ewhile@metrohealth.org
Accred Length: 4 Yrs Program Size: 23
Program ID: 700-36-44-061
Oklahoma

Oklahoma City
University of Oklahoma Health Sciences Center Program
Sponsor: OU Medical Center - Everett Tower
OU Medical Center - Children's Hospital
Pgm Director: Joan P Cain, MD
Brent Brown, MD
Univ of Oklahoma Coll of Med
Children's Hosp
940 NE 10th/Rm 3409
Oklahoma City, OK 73104
Tel: 405 271-4417 Fax: 405 271-2920
E-mail: shirley.noms@ouhsc.edu
Accred Length: 4 Yrs Program Size: 12
Program ID: 700-39-44-090

Tulsa
University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Saint Francis Health System
St John Medical Center
Pgm Director: Mark D Fox, MD, PhD
Douglas Stewart, DO
Univ of Oklahoma Coll of Med-Tulsa
Section of Medicine/Pediatrics
4602 E 41st St
Tulsa, OK 74125-2512
Tel: 918 660-3395 Fax: 918 660-3396
E-mail: Med-Peds@ouhsc.edu
Accred Length: 4 Yrs Program Size: 9
Program ID: 700-39-44-067

Pennsylvania

Danville
Geisinger Health System Program
Sponsor: Geisinger Health System
Pgm Director: Michelle Thompson, MD
Geisinger Med Ctr
100 N Academy Ave
Danville, PA 17822-0139
Tel: 570 321-4783 Fax: 570 321-5734
E-mail: jonesmd@geisinger.edu
Accred Length: 4 Yrs Program Size: 10
Program ID: 700-41-44-068

Hershey
Penn State University/Milton S Hershey Medical Center Program
Sponsor: Milton S Hershey Medical Center
Pgm Director: Ronald J Williams, MD
Penn State Milton S Hershey Med Ctr
PO Box 800 300 P.O. Box
500 University Dr
Hershey, PA 17033-0500
Tel: 717 531-6963 Fax: 717 531-0856
E-mail: PennStateMedPeds@hmc.psu.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-41-44-881

Philadelphia
Albert Einstein Medical Center Program
Sponsor: Albert Einstein Medical Center
Pgm Director: Robert Waterston, MD
Internal Med Pediatrics Pgm
Albert Einstein Med Ctr
5401 Old York Rd Ste 393
Philadelphia, PA 19141-2025
Tel: 215 456-5020 Fax: 215 456-7025
E-mail: sundstrc@einstein.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-41-44-069

University of Pennsylvania Health System Program
Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veteran Affairs Medical Center (Philadelphia)
Pgm Director: Lisa Bellini, MD
Steven Ludwig, MD
700-45-44-129
Program ID: 700-41-44-129

Pittsburgh
UPMC Health System Program
Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian Shadyside
Pgm Director: Gary H Tabas, MD
Denis Hofkosh, MD
UPMC-Shadyside
8530 Centre Ave
Pittsburgh, PA 15233
Tel: 412 692-7111 Fax: 412 692-7231
E-mail: bishowp@upmc.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-41-44-139

South Carolina

Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
Pgm Director: Janice D Key, MD
Danielle Wray, MD
Med Univ of South Carolina
135 Rutledge Towers
PO Box 250661
Charleston, SC 29425
Tel: 843 876-1491 Fax: 843 876-1493
E-mail: pennmed@umu.sc.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-44-44-127

Columbia
Palmetto Health/University of South Carolina School of Medicine Program
Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Pgm Director: Shawn Stinson, MD
Caughman Taylor, MD
Palmetto Bluffs Univ of S Carolina Sch of Med
Combined Internal Med/Ped Pgm
14 Medical Park Ste 400
Columbia, SC 29203
Tel: 803 436-7666 Fax: 803 436-3856
E-mail: ashley.lynn@palmettohealth.org
Accred Length: 4 Yrs Program Size: 0
Program ID: 700-44-44-137

Greenville
Greenville Hospital System Program
Sponsor: Greenville Hospital System
Pgm Director: L J Cochrane Jr, MD
Robin N Kelley, MD
Greenville Hospital System
Med Peds Residency Pgm
701 Grove Rd Toomer Tower 6th Fl
Greenville, SC 29605
Tel: 864 455-7844 Fax: 864 455-8366
E-mail: dawelwood@ga.org
Accred Length: 4 Yrs Program Size: 10
Program ID: 700-44-44-135

Tennessee

Johnson City
East Tennessee State University Program
Sponsor: James H Quillen College of Medicine
Pgm Director: Richard M Jordan, MD
David Price, MD
East Tennessee State Univ
Dept of Internal Med
Box 97022
Johnson City, TN 37614-1709
Tel: 423 439-3833 Fax: 423 439-3387
E-mail: southind@etsu.edu
Accred Length: 4 Yrs Program Size: 7
Program ID: 700-47-44-092
Memphis
University of Tennessee Program
Sponsor: University of Tennessee College of Medicine
Le Bonheur Children's Medical Center
Regional Medical Center at Memphis
St. Jude Children's Research Hospital
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: James B Lewis Jr, MD
Univ of Tennessee
Med Educ Office
945 Jefferson Ave/Rm A601
Memphis, TN 38133
Tel: 901-448-5704 Fax: 901-448-7836
E-mail: kconlee@uthsc.edu
Accred Length: 4 Yrs Program Size: 34
Program ID: 700-47-44-071

Nashville
Vanderbilt University Program
Sponsor: Vanderbilt University Medical Center
Metropolitan Nashville General Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: Waldon Garrison, MD
Vanderbilt Univ Med Ctr
AA-0216 Med Ctr North
Nashville, TN 37233-2574
Tel: 615 229-2277 Fax: 615 432-6249
Accred Length: 4 Yrs Program Size: 34
Program ID: 700-47-44-070

Texas
Amarillo
Texas Tech University (Amarillo) Health Sciences Center Program
Sponsor: Texas Tech University Health Sciences Center at Amarillo
Prgm Director: Fred A McCurdy, MD, PhD
Bharat Khadethera, MD
Texas Tech Univ HSC-Amarillo
1400 Coulter
Amarillo, TX 79106
Tel: 806 354-5570 Fax: 806 354-5536
E-mail: reutia.pollard@ttuhsc.edu
Accred Length: 4 Yrs Program Size: 7
Program ID: 700-48-44-073

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Jose L Gonzalez, MD
Neera Kannan, MD
Univ of Texas Med Branch
Dept of Pediatrics
311 University Blvd
Galveston, TX 77555-0354
Tel: 409 772-1380 Fax: 409 777-8190
E-mail: hladik@utmb.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-48-44-113

Houston
Baylor College of Medicine Program
Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
St Luke's Episcopal Hospital
Texas Children's Hospital
Veterans Affairs Medical Center (Houston)
Prgm Director: Cynthia Peacock, MD
Amit Halvoy, MD
Blayler Coll of Med
6505 Fannin St/1250
Houston, TX 77030-2707
Tel: 713 793-8317 Fax: 713 793-8316
Accred Length: 4 Yrs Program Size: 31
Program ID: 700-48-44-074

University of Texas at Houston Program
Sponsor: University of Texas Medical School at Houston
Christus St Joseph Hospital
Memorial Hermann Hospital System
St Luke's Episcopal Hospital
Texas Heart Institute
University of Texas MD Anderson Cancer Center
Prgm Director: Mark A Farnie, MD
Univ of Texas Med Sch
Dept of Int Med
6411 Fannin St Ste 1150
Houston, TX 77030
Tel: 713 500-6501 Fax: 713 500-6530
E-mail: imres@heart.med.uth.tmc.edu
Accred Length: 4 Yrs Program Size: 22
Program ID: 700-48-44-075

Temple
Texas A&M College of Medicine-Scott and White Program
Sponsor: Scott and White Memorial Hospital
Prgm Director: James Barkery, MD
Michael Weir, MD
Texas A&M Scott and White
Grad Med Edu
2411 S 31st St
Temple, TX 76508-0001
Tel: 254 724-0602 Fax: 254 724-0274
E-mail: saddington@swmail.sw.org
Accred Length: 4 Yrs Program Size: 12
Program ID: 700-48-44-099

Galveston
University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Jose L Gonzalez, MD
Neera Kannan, MD
Univ of Texas Med Branch
Dept of Pediatrics
311 University Blvd
Galveston, TX 77555-0354
Tel: 409 772-1380 Fax: 409 777-8190
E-mail: hladik@utmb.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-48-44-113

West Virginia
Charleston
West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Gregory D Clark, MD
James G Rosecrans, MD
West Virginia Univ Hlth Sci Ctr
Dept of Int Med
3110 MacCorkle Ave SE
Charleston, WV 25304
Tel: 304 347-1341 Fax: 304 347-1344
E-mail: gclarke@wvu.edu
Accred Length: 4 Yrs Program Size: 10
Program ID: 700-56-44-078

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: Aaron M McGuffin, MD
Marshall Univ Sch of Med
1000 Medical Center Dr
Ste 3400
Huntington, WV 25701
Tel: 304 691-1090 Fax: 304 691-1093
E-mail: mcguffin@marshall.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-56-44-079

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: Christine R Kimbell, MD, MS
West Virginia Univ Hlth
Dept of Med Peds
PO Box 2014
Morgantown, WV 26506-2014
Tel: 304 293-1198 Fax: 304 293-1216
E-mail: cmurphy@hsc.wvu.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-56-44-090

Virginia
Charleston
West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Gregory D Clark, MD
James G Rosecrans, MD
West Virginia Univ Hlth Sci Ctr
Dept of Int Med
3110 MacCorkle Ave SE
Charleston, WV 25304
Tel: 304 347-1341 Fax: 304 347-1344
E-mail: gclarke@wvu.edu
Accred Length: 4 Yrs Program Size: 10
Program ID: 700-56-44-078

Huntington
Marshall University School of Medicine Program
Sponsor: Marshall University School of Medicine
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: Aaron M McGuffin, MD
Marshall Univ Sch of Med
1000 Medical Center Dr
Ste 3400
Huntington, WV 25701
Tel: 304 691-1090 Fax: 304 691-1093
E-mail: mcguffin@marshall.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-56-44-079

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: Christine R Kimbell, MD, MS
West Virginia Univ Hlth
Dept of Med Peds
PO Box 2014
Morgantown, WV 26506-2014
Tel: 304 293-1198 Fax: 304 293-1216
E-mail: cmurphy@hsc.wvu.edu
Accred Length: 4 Yrs Program Size: 16
Program ID: 700-56-44-090

Utah
Salt Lake City
University of Utah Program
Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Merle A Sande, MD
Ronald S Bloom, MD
Univ of Utah Med Ctr
30 N 1900 E/4401N
Salt Lake City, UT 84132
Tel: 801 585-0418 Fax: 801 585-0418
E-mail: improg dir@hsc.utah.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-49-44-091
Wisconsin
Marshfield
Marshfield Clinic-St Joseph's Hospital Program
Sponsor: Marshfield Clinic-St Joseph's Hospital
Pgm Director: Jonathan A Forncrook, DO
Marshfield Clinic
Med-Peds Residency Office, 1A4
1000 N Oak Ave
Marshfield, WI 54449-6777
Tel: 715 387-5267 Fax: 715 387-5240
E-mail: schaefer.christine@mfhcclin.edu
Accred Length: 4 Yrs Program Size: 8
Program ID: 700-58-44-109

Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Pgm Director: LaAsa Moraski, DO
James J Nocton, MD
Med Coll of Wisconsin Office of Med Educ
801 Watertown Plank Rd
Milwaukee, WI 53226
Tel: 414 266-6810 Fax: 414 266-6979
E-mail: glarsen@mcw.edu
Accred Length: 4 Yrs Program Size: 14
Program ID: 700-56-44-096

Internal Medicine/Physical Medicine and Rehabilitation

New York
Buffalo
SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital) Veterans Affairs Medical Center (Buffalo)
Pgm Director: Thomas Polisoto, MD
Gerald Logue, MD
SUNY Buffalo
Erie Cty Med Ctr Rm G233
462 Grider St
Buffalo, NY 14215
Tel: 716 898-4806 Fax: 716 898-3279
Accred Length: 4 Yrs Program Size: 8
Program ID: 710-35-44-020

Wisconsin
Milwaukee
Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Affiliated Hospitals, Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
St Luke's Medical Center
Pgm Director: Ralph M Schapira, MD
Timothy Dillingham, MD
Med Coll of Wisconsin
6000 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 456-6700 Fax: 414 456-6219
Accred Length: 5 Yrs Program Size: 3
Program ID: 710-56-44-003

Connecticut

Internal Medicine/Preventive Medicine

Derby
Griffin Hospital Program
Sponsor: Griffin Hospital
Yale University School of Public Health
Pgm Director: Haq Nawaz, MD, MPH
Ramin Ahmadi, MD, MPH
Griffin Hosp
500 Division St
Derby, CT 06418
Tel: 203 732-7231 Fax: 203 732-7186
E-mail: mb2gla@griffinhealth.org
Accred Length: 4 Yrs Program Size: 12
Program ID: 751-48-44-080

Illinois
Chicago
Cook County Hospital Program
Sponsor: John H Stroger Hospital of Cook County
Pgm Director: Rachel Rubin, MD, MPH
Div of Occupational Med
Cook County Hosp
1835 W Harrison St
Chicago, IL 60612
Tel: 312 633-5310 Fax: 312 633-6442
E-mail: osandee2@aol.com
Accred Length: 4 Yrs Program Size: 7
Program ID: 751-16-44-005

Louisiana
New Orleans
Tulane University Program
Sponsor: Tulane University School of Medicine Tulane Univ School of Public Health and Tropical Medicine
Pgm Director: Jeffrey S Wiese, MD
M Krousel-Wood, MD, MSPH
Tulane Univ Med Ctr Preventive Med IMM Res
1430 Tulane Ave TB-3
New Orleans, LA 70112 2699
Tel: 504 988-1143
E-mail: jwiese@tulane.edu
Accred Length: 4 Yrs Program Size: 2
Program ID: 751-21-44-003
New York

Buffalo

SUNY at Buffalo Graduate Medical-Dental Education Consortium Program
Sponsor: SUNY at Buffalo Graduate Medical-Dental Education Consortium
Kaleida Health System (Buffalo General Hospital)
Pgm Director: Robert A Klocke, MD
Gerald Logue, MD
Erie County Med Ctr
Dept of Medicine
462 Grider St
Buffalo, NY 14215
Tel: 716 898-3279 Fax: 716 898-3279
E-mail: GILogue@acsu.Buffalo.edu
Accred Length: 4 yrs Program Size: 5
Program Id: 716-39-4-004

Texas

Galveston

University of Texas Medical Branch at Galveston Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Thomas A Blackwell, MD
301 University Blvd
Galveston, TX 77555-1150
Tel: 409 773-5845 Fax: 409 773-5845
E-mail: pocushal@utmb.edu
Accred Length: 4 yrs Program Size: 3
Program Id: 715-46-4-007

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals NASA Johnson Space Center
University of Texas Medical School at Galveston
Pgm Director: Richard Jennings, MD
Thomas Blackwell, MD
Univ of Texas Med Branch Hosp
301 University Blvd
Office of Pres Med
Galveston, TX 77555
Tel: 409 773-5845
Accred Length: 4 yrs Program Size: 0
Program Id: 715-46-4-009

University of Texas Medical Branch Hospitals Program
Sponsor: University of Texas Medical Branch Hospitals
Pgm Director: Tufali Q Shaikh, MD
Thomas Blackwell, MD
Univ of Texas Med Branch Hosp
301 University Blvd Mail Route 1150
Galveston, TX 77555-1150
Tel: 409 773-5845 Fax: 409 772-5462
E-mail: anwerto@utmb.edu
Accred Length: 4 yrs Program Size: 0
Program Id: 715-46-4-010

Internal Medicine/Psychiatry

Arizona

Phoenix

Good Samaritan Regional Medical Center Program
Sponsor: Banner Good Samaritan Medical Center
Pgm Director: James B McClure, MD
Alan L Lebowitz, MD
Good Samaritan Regional Med Ctr
925 E McDowell Rd/4th Fl
Phoenix, AZ 85004
Tel: 602 239-6088 Fax: 602 239-6088
E-mail: jo.russo@bannerhealth.com
Accred Length: 5 yrs Program Size: 0
Program Id: 715-08-4-017

Connecticut

Farmington

University of Connecticut Program
Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Pgm Director: Adrienne L Bentman, MD
Institute of Living Hartford Hosp
Gengras Bldg #201
200 Retreat Ave
Hartford, CT 06106
Tel: 860 545-7183 Fax: 860 545-7403
E-mail: stchris@harthosp.org
Accred Length: 5 yrs Program Size: 8
Program Id: 715-08-4-029

Illinois

Chicago

Rush University Medical Center Program
Sponsor: Rush University Medical Center
Pgm Director: Stephanie Cavanaugh, MD
Richard Abrams, MD
Rush Presbyterian St Luke's Med Ctr
1725 W Lake St
Chicago, IL 60612
Tel: 312 942-5015 Fax: 312 942-3113
E-mail: Zaida_11era@rush.edu
Accred Length: 5 yrs Program Size: 18
Program Id: 715-18-4-018

Springfield

Southern Illinois University Program
Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Pgm Director: Andrew J Varney, MD
Southern Illinois Univ Sch of Med
701 N First St
PO Box 19636
Springfield, IL 62794-9636
Tel: 217 545-0193 ext 3 Fax: 217 545-8156
E-mail: cbrower@slu.edu
Accred Length: 5 yrs Program Size: 7
Program Id: 715-16-4-009

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program
Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Pgm Director: Anjan Bhattacharya, MD
Univ of Iowa Hosp and Clinics
Dept of Int Med S604-1 1st Fl
200 Hawkins Dr
Iowa City, IA 52242-1081
Tel: 319 353-9688 Fax: 319 353-7893
E-mail: mary-a-walter@uiowa.edu
Accred Length: 5 yrs Program Size: 10
Program Id: 715-18-4-009

Kansas

Kansas City

University of Kansas Medical Center Program
Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Pgm Director: Teresa L Long, MD
Barry L Linkow, MD
Univ of Kansas Med Ctr
Dept of Psychiatry
2001 Rainbow Blvd
Kansas City, KS 66103-7341
Tel: 913 588-6412 Fax: 913 588-6414
E-mail: sherry.steinhardt@kasumc.edu
Accred Length: 5 yrs Program Size: 5
Program Id: 715-18-4-008

Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Pgm Director: L Lee Aitken, MD
Jeffrey G Weese, MD
Tulane Univ Sch of Med
Dept of Psychiatry TB33
1440 Canal St
New Orleans, LA 70112-2176
Tel: 504 894-7259 Fax: 504 894-7290
E-mail: psychres@tulane.edu
Accred Length: 5 yrs Program Size: 7
Program Id: 715-21-4-010
Maryland
Bethesda
National Capital Consortium Program
Sponsor: National Capital Consortium
Walter Reed Army Institute of Research
Program Director: Thomas A. Grieger, MD
Gregory Argyros, MD
Walter Reed Army Inst of Research
Dept of Psychiatry
439 Jones Bridge Rd
Bethesda, MD 20814
Tel: 202 782-6910 Fax: 202 782-6480
E-mail: thomas.grieger@va.med.army.mil
Accred Length: 3 Yrs Program Size: 12
Program ID: 715-23-44-021
US Armed Services Program

New Hampshire
Lebanon
Dartmouth-Hitchcock Medical Center Program
Sponsor: Dartmouth-Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Program Director: Bradley V Watts, MD
Ronald L. Green, MD
Dartmouth-Hitchcock Med Ctr
One Medical Center Dr
Lebanon, NH 03756
Tel: 603 650-5558 Fax: 603 650-5842
E-mail: lisa.w.gray@dartmouth.edu
Accred Length: 5 Yrs Program Size: 10
Program ID: 715-36-44-005

South Carolina
Charleston
Medical University of South Carolina Program
Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H. Johnson VA Medical Center (Charleston)
Program Director: Robert P. Albanese, MD
Ernest Benjamin Gibbons, MD
Med Univ of South Carolina
Dept of Psychiatry
67 President St PO Box 230861
Charleston, SC 29425
Tel: 843 792-0192 Fax: 843 792-6894
E-mail: henrye@musc.edu
Accred Length: 5 Yrs Program Size: 8
Program ID: 715-45-44-025

Tennessee
Johnson City
East Tennessee State University Program
Sponsor: East Tennessee State University College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Program Director: Hetal K Brahmbhatt, MD
Michelle A. Nuss, MD
East Tennessee State Univ
Dept of Internal Med
Box 70622
Johnson City, TN 37614-0622
Tel: 423 343-2933 Fax: 423 343-2933
E-mail: brahmbhatt@mail.easttexas.edu
Accred Length: 5 Yrs Program Size: 2
Program ID: 715-35-44-004

Virginia
Charlottesville
University of Virginia Program
Sponsor: University of Virginia Medical Center
Program Director: Edward M. Kantor, MD
Zachariah Damerson, MD
Univ of Virginia Health System
Dept of Psychiatric Medicine
Box 800623
Charlottesville, VA 22908
Tel: 434 924-5400 Fax: 434 924-5149
E-mail: psychiatryresidency@virginia.edu
Accred Length: 3 Yrs Program Size: 6
Program ID: 715-51-44-002

Greenville
Pitt County Memorial Hospital/East Carolina University Program
Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Program Director: James G. Peden Jr, MD
Brendy S. Maden, MD
Office of Student Admissions
Brendy Ad1
Greenville, NC 27858
Tel: 252 744-2204 Fax: 252 744-1996
E-mail: cowardly@email.ecu.edu
Accred Length: 5 Yrs Program Size: 10
Program ID: 715-36-44-005

Roanoke
Carilion Health System/University of Virginia (Roanoke/Salem) Program
Sponsor: Carilion Health System
Veterans Affairs Medical Center (Salem)
Program Director: Daniel P Harrington, MD
VA Med Ctr
1970 Roanoke Blvd
Salem, VA 24153
Tel: 540 983-2405, ext 1652 Fax: 540 983-1080
E-mail: dfharrington@carilion.com
Accred Length: 3 Yrs Program Size: 10
Program ID: 715-51-44-027

West Virginia
Charleston
West Virginia University (Charleston Division) Program
Sponsor: Charleston Area Medical Center/West Virginia University
Program Director: James P. Griffith, MD
James G. Rosenwasser, MD Med Psych Pgm
Robert C. Byrd HSC WVU Charleston
501 Morris St PO Box 1547
Charleston, WV 25334-1547
Tel: 304 254-1200 Fax: 304 254-1554
E-mail: james.p.griffith@hsc.wvu.edu
Accred Length: 3 Yrs Program Size: 9
Program ID: 715-35-44-014

Morgantown
West Virginia University Program
Sponsor: West Virginia University School of Medicine
Program Director: Michelle A. Nuss, MD
Walter Byrd, MD
Dept of Behav Med Psychiatry
Chesnut Ridge Hosp
920 Chesnut Ridge Rd
Morgantown, WV 26506
Tel: 304 293-5011 Fax: 304 293-6724
Accred Length: 3 Yrs Program Size: 10
Program ID: 715-35-44-006

New York
Brooklyn
SUNY Health Science Center at Brooklyn Program
Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Program Director: Nyagati Rao, MD, MS
Joanne Macrea, MD
SUNY Hlth Science Ctr-Brooklyn
450 Clarkson Ave/Box 1203
Brooklyn, NY 11203-2098
Tel: 718 270-2923 Fax: 718 270-1441
E-mail: jaanne.macrea@downstate.edu
Accred Length: 5 Yrs Program Size: 2
Program ID: 715-35-44-004

North Carolina
Durham
Duke University Hospital Program
Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Program Director: Grace C Thrail, MD
Diane McNeill, MD
Duke Univ Med Ctr
PO Box 3837
Durham, NC 27710
Tel: 919 684-2235 Fax: 919 684-2230
E-mail: pope660@mc.duke.edu
Accred Length: 5 Yrs Program Size: 12
Program ID: 715-36-44-012

Graduate Medical Education Directory 2004-2005
Combined Specialty Programs in Pediatrics/Medical Genetics

Neurology/Diagnostic Radiology/Neuroradiology

Maryland

Baltimore

Johns Hopkins University School of Medicine Program
Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Pgm Director: Justin McArthur, MD
Stanley Siegelman, MD
600 N Wolfe St/Meyer 8-109
Baltimore, MD 21287-7009
Tel: 410 955-3730 Fax: 410 955-0672
E-mail: jstroll@jhu.edu
Accred Length: 7 Yrs Program Size: 0
Program ID: 760-23-44-005

New York

New York

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Pgm Director: Peter K Nelson, MD
New York Univ Sch of Med
Dept of Radiology/Interventional Ser
560 First Ave/RC-288
New York, NY 10016
Tel: 212 263-6008 Fax: 212 263-0406
E-mail: recep@pnomail.med.nyu.edu
Accred Length: 7 Yrs Program Size: 12
Program ID: 760-35-44-002

Ohio

Cleveland

Cleveland Clinic Foundation Program
Sponsor: Cleveland Clinic Foundation
Pgm Director: Paul M Ruggieri, MD
Patrick J Sweeney, MD
Cleveland Clinic Foundation
Dept of Neuroradiology/L10
9500 Euclid Ave
Cleveland, OH 44195
Tel: 216 444-7036 Fax: 216 444-3466
E-mail: ruggiep@ccf.org
Accred Length: 7 Yrs Program Size: 0
Program ID: 760-38-44-008

Pediatrics/Emergency Medicine

Indiana

Indianapolis

Indiana University School of Medicine/Methodist Hospital Program
Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Pgm Director: Carey D Chisholm, MD
Suzanne L Bowyer, MD
Clarian Methodist Hosp
Emergency Med Trauma Ctr
1961 N Senate Blvd
Indianapolis, IN 46202
Tel: 317 691-5595 Fax: 317 962-2206
E-mail: cchisholm@ccf.org
Accred Length: 5 Yrs Program Size: 11
Program ID: 725-17-44-005

Maryland

Baltimore

University of Maryland Program
Sponsor: University of Maryland Medical System
Maryland Medical Center
Pgm Director: David Jarrard, MD
Carol L Cerrinoco, MD
Univ of Maryland Med Ctr
Dept of Pediatrics
410 W Redwood St/Sta 206
Baltimore, MD 21201
Tel: 410 328-8025 Fax: 410 328-8026
E-mail: sswwann@smail.umaryland.edu
Accred Length: 5 Yrs Program Size: 10
Program ID: 725-17-44-006

Pediatrics/Medical Genetics

California

Los Angeles

Cedars-Sinai Medical Center/Harbor/UCLA Program
Sponsor: Cedars-Sinai Medical Center
Los Angeles County-Harbor/UCLA Medical Center
UCLA Medical Center
Pgm Director: David L Rimoin, MD, PhD, MS
Lloyd Brown, MD
Cedars-Sinai Medical Center
8700 Beverly Blvd Ste 4400
Los Angeles, CA 90048
Tel: 310 423-6350 Fax: 310 423-4131
Accred Length: 6 Yrs Program Size: 6
Program ID: 765-05-44-005

UCLA School of Medicine Program
Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Ohtsuka/UCLA Medical Center
UCLA Medical Center
Pgm Director: Stuart J Slavin, MD
Edward McCabe, MD
UCLA Med Ctr
12-355 MDC
10833 Le Conte Ave
Los Angeles, CA 90095
Fax: 310 794-5200
Accred Length: 5 Yrs Program Size: 3
Program ID: 765-05-44-007

Orange

University of California (Irvine) Medical Center Program
Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Pgm Director: Floyd L Culler, MD
Suzanne B Caidly, MD
Univ of California Irvine Med Ctr
Dept of Pediatrics
101 The City Dr/9022
92822 Irvine, CA 92825
Fax: 949-361-4988
Accred Length: 5 Yrs Program Size: 0
Program ID: 765-05-44-009

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program
Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Cedars-Sinai Medical Center
UCLA Medical Center
Pgm Director: Monica Sifuentes, MD
Henry Lin, MD
LA County-Harbor-UCLA Med Ctr
1000 W Carson St
Box 17
Torrance, CA 90609-2810
Tel: 310 222-2801 Fax: 310 222-8664
E-mail: huclapeds@aol.com
Accred Length: 5 Yrs Program Size: 0
Program ID: 765-05-44-006

Graduate Medical Education Directory 2004-2005

1111
### Connecticut

**Farmington**

**University of Connecticut Program**

**Sponsors:** University of Connecticut School of Medicine, Connecticut Children's Medical Center

**St. Francis Hospital and Medical Center**

**University of Connecticut Health Center/John Dempsey Hospital**

**Program Director:** Robert M. Greenstein, MD

**E-mail:** greenstein@uconnmed.edu

**Accreditation:** 5 Yrs, Program Size: 1

**Program ID:** 765-98-44-004

### Ohio

**Cincinnati**

**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

**Sponsor:** Cincinnati Children's Hospital Medical Center

**Program Director:** Javier A. Gonzalez del Rey, MD

**Howard N. Saul, MD**

**Pediatric Residency Program**

**Children's Hosp Med Ctr**

**3333 Burnet Ave**

**Cincinnati, OH 45229-3339**

**Accreditation:** 5 Yrs, Program Size: 3

**Program ID:** 765-98-44-011

### Maryland

**Baltimore**

**John Hopkins University Program**

**Sponsor:** Johns Hopkins University School of Medicine

**Johns Hopkins Hospital**

**Program Director:** Julia McMillan, MD

**Garry R. Cutting, MD**

**Pediatric Residency Program**

**Institute of Genetic Medicine**

**600 N Wolfe St/CMS 1004**

**Baltimore, MD 21287-3014**

**Accreditation:** 5 Yrs, Program Size: 0

**Program ID:** 765-23-44-010

### Pennsylvania

**Philadelphia**

**Children's Hospital of Philadelphia Program**

**Sponsor:** Children's Hospital of Philadelphia

**Program Director:** Haig Kazarian, MD

**Eir. Human Genes & Molecular Biology**

**Children's Hosp Philadelphia, 1902 ABC**

**3615 Civic Center Blvd**

**Philadelphia, PA 19104-6145**

**Phone:** 215-590-3566

**Fax:** 215-590-3564

**Accreditation:** 5 Yrs, Program Size: 6

**Program ID:** 765-41-44-003

### New York

**New York**

**Mount Sinai School of Medicine Program**

**Sponsor:** Mount Sinai School of Medicine

**Mount Sinai Medical Center**

**Program Director:** Margaret M. McGovern, MD, PhD

**One Gustave L. Levy Pl**

**Box: 1407**

**New York, NY 10029-6574**

**Phone:** 212-455-1111

**Fax:** 212-455-1111

**E-mail:** mcmgovern@msmh.edu

**Accreditation:** 5 Yrs, Program Size: 5

**Program ID:** 765-35-44-001

### Pediatrics/Physical Medicine and Rehabilitation

**Colorado**

**Denver**

**University of Colorado Program**

**Sponsor:** University of Colorado School of Medicine

**Program Director:** Dennis J. Matthews, MD

**Amitabh Jha, MD**

**Children's Hosp**

**1054 E 18th Ave**

**Denver, CO 80218**

**Phone:** 303-724-1263

**Fax:** 303-724-0863

**E-mail:** v.malik@uchsc.edu

**Accreditation:** 5 Yrs, Program Size: 1

**Program ID:** 735-97-44-001

### Ohio

**Cincinnati**

**University Hospital Program**

**Sponsor:** University Hospital Inc

**Program Director:** Austin I. Noshima, MD, MPH

**Univ Hosp-Univ of Cincinnati Coll of Med**

**Dept of Phys Med/Rehab**

**PO Box 07650**

**Cincinnati, OH 45267-0530**

**Phone:** 513-558-7635

**Fax:** 513-558-4458

**E-mail:** marcy.dupke@uc.edu

**Accreditation:** 5 Yrs, Program Size: 5

**Program ID:** 735-88-44-612

### Pennsylvania

**Philadelphia**

**Temple University Program**

**Sponsor:** Temple University Hospital

**St. Christopher's Hospital for Children (Tenet Health System)**

**Program Director:** Ian B. Malinin, MD, MBA

**Robert S. Wimmer, MD**

**Temple Univ Hosp**

**3401 N Broad St**

**Philadelphia, PA 19140**

**Phone:** 215-707-7921

**Fax:** 215-707-7961

**E-mail:** kellyg@tuhs.temple.edu

**Accreditation:** 5 Yrs, Program Size: 2

**Program ID:** 735-41-44-421

**Thomas Jefferson University Hospital Program**

**Sponsor:** Thomas Jefferson University Hospital

**Alfred duPont Hospital for Children**

**Program Director:** Steven M. Selbst, MD

**Michael P. Saadino, MD, PhD**

**A. duPont Hosp for Children**

**PO Box 269**

**Wilmington, DE 19899**

**Phone:** 302-651-8574

**Fax:** 302-651-6584

**E-mail:** kwebb@senepa.org

**Accreditation:** 5 Yrs, Program Size: 5

**Program ID:** 735-41-44-020
**Virginia**

**Richmond**

Virginia Commonwealth University
Health System Program

**Sponsor:** Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals

**Pgm Director:** Jacob A Neufeld, MD
William McKinley, MD

Dept of PMR
1225 E Marshall St
PO Box 90661 MCH Station
Richmond, VA 23298-6661

Tel: 804 228-5865  Fax: 804 228-5970
E-mail: peicholsonchkva.org

Accred Length: 5 Yrs  Program Size: 27
Program ID: 730-61-44-022

**Pediatrics/ Psychiatry/Child and Adolescent Psychiatry**

**Hawaii**

**Honolulu**

University of Hawaii Program

**Sponsor:** University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children

**Pgm Director:** Terry G. Lee, MD
Mal Ash Nguyen, MD

Univ of Hawaii
Dept of Psychiatry
1356 Lusitana St 4th Fl
Honolulu, HI 96813

Tel: 808 548-2058  Fax: 808 548-2940
E-mail: Lee79hosp.hawaii.edu

Accred Length: 5 Yrs  Program Size: 10
Program ID: 730-14-44-007

**Indiana**

**Indianapolis**

Indiana University School of Medicine Program

**Sponsor:** Indiana University School of Medicine
Clarian Riley Hospital for Children
Clarian Indiana University Hospital

**Pgm Director:** David Dunn, MD
Susan Bowyer, MD

Indiana Univ Sch of Med
Riley Hosp for Children 3901
702 Barnhill Dr
Indianapolis, IN 46202-5200

Tel: 317 278-3638  Fax: 317 274-1248
E-mail: linday.mee@iuapiu.edu

Accred Length: 5 Yrs  Program Size: 10
Program ID: 730-17-44-009

**Kentucky**

**Lexington**

University of Kentucky A B Chandler Medical Center Program

**Sponsor:** University of Kentucky A B Chandler Medical Center
Ridge Behavioral Health System
University of Kentucky Hospital

**Pgm Director:** Debra A Katz, MD
Univ of Kentucky Psychiatry
3470 Blazer Pkwy
Lexington, KY 40509-1810

Tel: 859 323-6021, ext. 272  Fax: 859 323-1194
E-mail: tabanoff@myuky.edu

Accred Length: 5 Yrs  Program Size: 10
Program ID: 730-17-44-001

**Louisiana**

**New Orleans**

Tulane University Program

**Sponsor:** Tulane University School of Medicine
DePaul/Tulane Behavioral Health Center
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Tulane Hospital for Children
Tulane University Hospital and Clincs
Veterans Affairs Medical Center (New Orleans)

**Pgm Director:** Brian Stafford, MD, MPH

Tulane Univ Sch of Med
1410 Tulane Ave/TS 52
New Orleans, LA 70112

Tel: 504 588-5405  Fax: 504 587-4264
E-mail: bstaffor@tulane.edu

Accred Length: 5 Yrs  Program Size: 0
Program ID: 730-21-44-012

**Massachusetts**

**Boston**

Tufts University Program

**Sponsor:** Tufts-New England Medical Center

**Pgm Director:** Joseph J Jankowski, MD
New England Med Ctr Hospital
PO Box 1007
700 Washington St
Boston, MA 02111

Tel: 617 636-3638  Fax: 617 635-4632
E-mail: jacolman@tufts-nemc.org

Accred Length: 5 Yrs  Program Size: 10
Program ID: 730-24-44-002

**New York**

**New York**

Mount Sinai School of Medicine Program

**Sponsor:** Mount Sinai Medical Center

**Pgm Director:** Abraham S Bartell, MD, MBA
Mount Sinai Med Ctr
Dept of Psychiatry Box 1230
One Gustave L. Levy Pl
New York, NY 10029

Tel: 212 659-9818  Fax: 212 348-8436
E-mail: Abraham.Bartell@mssm.edu

Accred Length: 5 Yrs  Program Size: 10
Program ID: 730-35-44-004

**Ohio**

**Cincinnati**

University Hospital/University of Cincinnati College of Medicine Program

**Sponsor:** University Hospital Inc

**Pgm Director:** John P Daniels, MD
Javier A Gonzalez del Rey, MD

Cincinnati Children's Hosp Med Ctr
Dept of Psychiatry
3333 Burnet Ave M1 3014
Cincinnati, OH 45229

Tel: 513 636-8836  Fax: 513 636-4283
E-mail: john.daniels@ochrcn.org

Accred Length: 5 Yrs  Program Size: 11
Program ID: 730-38-44-008
### Pennsylvania

#### Pittsburgh

**University Health Center of Pittsburgh Program**

<table>
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<tr>
<th>Sponsor</th>
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<td>UPMC Western Psychiatric Institute and Clinic Veterans Affairs Medical Center (Pittsburgh)</td>
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<tr>
<td><strong>Prgm Director:</strong></td>
<td>Erin E Malley, MD</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:malleyee@umc.upmc.edu">malleyee@umc.upmc.edu</a></td>
</tr>
<tr>
<td><strong>Tel:</strong></td>
<td>412 604-2076</td>
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<td><strong>Fax:</strong></td>
<td>412 604-0319</td>
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### Rhode Island

#### Providence

**Brown University Program**

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<th>Sponsor</th>
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<tr>
<td><strong>Prgm Director:</strong></td>
<td>Henrietta L Leaard, MD</td>
</tr>
<tr>
<td><strong>Tel:</strong></td>
<td>401 444-0760</td>
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<tr>
<td><strong>Fax:</strong></td>
<td>401 444-8879</td>
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<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:mapinfo@lifespan.org">mapinfo@lifespan.org</a></td>
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<td><strong>Program ID:</strong></td>
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### Utah

#### Salt Lake City

**University of Utah Program**

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<th>Sponsor</th>
<th>University of Utah Medical Center</th>
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<tr>
<td><strong>Prgm Director:</strong></td>
<td>Douglas Gray, MD</td>
</tr>
<tr>
<td><strong>Tel:</strong></td>
<td>801 581-9839</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>801 585-8696</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:glenda.evans@hsc.utah.edu">glenda.evans@hsc.utah.edu</a></td>
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### California

#### Sacramento

**University of California (Davis) Health System Program**

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<th>Sponsor</th>
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<tr>
<td><strong>Prgm Director:</strong></td>
<td>Mark Servis, MD</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:mservis@ucdavis.edu">mservis@ucdavis.edu</a></td>
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<td><strong>Program ID:</strong></td>
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### Iowa

#### Iowa City

**University of Iowa Hospitals and Clinics Program**

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<th>Sponsor</th>
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<td><strong>Prgm Director:</strong></td>
<td>George R Bergs, MD</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:linda-hoover@uiowa.edu">linda-hoover@uiowa.edu</a></td>
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### Maryland

#### Bethesda

**National Capital Consortium Program**

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<tr>
<td><strong>Prgm Director:</strong></td>
<td>Timothy Lacy, MD</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:timothy.lacy@npgmc.com">timothy.lacy@npgmc.com</a></td>
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<tr>
<td><strong>Fax:</strong></td>
<td>301 567-1001</td>
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### Minnesota

#### Minneapolis

**University of Minnesota Program**

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<td><strong>Prgm Director:</strong></td>
<td>Sheila M Specker, MD</td>
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<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:dstgeorge@umn.edu">dstgeorge@umn.edu</a></td>
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### Ohio

#### Cincinnati

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<tr>
<td><strong>Prgm Director:</strong></td>
<td>Lawnon R Walsh, MD</td>
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<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:Lawnon.Walsh@uc.edu">Lawnon.Walsh@uc.edu</a></td>
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Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program
Sponsor: University Hospitals of Cleveland
Prgm Director: Michael P Bowane, DO, MS
Robert J Ronis, MD, MPH
Univ Hosp of Cleveland
Dept of Family Med
1100 Euclid Ave, Ste 1200, 14th Fl
Cleveland, OH 44106-5535
Tel: 216 644-6488 Fax: 216 644-1600
E-mail: Jamshy.Dumico@uhhs.com
Accred Length: 5 Yrs Program Size: 10
Program ID: 720-58-44-013

Oklahoma

Tulsa

University of Oklahoma College of Medicine-Tulsa Program
Sponsor: University of Oklahoma College of Medicine-Tulsa
Prgm Director: William R Yates, MD
Leal D Efrink Jr, MD
Univ of Oklahoma Coll of Med-Tulsa
4502 E 14th St S1207
Tulsa, OK 74133-2512
Tel: 918 669-3518 Fax: 918 660-3517
E-mail: rhonda.wallace@ouhsc.edu
Accred Length: 6 Yrs Program Size: 2
Program ID: 720-54-44-002

West Virginia

Morgantown

West Virginia University Program
Sponsor: West Virginia University School of Medicine
Prgm Director: Walter Byrd, MD
James G Arborast, MD
West Virginia Sch of Med
Behavioral Med Psych
610 Chestnut Ridge Rd
Morgantown, WV 26506
Tel: 304 293-3411 Fax: 304 293-8724
E-mail: simq@gmail.com
Accred Length: 5 Yrs Program Size: 2
Program ID: 720-55-44-010

Wisconsin

Milwaukee

Medical College of Wisconsin Program
Sponsor: Medical College of Wisconsin Allied Hospitals, Inc.
Prgm Director: Randy Ward, MD
Carlyle H Chan, MD
Dept of Psychiatry
2220 N Lake Dr
Milwaukee, WI 53291
Tel: 414 291-1602 Fax: 414 291-1613
E-mail: sswh@mcw.edu
Accred Length: 5 Yrs Program Size: 6
Program ID: 720-56-44-011

Psychiatry/Neurology

Arizona

Tucson

University of Arizona Program
Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson) University Medical Center
Prgm Director: David M Jablons, MD
Francisco A Moreno, MD
Univ of Arizona Biltmore Sciences Ctr
1501 N Campbell Ave
Box 249023
Tucson, AZ 85724-5023
Tel: 520 266-3506 Fax: 520 636-2111
E-mail: labinert@u.arizona.edu
Accred Length: 5 Yrs Program Size: 8
Program ID: 720-57-44-013

Louisiana

New Orleans

Tulane University Program
Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Prgm Director: Patrick O'Neil, MD
Anne L Pounds, MD
Tulane Univ Sch of Med
Dept of Psych/Neuro/BD/PSY
1440 Canal St
New Orleans, LA 70112-2715
Tel: 504 894-7239 Fax: 504 894-7290
E-mail: psychres@tulane.edu
Accred Length: 6 Yrs Program Size: 6
Program ID: 720-51-44-002

Massachusetts

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
Prgm Director: Sheldon Benjamin, MD
Ann Mitchell, MD, PhD
Dept of Psychiatry
Univ of Massachusetts Med Sch
55 Lake Ave N
Worcester, MA 01655
Tel: 508 856-4087 Fax: 508 856-5000
E-mail: vickie.white@umassmed.edu
Accred Length: 6 Yrs Program Size: 4
Program ID: 720-55-44-010

New York

New York

New York Presbyterian Hospital (Columbia Campus) Program
Sponsor: New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute
Prgm Director: Ronald D Bieder, MD
Mitchell Ekkind, MD
New York Presbyterian Hosp
Columbia Univ
1660 Riverside Dr
New York, NY 10032
Tel: 212 543-5000 Fax: 212 543-5304
E-mail: psych-residency@columbia.edu
Accred Length: 6 Yrs Program Size: 2
Program ID: 720-33-44-011

New York University School of Medicine Program
Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Carol Bernstein, MD
LS Boylan, MD
New York Univ Med Ctr
550 First Ave
NY 10016
New York, NY 10016-8198
Tel: 212 363-6938 Fax: 212 263-6497
E-mail: psychiatry-residency@med.nyu.edu
Accred Length: 6 Yrs Program Size: 6
Program ID: 720-35-44-008
Combined Specialty Programs in Psychiatry/Neurology

Rhode Island

Providence

Brown University Program
Sponsor: Butler Hospital
Rhode Island Hospital-Lifespan
Program Director: Stephen P Salloway, MD
Butler Hosp
Dept of Neurology
345 Blackstone Blvd
Providence, RI 02905
Tel: 401 455-6400, ext 2219  Fax: 401 455-6405
E-mail: stephen_salloway@brown.edu
Accred Length: 6 Yrs  Program Size: 8
Program ID: 755-43-44-005

West Virginia

Morgantown

West Virginia University Program
Sponsor: West Virginia University School of Medicine
Charleston Area Medical Center/West Virginia University
Program Director: Walter Byrd, MD
John P Brick, MD
West Virginia Sch of Med
Behavioral Med Psychiatry
930 Chestnut Ridge Rd
Morgantown, WV 26505
Tel: 304 293-2411  Fax: 304 293-8734
E-mail: sengle@hsu.wvu.edu
Accred Length: 6 Yrs  Program Size: 1
Program ID: 755-55-44-001
Appendix B

Medical Specialty Board Certification Requirements

Twenty-four medical specialty boards have been approved by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) Council on Medical Education through the Liaison Committee for Specialty Boards (LCSB). Applications for recognition as a specialty board are submitted to the LCSB and reviewed for compliance with the requirements and criteria published in the Essentials for Approval of New Examining Boards in Medical Specialties approved by both the ABMS and the AMA. If an applicant is approved for recognition as a medical specialty board by the LCSB, the application must then be approved by the membership of the ABMS and the AMA Council on Medical Education. The Essentials may be obtained from the office of the Executive Vice President of the ABMS, 1007 Church St/Ste 404, Evanston, IL 60201-5913, or from the Council on Medical Education, AMA, 515 N State St, Chicago, IL 60610.

The primary objective of medical specialty boards is the improvement of the quality of medical education and medical care. The primary functions of each of the medical specialty boards are to evaluate candidates in a medical specialty field who voluntarily appear for examination and to certify as diplomates those candidates who are qualified. To accomplish these functions, medical specialty boards determine whether candidates have received adequate preparation in accordance with established educational standards; provide comprehensive examinations designed to assess knowledge, skills, and experience required to provide quality patient care in that specialty; and certify those candidates who have satisfied the requirements.

In collaboration with the other organizations and agencies concerned, the approved medical specialty boards assist in improving the quality of medical education by elevating the standards of graduate medical education and approving facilities for specialty training.

The actual accreditation review for the approval of residency programs in each specialty is conducted by a Residency Review Committee on which the respective specialty board has equal representation with the AMA Council on Medical Education and, in some cases, with a related specialty society.

Medical specialty board certification is an additional process to receiving a medical degree, completing residency training, and receiving a license to practice medicine.

Certification requirements of each member board of ABMS are included on subsequent pages. Inquiries regarding specialty board certification requirements should be directed to the specialty board executive offices listed in Table 1. The member boards of ABMS publish materials containing statements on the requirements for certification, which are also reprinted in each edition of the Official American Board of Medical Specialties Directory of Board Certified Medical Specialists. This publication contains certification and biographical information on each specialist who has been certified by a member board of ABMS. The Directory is available from Elsevier Science, 655 Avenue of the Americas, New York, NY 10010; 888 437-4686; fax 212 633-3820.

ABMS Information
American Board of Medical Specialties
1007 Church St/Ste 404
Evanston, IL 60201-5913
847 481-9091
847 328-8596 Fax
www.abms.org

Graduate Medical Education Directory 2004-2005
Table 1. Member Boards of the American Board of Medical Specialties

<table>
<thead>
<tr>
<th>Name of Board</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>American Board of Allergy and Immunology</td>
<td>510 Walnut St/Ste 1701 Philadelphia, PA 19106-3999 (215) 592-9466 (215) 582-5411 Fax E-mail: <a href="mailto:abai@abai.org">abai@abai.org</a> <a href="http://www.abai.org">www.abai.org</a></td>
</tr>
<tr>
<td>American Board of Anesthesiology</td>
<td>4101 Lake Boone Trail/Suite 510 Raleigh, NC 27607-7506 (919) 881-2570 (919) 881-2575 Fax E-mail:<a href="mailto:kpateilla@abanes.org">kpateilla@abanes.org</a> <a href="http://www.abanes.org">www.abanes.org</a></td>
</tr>
<tr>
<td>American Board of Emergency Medicine</td>
<td>1118 Lake Boone Trail/Suite 510 Raleigh, NC 27607-7506 (919) 825-6870 (310) 794-4821 Fax E-mail:<a href="mailto:abem@abem.org">abem@abem.org</a> <a href="http://www.abem.org">www.abem.org</a></td>
</tr>
<tr>
<td>American Board of Colon and Rectal Surgery</td>
<td>20600 Eureka Rd/Ste 800 Tayler, MI 48190 (734) 282-9400 (734) 282-9402 Fax E-mail:<a href="mailto:admin@abcers.org">admin@abcers.org</a> <a href="http://www.abcers.org">www.abcers.org</a></td>
</tr>
<tr>
<td>American Board of Dermatology</td>
<td>Henry Ford Health System, One Ford Place Detroit, MI 48202-3450 (313) 872-1098 (313) 872-3221 Fax E-mail:<a href="mailto:abderm@fhhs.org">abderm@fhhs.org</a> <a href="http://www.abderm.org">www.abderm.org</a></td>
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<tr>
<td>American Board of Emergency Medicine</td>
<td>3000 Coddidge Rd East Lansing, MI 48823-6319 (517) 332-4800 (517) 332-2234 Fax E-mail:abem.org <a href="http://www.abem.org">www.abem.org</a></td>
</tr>
<tr>
<td>American Board of Family Practice</td>
<td>2128 Young Dr Lexington, KY 40505-4234 (502) 269-5626 E-mail:<a href="mailto:general@abfp.org">general@abfp.org</a> <a href="http://www.abfp.org">www.abfp.org</a></td>
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<tr>
<td>American Board of Internal Medicine</td>
<td>510 Walnut St/Ste 1700 Philadelphia, PA 19106-3999 (215) 441-2246 (215) 446-3470 Fax E-mail:<a href="mailto:requests@abim.org">requests@abim.org</a> <a href="http://www.abim.org">www.abim.org</a></td>
</tr>
<tr>
<td>American Board of Medical Genetics</td>
<td>9505 Rockville Pike Bethesda, MD 20814-3998 (301) 634-7315 (301) 634-7220 Fax E-mail:abmg.org</td>
</tr>
<tr>
<td>American Board of Nuclear Medicine</td>
<td>900 Veteran Ave Los Angeles, CA 90024-2703 (310) 971-1616 (310) 971-1943 Fax E-mail:<a href="mailto:info@abnm.org">info@abnm.org</a> <a href="http://www.abnm.org">www.abnm.org</a></td>
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<tr>
<td>American Board of Obstetrics and Gynecology</td>
<td>2915 Vine St/Suite 300 Dallas, TX 75204 (214) 694-1175 (601) 694-6560 Fax E-mail:abob.org <a href="http://www.abob.org">www.abob.org</a></td>
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<tr>
<td>American Board of Ophthalmology</td>
<td>111 Presidential Blvd/Ste 247 Bala Cynwyd, PA 19004-1075 (610) 694-1175 (610) 694-6560 Fax E-mail:abop.org <a href="http://www.abop.org">www.abop.org</a></td>
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<tr>
<td>American Board of Orthopaedic Surgery</td>
<td>465 Silver Cedar Ct Chapel Hill, NC 27514 (919) 929-7103 (919) 942-6986 Fax E-mail:abos.org <a href="http://www.abos.org">www.abos.org</a></td>
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<tr>
<td>American Board of Otolaryngology</td>
<td>3050 Post Oak Boulevard/Suite 1700 Houston, TX 77056-6579 (713) 850-0399 (713) 890-1194 Fax E-mail:aboto.org <a href="http://www.aboto.org">www.aboto.org</a></td>
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<tr>
<td>American Board of Pathology</td>
<td>PO Box 25915 Tampa, FL 33622-5915 (813) 285-2444 (813) 289-5270 Fax E-mail:abpath.org <a href="http://www.abpath.org">www.abpath.org</a></td>
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<tr>
<td>American Board of Pediatrics</td>
<td>111 Silver Cedar Ct Chapel Hill, NC 27514-1513 (919) 929-0451 (919) 929-9256 Fax E-mail:abpediatric.org <a href="http://www.abped.org">www.abped.org</a></td>
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<tr>
<td>American Board of Preventive Medicine</td>
<td>330 S Wells/Ste 1018 Chicago, IL 60606 (312) 339-2276 (312) 339-2218 Fax E-mail:abpm.org <a href="http://www.abpm.org">www.abpm.org</a></td>
</tr>
<tr>
<td>American Board of Plastic Surgery</td>
<td>Seven Penn Ctr/Ste 400 1655 Market St Philadelphia, PA 19103-2204 (215) 587-9322 (215) 587-9522 Fax E-mail:<a href="mailto:info@abplasurg.org">info@abplasurg.org</a> <a href="http://www.abplasurg.org">www.abplasurg.org</a></td>
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<tr>
<td>American Board of Preventive Medicine</td>
<td>330 S Wells/Ste 1018 Chicago, IL 60606 (312) 339-2276 (312) 339-2218 Fax E-mail:abpm.org <a href="http://www.abpm.org">www.abpm.org</a></td>
</tr>
<tr>
<td>American Board of Psychiatry and Neurology</td>
<td>500 Lake Cook Rd/Suite 335 Deerfield, IL 60015 (847) 945-7960 (847) 945-1146 Fax E-mail:abp.org <a href="http://www.abp.org">www.abp.org</a></td>
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<td>American Board of Pathology</td>
<td>PO Box 25915 Tampa, FL 33622-5915 (813) 285-2444 (813) 289-5270 Fax E-mail:abpath.org <a href="http://www.abpath.org">www.abpath.org</a></td>
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<tr>
<td>American Board of Pediatrics</td>
<td>111 Silver Cedar Ct Chapel Hill, NC 27514-1513 (919) 929-0451 (919) 929-9256 Fax E-mail:abpediatric.org <a href="http://www.abped.org">www.abped.org</a></td>
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<tr>
<td>American Board of Preventive Medicine</td>
<td>330 S Wells/Ste 1018 Chicago, IL 60606 (312) 339-2276 (312) 339-2218 Fax E-mail:abpm.org <a href="http://www.abpm.org">www.abpm.org</a></td>
</tr>
<tr>
<td>American Board of Plastic Surgery</td>
<td>Seven Penn Ctr/Ste 400 1655 Market St Philadelphia, PA 19103-2204 (215) 587-9322 (215) 587-9522 Fax E-mail:<a href="mailto:info@abplasurg.org">info@abplasurg.org</a> <a href="http://www.abplasurg.org">www.abplasurg.org</a></td>
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<tr>
<td>American Board of Preventive Medicine</td>
<td>330 S Wells/Ste 1018 Chicago, IL 60606 (312) 339-2276 (312) 339-2218 Fax E-mail:abpm.org <a href="http://www.abpm.org">www.abpm.org</a></td>
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<td>American Board of Preventive Medicine</td>
<td>330 S Wells/Ste 1018 Chicago, IL 60606 (312) 339-2276 (312) 339-2218 Fax E-mail:abpm.org <a href="http://www.abpm.org">www.abpm.org</a></td>
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American Board of Allergy and Immunology

(A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

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M Louise Markert, MD, PhD, Durham, North Carolina
John W Yunginger, MD, Executive Secretary, Philadelphia, Pennsylvania

(The Board reserves the right to make changes in its policies and procedures at any time and cannot assume responsibility for giving advance notice thereof. All applicants are advised to contact the American Board of Allergy and Immunology (ABAI) to determine whether the following information remains current.)

Significance of Certification

A certified specialist in allergy and immunology is a physician who has successfully passed the certification examination of the American Board of Internal Medicine (ABIM) and/or the American Board of Pediatrics (ABP) with additional certification by the American Board of Allergy and Immunology (ABAI), a Conjoint Board of the ABIM and the ABP. Diplomates of the ABAI have detailed knowledge of the underlying pathophysiology and the diagnosis, treatment, and prevention of allergic diseases such as allergic rhinitis, allergic asthma, urticaria, anaphylaxis, hypersensitivity pneumonitis, atopic and contact dermatitis, and allergic gastrointestinal disorders, as well as comparable clinical problems without an apparent allergic etiology or component such as vasomotor rhinitis, nonallergic asthma, and idiopathic and/or hereditary forms of urticaria and/or angioedema. Diplomates also have expertise in the management of pulmonary complications of certain of these diseases.

Diplomates of the ABAI also possess advanced understanding of the biology of inflammation, immunochemistry, immunobiology, and pharmacology and experience in the application of this knowledge to the diagnosis, management, and therapy of immunologic diseases. This includes inborn or acquired defects of host resistance, autoimmune diseases, bone marrow and solid organ transplant-

ation, gene replacement therapy, adverse drug reactions, and related conditions. Diplomates have demonstrated to the satisfaction of their peers that they possess the general qualifications specified and are ethical and humanistic practitioners of medicine.

The purpose of certification by the ABAI is to provide assurance to the public and the medical profession that a certified internist or pediatrician has successfully completed an accredited educational program and an evaluation, including a secure, proctored examination, and possesses the knowledge, skills, and experience requisite to the provision of high-quality patient care in allergy and immunology.

Organization and Purpose

The ABAI was established in 1971 as a nonprofit organization and is one of 24 member boards of the American Board of Medical Specialties (ABMS). The ABAI is a Conjoint Board of the ABIM and the ABP and is sponsored jointly by the American Academy of Allergy, Asthma and Immunology (AAAAI), the American Academy of Pediatrics (AAP), the Section on Allergy and Immunology, the American College of Allergy, Asthma and Immunology (ACAAI), the American Medical Association (AMA), the Section Council of Allergy and Immunology, and the Clinical Immunology Society (CIS). The Board of Directors consists of an equal number of ABAI-certified internists and ABAI-certified pediatricians, who are nominated by the AAAAI, AAP, ACAAI, AMA, CIS and the ABAI Board of Directors themselves. The nominees are appointed by the ABIM and ABP for a 6-year term of office.

The ABAI's major purposes are to:

a. establish qualifications and examine physician candidates for certification as specialists in allergy/immunology,
b. serve the public and the health care community by providing the names of physicians certified as allergists/immunologists,
c. improve the quality of health care,
d. establish and improve standards for the teaching and practice of allergy/immunology,

e. establish standards for training programs in allergy/immunology working with the Residency Review Committee for Allergy and Immunology of the Accreditation Council for Graduate Medical Education (ACGME).

Certification

The ABAI serves candidates who have embarked on a graduate program of study with the express purpose of excelling in the practice of the subspecialty of allergy/immunology. The ABAI is responsible for the establishment and maintenance of the standards of knowledge required for certification. The ABAI anticipates that during a post-medical school training program, the candidates will acquire adequate knowledge in basic science, as applied to this discipline. In outlining its requirements, the ABAI assists the candidate to select superior educational programs that will develop his/her competency in allergy/immunology. The ABAI believes that all allergists/immunologists should have a fundamental knowledge of the biological science basic to this discipline. The responsibility of acquiring the knowledge rests with the candidate. Such knowledge is essential to the continued professional progress of all qualified allergist/immunologist.

To justify certification in allergy and immunology, each candidate must satisfy the general and professional qualifications listed below.

Content for Certification Examination

The examination covers all content areas listed in the current Program Requirements for Residency Education in Allergy and Immunology and the Content Outline determined by the Board of
A corollary of the competence of the candidate in understanding the pathophysiology, clinical presentation, and immunologic testing of allergic and other immunologic diseases is the knowledge of appropriate treatment options. For example, the common aspect of all types of asthma is the presence of airway inflammation. Definitive treatment of asthma demands interruption of the inflammatory response. Thus, candidates must understand use of drugs that decrease airway inflammation in asthma. Based upon the molecular knowledge of the allergic response, the candidate must appreciate the importance of allergen avoidance and medical treatment of allergic rhinitis before initiation of the more intense treatment of immunotherapy. In the latter therapy, candidates must have experience in allergen selection and administration in successful treatment regimens. Therapy for immunologic diseases must be understood, such as (noninclusive): intravenous immune globulin for antibody deficiency, treatment of immunodeficiency with biologic response modifiers, HLA-identical and HLA-haploidentical (T cell-depleted) bone marrow transplants for cellular immunodeficiencies, and gene replacement therapy currently used for the immunodeficiency associated with adenosine deaminase deficiency as well as theoretical principles/potential approaches in other congenital immune disorders.

Requirements for Certification

The candidate qualifies for examination by:
1. holding certification by the ABIM and/or ABP as of the date of the ABAI examination, and;
2. presenting evidence acceptable to the Board of Directors of at least 2 years of full-time residency/fellowship in allergy/immunology programs accredited by the ACGME or other acceptable training in allergy/immunology programs. These programs are listed in the Graduate Medical Education Directory, published by the American Medical Association, and
3. written documentation and evaluations from the training program director substantiating clinical competence and 2 full-time years of allergy/immunology training. Areas to be reviewed include the general competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, together with specific competencies. Procedural skills to be assessed include immediate hypersensitivity skin testing, delayed hypersensitivity skin testing/specific allergen immunotherapy, drug desensitization, pulmonary function testing, exercise challenge; methacholine/cold air challenge, and intravenous immunoglobulin therapy.

The training program director must also provide written evidence of the candidate's clinical experience and readiness to sit for the examination. In compliance with the ACGME Program Requirements for Residency Education in Allergy and Immunology, a semi-annual record must be maintained with copies to the ABAI for tracking purposes. The Evaluation Form together with the Explanation of Ratings Scale may be obtained from the ABAI. If a trainee has received two consecutive evaluations with overall unsatisfactory ratings, the training program director must provide the ABAI with a written plan for remediation of the trainee's deficiencies. After 6 months, the training program director must provide the ABAI and the trainee with a report of the success or failure of the remediation program, as well as any additional plans for corrective action; and
4. documentation from the chief of medicine or pediatrics, ABAI diplomates in the geographical area, chiefs of community hospitals, or officers of state or regional societies to verify the medical, ethical, and moral standing and clinical competence of the candidate as a specialist in allergy/immunology; and
5. evidence of a valid (current), unrestricted license to practice medicine in a state, territory, possession, or province of the United States or Canada where the individual practices medicine or providing a written explanation of extenuating circumstances. Candidates with a restricted, suspended, or revoked license at the time of application or examination will not be admitted to the examination or certified. Restrictions include, but are not limited to, conditions, contingencies, probation, and stipulated agreements.

Conjoint Committees—The nature of a Conjoint Board requires involvement of the sponsoring primary boards in critical areas of decision-making. The ABAI has formed two advisory committees with representation from the ABAI, ABIM, and ABP. The Conjoint Credentials Committee reviews the credentials of candidates for the certification examination and makes recommendations to the Board for its determination. The Conjoint Standards Committee recommends the passing grade for the certification examination to the Board for its determination.

Pathways for Dual Certification
Formal special pathways exist for individuals wishing to qualify for dual certification in allergy/immunology and pediatric pulmonology; allergy/immunology and pediatric rheumatology; and allergy/immunology and adult rheumatology. Additional information regarding special pathways is available upon request to the ABAI.

Recertification
Since 1977, the ABAI has offered its diplomates a recertification process every other year so that the effectiveness of each diplomate's own efforts in continuing education would be evaluated.

Beginning with 1989, new ABAI diplomates receive certificates valid for 10 years. Time-unlimited certificates were issued prior to October 1, 1989. However, all diplomates, especially those involved in training programs, are strongly encouraged to recertify at a minimum of every 10 years. Maintaining a current certificate is an expression of professional accountability. Presently, 1,667 ABAI diplomates hold time-limited certificates; renewal may be achieved in the interim.

The two-part recertification process is composed of the home study examination and the proctored examination administered the following summer. Recertification candidates will be required to attain an 80% correct score on the 150-item home study examination to gain entry to the proctored examination. If such an absolute score is not attained, the diplomate will be required to pass a subsequent retest examination and attain an 80% correct score. Should performance not meet this standard, the diplomate will not be permitted entry to the proctored examination.

The proctored examination contains 200 items, including 50 items emphasizing new knowledge in the specialty and 150 items in allergy and immunology. The ABAI anticipates that most diplomates seeking recertification will be successful. Diplomates will be required to attain an absolute minimum score to ultimately gain recertification in allergy/immunology. Standards are established to justify public confidence.

Content for Recertification Examination
The content of the home study examination covers the broad area of allergy and immunology listed previously under "Content for Certification Examination" and will provide diplomates a learning experience in the following areas of clinical science: immediate hypersensitivity, immunological disorders, pharmacology and therapeutics, specific diagnostic modalities, and allergens and antigens. Attention will also be given to the following areas of basic science: immune mechanisms, cells involved in immune responses, specific immune mechanisms, and laboratory tests.

The proctored examination reflects the current ABAI Content Outline, which is distributed and published on the ABAI Web site.

Requirements for Recertification
The diplomate qualifies for examination:
1. by having previously been certified by the ABAI (recertification in internal medicine or pediatrics is encouraged of ABAI diplomates); and
2. by presenting documentation from physicians in the ABAI diplomate's community that he/she is recognized as an allergist/immunologist; and
3. by presenting evidence of a valid (current), unrestricted license to practice medicine in a state, territory, possession, or province of the United States or Canada or provide a written explanation of extenuating circumstances. Diplomates with a restricted, suspended, or revoked license at the time of application or examination will not be admitted to the examination or recertified. Restrictions include, but are not limited to, conditions, contingencies, probation, and stipulated agreements.

Examination Methodology
Announcements
The proctored certification and recertification examinations are administered simultaneously in multiple US locations annually. The times and places are determined by the ABAI and announced in the appropriate specialty journals and the ABAI Web site.

Applications
The act of filing an application is the candidate's responsibility. The application form is available from the ABAI office and can be downloaded from the ABAI Web site. Two recent photographs that are signed by the candidate and the necessary fees must be received with the completed application or before the close of registration (postmark applicable).

Board Review Courses
The ABAI does not sponsor or maintain any records on any courses that claim to be review courses in preparation for its examinations, nor does it offer or endorse any specific publications or courses to prepare for its examinations.

Cancellations
Candidates who are accepted for examination, but fail to appear or who withdraw after the deadline for cancellation will have their examination fee refunded. For each subsequent examination, candidates will be required to pay the current registration and examination fees.

Certificates
Candidates/diplomates who pass the examinations will be certified or recertified in the specialty of allergy/immunology or CLI as of the date of the examination and receive a 10-year time limited certificate (subject to revocation by the ABAI for cause), expiring on December 31 ten years later. This information becomes public information and will be listed in The Official ABMS Directory of Board Certified Specialists.

Description
The computer-based examinations vary in length, certification being two 4-hour sessions and recertification being one 4-hour session. The multiple-choice questions are objective and designed to test the individual's knowledge through recall, interpretation, and problem solving. Each examination may contain previously used questions and new questions.
Disabled Candidates
Individuals who may need accommodation during the examination must provide written details to the ABAI at the time of application for examination in order to receive information about ABAI’s disability policy and accommodations approval from the Credentials Committee.

Fees
The fees are set forth in the instruction sheet included with the application. Candidates whose applications are rejected will receive a refund of the examination fee; however, the ABAI will retain the registration fee to cover the processing and evaluation costs. A nonrefundable late fee will apply to those applications received after the close of registration and prior to the cancellation deadline.

Irregular Behavior
All Board examinations are supervised by proctors, who are required to report any irregular behavior, which includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the examination as evidenced by observation or subsequent statistical analysis of answer sheets. Offering financial or other benefit to a proctor, employee, or agent of the ABAI is forbidden.

Reexamination
Candidates who are unsuccessful on any examination may reapply, as there is no restriction on the number of opportunities for reexamination. Once admitted to an examination, candidates will be considered to have met the training requirements for future examination in that discipline. All candidates for reexamination must meet the current requirements for licensure and professional standing.

Rescoring
On written request and payment of a nominal fee, candidates may obtain rescoring within 3 months of receiving results. Answer sheets will be destroyed 12 months after administration of the examination.

Results
Individuals will be informed of the results of the examinations within 3 months of administration. The validity of the individual’s performance on the examination is secured by every means available.

Special Policies
Verification of Board Status
Based on ABMS-recommended policy, the ABAI does not issue statements of or implying “Board eligibility” for any reason. Medical specialty certification is a process of advancement through several individual steps including examination. Having completed one step, such as the minimal educational requirements, should not imply that a candidate is now possessed of some special qualification that is more or less equivalent to certification. For written verification of the status of an allergist/immunologist, ABAI charges a nominal fee per name.

Revocation of Certificate
Certificates issued by the ABAI shall be subject to revocation under specific circumstances, including but not limited to a state medical license revocation or revocation of certification by either the ABIM or ABP.
American Board of Anesthesiology

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John Markey, MBA, CPA, Director, Finance and Administration, Raleigh, North Carolina

These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Anesthesiology [ABA] to ascertain whether the information below is current.

Introduction

The American Board of Anesthesiology (ABA) publishes its Booklet of Information to inform all interested individuals of the policies, procedures, regulations, and requirements governing its certification programs.

A copy of the booklet is sent annually to the chairs of anesthesiology departments and the directors of Accreditation Council for Graduate Medical Education (ACGME)-accredited anesthesiology residency programs and to every resident in those programs who is properly registered by the program with the ABA.

The chair of the anesthesiology department is ultimately responsible for the residency program. The ABA corresponds officially with the department chair if the chair notifies the ABA that a faculty member has been appointed program director with responsibility for administering the program, the ABA corresponds with the program director about training matters and sends the department chair a copy of the correspondence.

The program must ensure that each resident's training fulfills all requirements regarding admission to and opportunities for examination.

Primary Certification in Anesthesiology Certification Requirements

At the time of certification by the ABA, the candidate shall be capable of performing independently the entire scope of anesthesiology practice and must:

A. Hold an unexpired license to practice medicine in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional, and unrestricted.

B. Have fulfilled all the requirements of the Continuum of Education in Anesthesiology.

C. Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final 6-month period of Clinical Anesthesia training in each anesthesiology residency program.

D. Have satisfied all examination requirements of the Board.

E. Have a moral, ethical, and professional standing satisfactory to the ABA.

ABA certificates in anesthesiology issued on or after January 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. A person certified by the ABA is designated a diplomate in publications of the American Board of Medical Specialties (ABMS) and the American Society of Anesthesiologists (ASA).

Continuum of Education in Anesthesiology

The continuum of education in anesthesiology consists of 4 years of training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a Clinical Base Year (CBY) and 36 months of approved training in anesthesia (CA-1, CA-2, and CA-3 years).

A. During the Clinical Base year the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories that is accredited by the ACGME or approved by the American Osteopathic Association, or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education.

Acceptable clinical base experiences include training in internal or emergency medicine, pediatrics, surgery or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, critical care medicine, or any combination of these as approved for the individual resident by the director of his or her training program in anesthesiology. The Clinical Base year must include at least 10 months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at least 1 month may involve the administration of anesthesia. At most, 2 months of the Clinical Base year may involve training in specialties or subspecialties that do not meet the aforementioned criteria.

The resident must complete the Clinical Base year before beginning CA-3 year clinical rotations.

B. The 3-year Clinical Anesthesia curriculum (CA-1-3) consists of experience in basic anesthesia training, subspecialty anesthesia training, and advanced anesthesia training. It is a graded curriculum of increasing difficulty and learning that is progressively more challenging of the resident's intellect and technical skills.
1. Experience in Basic Anesthesia Training is intended to emphasize basic and fundamental aspects of the management of anesthesia. It is recommended that at least 12 months of the CA-1 and CA-2 years be spent in basic anesthesia training, with a majority of this time occurring during the CA-1 year.

2. Subspecialty Anesthesia Training is required to emphasize the theoretical background, subject material, and practice of subdisciplines of anesthesiology. These subdisciplines include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, regional anesthesia, and pain medicine. It is recommended that these experiences be subspecialty rotations and occupy 7 to 12 months of the CA-1 and CA-2 years. The sequencing of these rotations in the CA-1 and CA-2 years is left to the discretion of the program director.

In addition to the above requirements for subspecialty experiences, 2 months of training in critical care medicine are required during Clinical Anesthesia training. An acceptable critical care rotation should include active participation in patient care, active involvement by anesthesia faculty experienced in the practice and teaching of critical care, and an appropriate population of critically ill patients. Experience in short-term overnight post-anesthesia units, intermediate step-down units, or emergency rooms does not fulfill this requirement.

3. Experience in Advanced Anesthesia Training constitutes the CA-3 year. The CA-3 year is a distinctly different experience from the CA-1-2 years, requiring progressively more complex training experiences and increased independence and responsibility for the resident. Residents must complete the Clinical Base and CA-1-2 years of training before they begin clinical rotations in fulfillment of the CA-3 year requirement.

The program director, in collaboration with the resident, will design the resident’s CA-3 year of training. They will select one of two tracks designated as the advanced clinical track and the clinical scientist track. Regardless of the track selected, resident assignments in the CA-3 year should include the more difficult or complex anesthetic procedures and care of the seriously ill patients.

Residents in the Advanced Clinical Track are required to complete a minimum of 6 months of advanced anesthesia training. They may spend the remaining months in advanced anesthesia training, in one or more selected subspecialty rotations, or in research. Residents may train in one anesthesia subspecialty for at most 6 months during the CA-3 year and no more than 12 months during the CA-1-3 years.

The Clinical Scientist Track consists of clinical training in combination with research experience. Research may occur at any time during residency training although often it will be conducted in the CA-3 year. The resident must be enrolled in an ACGME-accredited anesthesiology program and remain active in the educational component of the program while pursuing research. There are two options for fulfilling the requirements of this track.

Option A of the Clinical Scientist Track may be fulfilled by completing 6 months of clinical or laboratory research experience during 48 months of training, which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia.

Option B of the Clinical Scientist Track, intended for residents who plan careers as academic investigators, may be fulfilled by completing 18 months of clinical or laboratory research at any time during 40 months of training, which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia. They are eligible for entrance into the ABA examination system after they have completed their Clinical Base requirement, 30 months of Clinical Anesthesia satisfactorily, and a minimum of 6 months of research experience.

The anesthesiology program director may request 6 months of credit toward the research component of Option B for a resident with a PhD degree in a discipline relevant to Anesthesiology. Documents supporting this request should include documentation of the PhD degree, a description of the current research, and a copy of the resident’s curriculum vitae. Approval is at the discretion of the Credentials Committee and must be obtained prior to the start of the last 12 months of residency training. Credit will be granted only upon completion of all other requirements of Option B of the clinical scientist track.

Regardless of which CA-3 Track is chosen, a resident must have a satisfactory Clinical Competence Committee report for 6 months of Clinical Anesthesia training immediately preceding any research period.

C. The ABA grants a resident credit toward the CA1-3 year requirements for Clinical Anesthesia training that satisfies all four of the following conditions:

1. The CA 1-3 years of training are spent as a resident enrolled with the ABA by no more than two ACGME-accredited residency programs in the United States or its territories. An ACGME-accredited program includes the parent institution and institutions that have an RRC-approved integration or affiliation agreement with the parent institution.

2. The period of Clinical Anesthesia training as an enrolled resident of any single program is at least 6 months of uninterrupted training.

3. The 6-month period Clinical Anesthesia training in any one program ends with receipt of a satisfactory Certificate of Clinical Competence. To receive credit from the ABA for a period of Clinical Anesthesia training that is not satisfactory, the resident must immediately complete an additional 6 months of uninterrupted clinical anesthesia training in the same program with receipt of a satisfactory Certificate of Clinical Competence. If a resident receives consecutive Certificates of Clinical Competence that are not satisfactory, additional training is required. When a resident receives a satisfactory Certificate of Clinical Competence immediately following consecutive periods of training that are not satisfactory, the ABA will grant credit only for the period of satisfactory training and the most recent of the periods of unsatisfactory training immediately preceding it.

4. Training away from the resident’s ACGME-accredited anesthesiology program cannot occur until completion of at least 1 year of Clinical Anesthesia or during the last 3 months of the CA-3 year, unless such training will be in another ACGME-accredited anesthesiology program.

Current RRC requirements limit training in institutions not integrated with the resident’s ACGME-accredited program to a maximum of 12 months throughout the CA 1-3 years. The ABA will accept no more than 6 of these months in institutions not affiliated with the ACGME-accredited program. Therefore, residents must complete a minimum of 24 months of Clinical Anesthesia training in their ACGME-accredited program’s parent and integrated institutions and may complete at most 6 months of Clinical Anesthesia training away from their ACGME-accredited program.

The Credentials Committee of the ABA must prospectively approve Clinical Anesthesia training away from the
ACGME-accredited program, even if the training will occur in another ACGME-accredited program. The request for approval must include a chronological description of the rotations, information about the supervision of the resident, and assurances that the resident will be in compliance with the limits on training away from his/her ACGME-accredited program. Further, the resident must remain enrolled in his/her program while training away from the ACGME-accredited program, and his/her program must report the training on the Clinical Competence Committee report filed for the period involved.

D. Prospective approval is required for exceptions to policies regarding the training planned for residents. The Credentials Committee of the ABA considers requests for prospective approval on an individual basis. The ABA office must receive the request from the program director on behalf of a resident at least 4 months before the resident begins the training in question. It is the responsibility of the program director and the resident to assure that the request is received in a timely manner.

Principal Objectives

The examination system for the ABA's primary certificate has two distinct parts, the written examination and the oral examination. Each is designed to assess different qualities of a Board-certified anesthesiologist.

A Board-certified anesthesiologist is a physician who provides medical and consultation during the perioperative period in pain medicine and in critical care medicine. A diplomate of the Board must possess knowledge, judgment, adaptability, clinical skills, technical facility, and personal characteristics sufficient to carry out the entire scope of anesthesiology practice. An ABA diplomate must logically organize and effectively present rational solutions to problems in all aspects of the specialty of anesthesiology. A Board-certified anesthesiologist is able to function as the leader of the anesthesiology care team.

Because of the nature of anesthesiology, the ABA diplomate must be able to manage emergent life-threatening situations in an independent and timely fashion. The ability to independently acquire and process information in a timely manner is central to assure individual responsibility for all aspects of anesthesiology care. Adequate physical and sensory faculties, such as eyesight, hearing, speech, and coordinated function of the extremities, are essential to the independent performance of the Board-certified anesthesiologist. Freedom from the influence of or dependency on chemical substances that impair cognitive, physical, sensory, or motor function also is an essential characteristic of the Board-certified anesthesiologist.

Irregular Behavior

The Board acts to maintain the integrity of its examination and certification process and to ensure the equitable and objective administration of its examinations to all candidates. Information about behavior the Board considers a violation of the integrity of its examination and certification process is sent to all candidates scheduled for examination. Statistical analyses may be conducted to verify observations and reports of suspected irregularities in the conduct of an examination. The examination of a candidate whose conduct, in the Board's judgment, violates or attempts to violate the integrity of its examination and certification process will be invalidated and no results will be reported. Furthermore, the candidate will be subject to punitive action as determined by the Board. In that event the candidate would be informed of the reasons for the Board's actions and could request an opportunity to present information deemed relevant to the issue and to petition the Board to reconsider its decision.

Nonstandard Examination Administration

The ABA supports the intent of the Americans with Disabilities Act (ADA) and has a process for considering requests that its assessment programs be modified to accommodate an individual with a disability. Anyone having questions about the process should write or call the Executive Vice President of the Board at the ABA office.

Unforeseeable Events

In the event a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation facilities, or other unforeseeable events make it inadvisable, illegal, or impossible for the ABA to administer an examination to a candidate at the appointed date, time, and location, or to conclude a candidate's examination, the ABA is not responsible for any personal expense the candidate may have incurred to be present for the examination or for any such expense the candidate may incur for any subsequent examination.

Application Form

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

Filing and Documentation Deadlines

The standard deadline for the ABA to receive the completed application and the application fee is December 15 of the year immediately preceding the year in which the written examination is to be administered.

The late deadline by which the ABA must receive the completed application with the application fee and a late fee is January 15 of the examination year.

The January 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider an application it receives after January 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to examination no later than March of the year in which the written examination is to be administered. This includes but is not limited to references and evidence of medical licensure or of having qualified for such licensure. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

Applicant Acknowledgement and Release

The application form includes the following Acknowledgement, which the applicant shall be required to sign:

I, the undersigned applicant ("Applicant"), hereby apply to The American Board of Anesthesiology Inc. ("ABA"), for entrance into its examination system for the purpose of obtaining ABA...
certification status (“Certification”); I acknowledge that my application is subject to the ABA rules and regulations. I further acknowledge and agree that if I withdraw my application or the ABA does not accept it, the ABA will retain the administrative services fee and all late fees and refund only the remainder of my application fee.

I represent and warrant to the ABA that all information contained in this application (“Application”) is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement in or omission from this Application shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA Certificate or to forfeiture and redelivery of such Certificate.

I understand that if the Application is electronically submitted to the ABA, the Acknowledgement portion of the Application will be assigned a number (#_____), which will match the portion of the Application submitted electronically. I agree that the Acknowledgement shall survive the electronic submission of the Application, regardless of whether or not the information or data provided in the Application has been aggregated or reformatted in any manner by the ABA. I also agree that this Acknowledgement precludes me from claiming the Acknowledgement does not relate to the Application.

I acknowledge that I have received a copy of the applicable ABA Booklet of Information and read the Booklet. I agree to be bound by the policies, rules, regulations and requirements published in the applicable Booklet, in all matters relating to consideration of and action upon this Application and Certification should it be granted. In addition, I understand and acknowledge that in the event I have violated any of the ABA rules governing my Application and/or Certification, or in the event I fail to comply with any provisions of the ABA Certificate of Incorporation or Bylaws, such violations shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA Certificate or to forfeiture and redelivery of such Certificate.

The application form also includes the following Release, which the applicant shall be required to sign:

I, the undersigned applicant (“Applicant”), hereby apply to the American Board of Anesthesiology, Inc. (“ABA”) for entrance into its examination system for the purpose of obtaining ABA certification status (“Certification”). I acknowledge that this application (“Application”) is subject to the ABA rules and regulations. In connection with my Application, (if electronically submitted, Application #_____), I authorize all persons holding testimony records, documents, opinions, information and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the “Information”) to release such Information to the ABA, its employees and agents. This authorization applies whether or not such persons are listed as a reference on my Application. The Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any treatment or rehabilitation related thereto. The purpose of releasing such Information is to determine or verify my qualifications for entrance into the ABA examination system and ABA Certification. A copy of this release may accompany any request made by the ABA for such Information.

I authorize the ABA to: (1) report my status in the examination system, including the results of any written or oral examination, to the Director of the program from which I completed my clinical training; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the ABA examination system. I also authorize the ABA to use any and all Information for the purpose of conducting longitudinal studies to assess the ABA certification process. Such Information may be reported or released only in the aggregate, and any results of such studies will have no direct bearing on my Application or Certification status. Subject to applicable state and federal law requirements, the ABA shall hold all Information in confidence.

I release and agree to hold harmless each person from any liability to me arising out of the giving or releasing of Information to the ABA. This release and agreement includes liability for the inaccuracy or untruth of the Information, so long as such Information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including but not limited to its directors, officers and examiners, from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my Application, provided such acts or proceedings are made or conducted in good faith.

Entrance Requirements

At the time of application to enter the examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology practice and must:

A. Have graduated from a medical school in a state or jurisdiction of the United States or in Canada that was accredited at the date of graduation by the LCME, the Committee on Accreditation of Canadian Medical Schools, or the American Osteopathic Association. Graduates of medical schools outside the jurisdiction of the United States and Canada must have one of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates, comparable credentials from the Medical Council of Canada, or documentation of training for those who entered postdoctoral medical training in the United States via the Fifth Pathway as proposed by the American Medical Association.

B. Provide evidence satisfactory to the Board of having been awarded a medical or osteopathic degree acceptable to the Board.

C. Provide evidence acceptable to the Board of having satisfied the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

Residents in training may submit evidence with their application of having qualified on examinations that provide eligibility for medical licensure (e.g., United States Medical Licensing Examination Steps 1, 2, and 3) on or before the standard application deadline. Residents who do so must have evidence of permanent, unconditional, unrestricted, and currently unexpired medical license on file in the ABA office by November 30 of the year in which the written examination for which they applied is administered.

D. Have on file in the Board office evidence of having satisfactorily fulfilled all requirements of the continuum of education in anesthesiology before the date of examination and after receiving a medical or osteopathic degree acceptable to the ABA. Such evidence must include a satisfactory Certificate of Clinical Competence covering the final 6 months of clinical anesthesia training in each residency program. A grace period will be permitted so that applicants completing this requirement by August 31 may apply for the immediately preceding July written examination.

E. Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of his...
or her current practice of anesthesiology. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by spending, on average, 1 day per week during 1 of the previous 5 years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the residency program director or others familiar with the applicant's current practice of anesthesiology and use them in determining the applicant's qualifications for admission to the examination system. The Clinical Competence Committee report from the department and the evaluation of the program director and others will be used as the basis for assessing admission qualifications.

F. If residency training was completed more than 12 years before the date of application or if a second or subsequent application has been declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the examination system.

Acceptable proof consists of documentation of having qualified on an entry examination designated by the Board. The Board has designated the examination administered annually by the Joint Council on In-Training Examinations as the entry examination. Information about the entry examination and a registration form may be obtained by writing the Joint Council c/o the American Society of Anesthesiologists. Alternatively, the applicant may complete 12 consecutive months of additional clinical training in anesthesia as a CA-3 year resident in one ACGME-accredited program with receipt of a satisfactory Certificate of Clinical Competence covering the final 6 months.

The applicant must qualify on the entry examination or satisfactorily complete the year of additional training after the date the ABA declared her or his most recent application void. The applicant must complete the requalifying examination before applying to the ABA. If the applicant will complete the year of additional training by August 31, he or she may apply to the ABA for the immediately preceding July written examination. The applicant must apply to the ABA within 3 years of having reestablished her or his qualifications for admission to examination.

The ABA will not validate or report the results to applicants who sit for the written examination and do not fulfill the deadlines.

After an applicant has met all of the entrance requirements listed above, the Board shall determine that entry into the examination system is merited when a judgment of adequate levels of scholarship and clinical competence can be made from the information submitted. The ABA will notify an applicant who is accepted as a candidate for certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right to accept an application. The applicant has the right to seek review of such a decision.

The Board reserves the right to correct clerical errors affecting its decisions.

Certificate of Clinical Competence
The Board requires every residency training program to file, on forms provided by the Board, an Evaluation of Clinical Competence in January and July on behalf of each resident who has spent any portion of the prior 5 months in clinical anesthesia training in or under the sponsorship of the residency program and its affiliates. The program director (department chair) must not chair the Clinical Competence Committee.

Entry into the examination system is contingent upon the applicant having a Certificate of Clinical Competence on file with the Board attesting to satisfactory clinical competence during the final period of clinical anesthesia training in or under the sponsorship of each program. The Board, therefore, will deny entry into the examination system until this requirement is fulfilled.

Absence From Training
The total of any and all absences during clinical anesthesia training may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days per year, shall be considered a part of the training program. Duration of absence during the clinical base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

A lengthy interruption in training may have a deleterious effect on the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of 6 months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

Entrance Into the System
The examination system for the ABA's primary certificate has two distinct parts, the written examination and the oral examination. Each is designed to assess different qualities of a Board-certified anesthesiologist.

The written examination is designed to assess the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. Written examinations are held annually in locations throughout the United States and Canada on a Saturday in July. A passing grade, as determined by the Board, is required.

It is necessary for candidates to pass the written examination to qualify for the oral examination. Candidates must wait at least 6 months after passing the written examination to be eligible to appear for the oral examination.

The oral examination is designed to assess the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. The attributes are sound judgment in decision-making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information. The oral examination emphasizes the scientific rationale underlying clinical management decisions. The ABA conducts oral examinations in the spring and fall of each year at a single location in the United States. Examiners are Directors of the Board and other ABA diplomates who assist as associate examiners. A passing grade, as determined by the Board, is required.

The ABA will not schedule candidates to appear at consecutive oral examinations. Candidates who do not take or do not pass an oral examination for which they are scheduled, for whatever reason, are not eligible to appear at the next regularly scheduled oral examination.

A. The duration of candidate status is limited. Every candidate is given one opportunity a calendar year, for 3 years, to successfully complete each examination requirement. All candidates must satisfy the written examination requirement within 3 years of the date of the first examination that follows acceptance of the application. All candidates must satisfy the oral examination requirement within 3 years of the date of the first oral examination for which they become eligible. The ABA will declare the candidate's application void if the candidate does not satisfy an
In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the fee it received. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first written examination for which they are eligible.

The reexamination fee is $400 for the anesthesiology written examination and $1,500 for the oral examination. The reexamination fee will be charged to candidates whether they have failed a previous examination, canceled a scheduled appointment for examination, or failed to appear for any examination for which they were properly scheduled.

A charge of $50 will be made whenever a check is returned for nonpayment.

The ABA is a nonprofit organization. The fees for application and examination are computed on a basis of cost of maintaining the functions of the Board. The Board reserves the right to change the fees when necessary.

Reapplication

The ABA declares void the application of a candidate who does not satisfy the examination requirements in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who meets existing requirements will be readmitted into the examination system.

The re-applicant for primary certification who has had a second or subsequent application declared void for any cause, or has completed anesthesiology residency training more than 12 years before the date of reapplication, must reestablish his or her qualifications for admission to the examination system before filing another application. In all instances, the candidate must pass both the written and oral examinations under the new application.

Status of Individuals

The ABA reserves to itself exclusively the right to define and confer Board eligible status whenever such status refers to an individual's relationship to the ABA examination and certification system. The ABA shall confer Board eligible status only on physicians who are candidates in the ABA examination and certification system. The ABA does not confer Board eligible status indefinitely.

Inquiries about the current status of individuals should be addressed to the ABA office. In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries with one of the following statements:

- The physician is certified by the ABA.
- The physician was certified by the ABA from (date of certification) to (date certification expired) and presently is a candidate in the ABA recertification system.
- The physician is Board eligible in anesthesiology.
- The physician has applied to the ABA, and the ABA is determining whether the applicant meets its requirements to be Board eligible.
- The physician is neither certified by the American Board of Anesthesiology nor Board eligible.

The fee for written confirmation of an individual's status is $35.
Alcoholism and Substance Abuse

The Americans with Disabilities Act (ADA) protects individuals with a history of alcohol or substance abuse who are not currently abusing alcohol or using drugs illegally. The ABA supports the intent of the ADA.

The ABA will admit qualified applicants and candidates with a history of alcohol abuse to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they do not currently pose a direct threat to the health and safety of others.

The ABA will admit qualified applicants and candidates with a history of illegal use of drugs to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they are not currently engaged in the illegal use of drugs.

After a candidate with a history of alcohol abuse or illegal use of drugs satisfies the examination requirements for certification, the ABA will determine whether or not it should defer awarding its certification to the candidate for a period of time to avoid certifying a candidate who poses a direct threat to the health and safety of others. If the ABA determines that deferral of the candidate's certification is appropriate because the candidate does currently pose a threat to the health and safety of others, the ABA will assess the specific circumstances of the candidate's history of alcohol abuse or illegal use of drugs to determine when the candidate should write the Board to request issuance of its certification.

Revocation of Certificate

A certificate is issued by the Board with the understanding that it remains the property of the Board during the life of the diplomate. Any certificate issued by the Board shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this Board or its By-Laws; or
B. The person certified shall not have been eligible to receive such certificate whether or not the facts making him or her ineligible were known to, or could have been ascertained by, the Board or any of the directors at the time of issuance of such certificate; or C. The person certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the Board or its representatives; or
D. The person certified shall fail to maintain a moral, ethical, or professional standing satisfactory to the Board.

The Board shall be the sole judge of whether or not the evidence of misstatement, misrepresentation, or immorality is sufficient to require or permit revocation of any certificate issued by the Board, and the decision of the Board shall be final. The individual has the right to seek review of such decision.

Certification by Other Organizations

The ABA will make no statement about the comparability of the ABA certificate and another organization's certificate. The ABA will not accept certification by another entity as meeting the requirements for entrance into the ABA examination system for specialty or subspecialty certification or recertification.

Records Retention

The ABA retains documents pertaining to an individual's residency training, application for certification, examination opportunities, and examination results for the sole purpose of determining that its requirements for admission to examination and for certification are fulfilled.

In the absence of an application for certification, documents pertaining to the ABA entrance requirements are retained for 7 years from the date of the most recent correspondence to or from the ABA regarding the requirements. Documents pertaining to an unsuccessful application are retained until the individual submits another application to the ABA or the aforementioned 7-year period expires, whichever occurs first. Documentation corroborating the results of a candidate's examination is retained until 1 year after the date of the most recent correspondence to or from the ABA regarding the results. Documentation corroborating the candidate's fulfillment of the ABA certification requirements is retained until 1 year after the date of the most recent correspondence to or from the ABA regarding the candidate's certification by the ABA. The ABA sees to the secure destruction of the documents in its file for an individual when the period specified for retention of the documents has expired.

The ABA retains indefinitely an electronic record for residents who trained in an ACGME-accredited anesthesiology program. This record includes entries that identify the training program, the dates of training, and the faculty's overall evaluation of the resident's performance during training.

The ABA retains indefinitely microfiche and electronic records for candidates issued its certification. These records include documents and entries attesting that each certification requirement was met.

Formal Review Process

The only actions of the ABA that are subject to formal review are a decision not to accept an application, a decision not to grant a request for an examination under nonstandard testing conditions, and a decision to revoke a certificate issued by the ABA.

The individual must give the ABA written notification of the intention to seek formal review within 30 days of receiving notification of the Board's decision. The individual shall address the notice to the ABA Secretary at the Board office and shall set forth the grounds upon which the request for formal review is based. If the individual does not give the ABA written notification of the intent to seek formal review within the time and in the manner prescribed, the individual shall be considered to have accepted the decision of the Board and the decision shall become final.

Upon receipt of notice of a request for formal review within the time and in the manner prescribed, the request will be screened to determine whether or not it meets the standards for a formal review to occur. Minimum criteria for a formal review are grounds that the Board's action was inconsistent with ABA policies or not supported by the evidence available to the Board when the action was taken. If it is determined that there are grounds for a formal review, the ABA shall form a Review Panel and schedule a hearing. Otherwise, the decision of the Board shall become final.

Subspecialty Certification in Critical Care Medicine

A. Definition of Critical Care Medicine

The discipline of critical care medicine has evolved over the last few decades in parallel with the development of techniques and technology for acute and long-term life support of patients with multiple organ system derangement. Because problems encountered in the critically ill patient encompass aspects of many different specialties, critical care medicine is a multidisciplinary endeavor that crosses traditional department and specialty lines.

The critical care medicine physician is a specialist whose knowledge is of necessity broad, involving all aspects of management of the critically ill patient, and whose primary base of operation is the intensive care unit (ICU). This physician has completed training in a primary specialty and has received additional training in critical
The continuum of education in forming independently the entire scope of anesthesiology critical care medicine consists of 12 months of full-time training in critical care medicine. The training must be in an anesthesiology critical care medicine program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology as defined by the ABA. The holder of the certificate when to apply to the ABA for examination is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

**B. Certification Requirements**

At the time of subspecialty certification in critical care medicine by the ABA, each candidate shall be capable of performing independently the entire scope of anesthesiology critical care medicine practice and must:

- Be a diplomate of the ABA.
- Fulfill the licensure requirement for certification.
- Have fulfilled the requirement of the continuum of education in critical care medicine as defined by the ABA.
- Have satisfied the critical care medicine examination requirement of the ABA.

ABA subspecialty certificates in critical care medicine issued on or after January 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

**C. Continuum of Education in Critical Care Medicine**

The continuum of education in critical care medicine consists of 12 months of full-time training in critical care medicine. The training must be in an anesthesiology critical care medicine program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology as defined by the ABA. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

The total of any and all absences during the critical care medicine residency may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in critical care medicine must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of 1 month, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA subspecialty examination system.

**D. Entrance Requirements**

At the time of application to enter the critical care medicine examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology critical care medicine practice and must:

- Be certified by the ABA.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the ABA office documentation of having fulfilled the requirement of the continuum of education in critical care medicine.
- Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of the applicant's current practice of anesthesiology critical care medicine. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by practicing the subspecialty of critical care medicine, on average, 1 day per week during 1 of the previous 3 years. The ABA may use such documentation and evaluations as part of its assessment of the applicant's qualifications for admission to its critical care medicine examination system.
- If an applicant completed anesthesiology critical care medicine residency training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete 4 more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology critical care medicine program and be completed satisfactorily before applying for examination.

The ABA shall determine that entry into the critical care medicine examination system is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for critical care medicine certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

**E. Application Procedure**

1. **Application for Admission**

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board. An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA website or obtained by writing to the ABA office. Telephone requests are not acceptable.

2. **Filing and Documentation**

The March 15 later deadline for receipt of a completed application and the application fee for the critical care medicine examination is February 15 of the examination year.

The late deadline for the ABA to receive a completed application with the application fee and a late fee in March 15 of the examination year.

The March 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider a critical care medicine application it receives after March 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to the examination no later than May 15 of the examination year. This includes but is not limited to references, evidence of medical licensure, and verification that the training requirement is met. An application will not be accepted if the required documentation is
not received by that date. It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.

G. Fees
The application fee for admission to the critical care medicine examination is $1,000. It includes a nonrefundable $250 administrative services fee and must accompany the application. The late fee for critical care medicine application is $200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be refunded if the candidate’s notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first critical care medicine examination for which they are eligible.

The reexamination fee for the critical care medicine examination is $750.

A charge of $50 will be made whenever a check is returned for nonpayment.

H. Examination System
The written examination in critical care medicine is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of critical care medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.

The critical care medicine examination is administered annually. The ABA will mail notice to all eligible candidates announcing the location(s) and date of the critical care medicine examination approximately 4 months prior to the date of its scheduled administration.

The duration of candidate status is limited. Every candidate is given one opportunity a calendar year, for 3 years, to satisfy the critical care medicine examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate’s application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

I. Status of Individual
Inquiries about the current status of physicians relative to the ABA critical care medicine certification system should be addressed to the ABA office. The ABA will affirm the status of physicians who are certified in critical care medicine by the ABA. For others, the response to the inquiry will be in keeping with the ABA policy.

J. Reapplication
The ABA declares void the application of a candidate who has failed to satisfy the examination requirement in the prescribed number of opportunities or time for any reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system.

Every reapplicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the 1 year continuum of education in critical care medicine before reapplying for the subspecialty certification.

Subspecialty Certification in Pain Medicine
A. Definition of Pain Medicine
Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

B. Certification Requirements
At the time of subspecialty certification in pain medicine by the ABA, each candidate shall be capable of performing independently the entire scope of anesthesiology pain medicine practice and must:

• Be a diplomate of the ABA.
• Fulfill the licensure requirement for certification.
• Have fulfilled the requirement of the continuum of education in pain medicine as defined by the ABA.
• Have satisfied the pain medicine examination requirement of the ABA.

The ABA subspecialty certificate in pain medicine is valid for a period of 10 years after the year the candidate passes the examination for certification. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

C. Continuum of Education in Pain Medicine
The continuum of education in pain medicine consists of 12 months of full-time training in acute, chronic, and oncology pain medicine. The training must be in an anesthesiology pain medicine program in the United States or its territories accredited by the ACCME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology (ie, Clinical Base and CA 1-3 years), unless the Credentials Committee of the ABA prospectively approves a different training sequence for the resident.

The total of any and all absences during the pain medicine residency may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in pain medicine must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of 2 months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA subspecialty examination system.

D. Entrance Requirements
At the time of application to enter the pain medicine examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology pain medicine practice and must:

• Be certified by the ABA.
• Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or
she holds. When there is a restriction or condition in force on any of the applicant’s medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

- Have on file in the Board office documentation of having fulfilled the requirement of the continuum of education in pain medicine.
- Have on file with the Board documentation attesting to the applicant’s current privileges and evaluations of various aspects of the applicant’s current practice of anesthesiology pain medicine. Such evaluations will include verification that the applicant meets the Board’s clinical activity requirement by practicing the subspecialty of pain medicine, on average, 1 day per week during 1 of the previous 3 years. The ABA may use such documentation and evaluations as part of its assessment of the applicant’s qualifications for admission to its pain medicine examination system.
- If an applicant completed anesthesiology pain medicine residency training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete 4 more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology pain medicine program and be completed satisfactory before applying for examination.

The ABA shall determine that entry into the pain medicine examination system is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for pain medicine certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

E. Application Procedure
1. Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abaes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

2. The application form includes the Identical Acknowledgement and Release statements in the application for primary certification. The applicant for examination in pain medicine shall be required to sign each statement.

F. Filing and Documentation Deadlines
The standard deadline for the ABA to receive a completed application and the application fee for the pain medicine examination is February 15 of the examination year.

The late deadline for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The March 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider a pain medicine application it receives after March 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant’s qualifications for admission to the examination no later than May 15 of the examination year. This includes but is not limited to references, evidence of medical licensure, and verification that the training requirement is met. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

G. Fees
The application fee for admission to the pain medicine examination system is $1,000. It includes a nonrefundable $250 administrative services fee and must accompany the application.

The late fee for pain medicine application is $200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate’s notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first pain medicine examination for which they are eligible.

The reexamination fee for the pain medicine examination is $750.

A charge of $50 will be made whenever a check is returned for nonpayment.

H. Examination System
The written examination in pain medicine is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of pain medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.

The pain medicine examination is administered annually. The ABA will mail notice to all eligible candidates announcing the location(s) and date of the pain medicine examination approximately 4 months prior to the date of its scheduled administration.

The duration of candidate status is limited. Every candidate is given one opportunity a calendar year, for 3 years, to satisfy the pain medicine examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate’s application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

I. Status of Individuals
Inquiries about the current status of physicians relative to the ABA pain medicine certification system should be addressed to the ABA office. The ABA will affirm the status of physicians who are certified in pain medicine by the ABA. For others, the response to the inquiry will be in keeping with ABA policy.

J. Reaplication
The ABA declares void the application of a candidate who has failed to satisfy the examination requirement in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the
time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system. Every reapplicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the 1-year continuum of education in pain medicine before reapplying for the subspecialty certificate.

Recertification and Maintenance of Certification

A. Background

Initiatives at federal, state, and local levels convinced the ABA that some of its diplomates would need or desire a mechanism to demonstrate their continuing qualifications. In May 1988, the ABA announced its intent to develop a program for continued demonstration of qualifications (CDQ), which would afford its diplomates the opportunity to voluntarily demonstrate current knowledge and quality of practice. The ABA approved a policy of time-limited certification in 1994-1996. All certificates issued by the ABA on or after January 1, 2000, will expire 10 years after the year the candidate passed the certification examination. The ABA took this step to reassure the public that the diploma continues to demonstrate the attributes of a Board-certified anesthesiologist. The American Board of Medical Specialties (ABMS) approved the ABA recertification proposal in March 1996. Subsequently, the ABA changed the name of the CDQ program to recertification.

In 1998, the ABMS approved the ABA proposals for recertification in the subspecialties of critical care medicine and pain medicine. The credentialing requirements, examination, and passing standards are the same for certification and recertification. The ABA administers the subspecialty examinations to recertification candidates annually.

The ABA Recertification Programs include a commitment to continuing education, assessment of the quality of practice in the local environment, and an evaluation of knowledge. Diplomates who hold a certificate that is not time-limited may voluntarily elect to apply to the ABA for recertification. The ABA will not alter the status of their certification if they do not recertify.

The ABMS approved the concept of maintenance of certification (MOC) in 2000. The 24 ABMS Member Boards subsequently endorsed the concept. MOC is a program of continual self-assessment and lifelong learning, along with periodic assessment of professional standing, cognitive expertise, and practice performance. The ABA is committed to evolving its recertification programs to MOC programs.

The ABA presented a proposal for a Maintenance of Certification in Anesthesiology Program (MOC) to ABMS in 2004. The transition from the current recertification program to MOC will begin in late 2004. This will allow adequate time for diplomates issued a time-limited certificate to satisfy all MOC requirements. The maximum interval between initial certification that is time-limited and successful completion of the requirements to maintain certification for the first time, as well as each time MOC is required thereafter, is 10 years.

B. Voluntary Recertification Requirements

The ABA established the voluntary recertification program for diplomates before it began issuing time-limited certificates in anesthesiology. Only diplomates certified in anesthesiology by the ABA before January 1, 2000, are eligible to apply for the recertification program.

The ABA recertification program will not remain open indefinitely. Diplomates certified before 2000 who might have a future need to recertify should consider participating in the program before it closes in 2009. Participation will not jeopardize a participant's diplomate status.

The ABA recertification programs include two major components: an evaluation of the quality of current practice conducted at the local level and a secure written examination.

To be admissible to an ABA recertification examination, the applicant shall be capable of performing independently the entire scope of specialty or subspecialty practice and must:

• Be a physician to whom the ABA previously awarded certification in the specialty or subspecialty.

• Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

• Have on file in the ABA office documentation solicited by the ABA from the hospital/facility chief of staff, or equivalent, attesting to the applicant's current privileges where a substantial portion of the applicant's practice takes place. The documentation includes evaluations of various aspects of the applicant's current practice and verification that the applicant meets the Board's clinical activity requirement by practicing the medical discipline for which recertification is being sought, on average, 1 day per week during each of the previous 3 years. If the applicant's practice is entirely office-based, three letters of reference solicited by the ABA from referring physicians should be on file.

The ABA shall issue a recertification certificate to the applicant who is accepted for and satisfies the recertification examination requirement established by the ABA.

C. Application Procedure

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

The application form includes the identical Acknowledgement and Release statements included in the application for initial certification. The recertification applicant shall be required to sign each statement.

D. Filing and Documentation Deadlines

The standard deadline for the ABA to receive a completed anesthesiology recertification application and the application fee is December 15 of the year prior to the examination year. The late deadline for the ABA to receive a completed application with the application fee and a late fee is January 15 of the examination year.

The standard deadline for the ABA to receive a completed subspecialty recertification application and the application fee is February 15 of the examination year. The late deadline for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The late deadlines for receipt of a completed anesthesiology or subspecialty recertification application and the appropriate fee are absolute. Regardless of the reason, the ABA will not consider a recertification application it receives after the late deadline for the examination.

The ABA must receive all the documentation it requires to make a determination about an applicant's qualifications for admission to the anesthesiology recertification examination no later than March
15 of the examination year. The ABA must receive all the documentation it requires to make a determination about an applicant’s qualifications for admission to a subspecialty recertification examination no later than May 15 of the examination year. Documentation includes but is not limited to evidence of medical licensure and verification of current credentialing/hospital privileges. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

E. Fees

The application fee is $700 for admission to the voluntary anesthesiology recertification program. It includes a nonrefundable administrative service fee of $200. The fee must accompany the anesthesiology recertification application.

The application fee is $1,000 for admission to a subspecialty recertification program. It includes a nonrefundable administrative service fee of $250. The fee must accompany the subspecialty recertification application.

The late fee for anesthesiology and subspecialty recertification applications is $200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate’s notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first recertification examination for which they are eligible.

The reexamination fee is $500 for the anesthesiology recertification examination and $750 for a subspecialty recertification examination.

A charge of $50 will be made whenever a check is returned for nonpayment.

F. Examination System

The ABA shall determine that admission to the recertification examination is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for recertification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

The specialty recertification examination is designed to assess current knowledge of the breadth of anesthesia practice and presents clinically relevant items that apply to all types of anesthesia practice. The subspecialty recertification examinations are designed to test for the presence of knowledge considered essential for the ABA diplomat to function as a practitioner of the subspecialty.

The recertification examinations are administered once each year. The ABA will mail notice to all eligible candidates announcing the location(s) and date of a recertification examination approximately 4 months prior to the date of its scheduled administration.

The duration of candidate status is limited. Every candidate is given one opportunity a calendar year, for 3 years, to satisfy the recertification examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate’s application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

G. Status of Individuals

Inquiries about the current status of physicians should be addressed to the ABA office. For physicians certified by the ABA who subsequently complete the recertification program, the ABA will affirm their diplomat status and the year of their recertification. For others, the response to the inquiry will be in keeping with ABA policy.

H. Reapplication

Physicians, whether previously recertified or not, may apply for recertification at whatever interval they prefer. To reapply, the physician must submit a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be accepted as a candidate for recertification.

Test Dates and Deadlines

Written Examination

2004 Examination

October 15, 2003—Application cycle begins
December 15, 2003—Standard application deadline
January 15, 2004—Late application deadline
March 15, 2004—Documents deadline
July 10, 2004—Examination date

2005 Examination

October 15, 2004—Application cycle begins
December 15, 2004—Standard application deadline
January 15, 2005—Late application deadline
March 15, 2005—Documents deadline
July 9, 2005—Examination date

Anesthesiology Recertification Examination

2004 Examination

October 15, 2003—Application cycle begins
December 15, 2003—Standard application deadline
January 15, 2004—Late application deadline
March 15, 2004—Documents deadline
July 10-24, 2004—Examination dates

2005 Examination

October 15, 2004—Application cycle begins
December 15, 2004—Standard application deadline
January 15, 2005—Late application deadline
March 15, 2005—Documents deadline
July 9-23, 2005—Examination dates

Oral Examination

2004 Examinations

October 15, 2003—Application deadline
April 26-30, 2004—Examination dates
February 1, 2004—Application deadline
October 4-8, 2004—Examination dates

2005 Examinations

October 15, 2004—Application deadline
April 11-15, 2005—Examination dates
February 1, 2005—Application deadline
September 26-30, 2005—Examination dates
Critical Care Medicine and Pain Medicine Certification Examinations

2004 Examinations
December 15, 2003—Application cycle begins
February 15, 2004—Standard application deadline
March 15, 2004—Late application deadline
May 15, 2004—Documents deadline
September 11, 2004—Examination date

2005 Examinations
December 15, 2004—Application cycle begins
February 15, 2005—Standard application deadline
March 15, 2005—Late application deadline
May 15, 2005—Documents deadline
September 10, 2005—Examination date

Critical Care Medicine and Pain Medicine Recertification Examinations

2004 Examinations
December 15, 2003—Application cycle begins
February 15, 2004—Standard application deadline
March 15, 2004—Late application deadline
May 15, 2004—Documents deadline
September 18—October 2, 2004—Examination dates

2005 Examinations
December 15, 2004—Application cycle begins
February 15, 2005—Standard application deadline
March 15, 2005—Late application deadline
May 15, 2005—Documents deadline
September 17—October 1, 2005—Examination dates

American Board of Colon and Rectal Surgery

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Colon and Rectal Surgery [ABCRS] to ascertain whether the information below is current.)

Qualifications of Candidates

All candidates shall comply with the following regulations:

General Requirements
1. A candidate shall appear personally before the Board and shall submit to the required examinations.
2. A candidate shall limit the majority of his/her practice to colon and rectal surgery.
3. A candidate may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
4. A bibliography of papers and books published by the candidate shall be submitted to the Board upon its request.
5. The moral and ethical fitness of a candidate must be satisfactory to the Board and in conformity with the Statements on Principles of the American College of Surgeons and the Principles of Medical Ethics of the American Medical Association. Practices not conforming therewith may result in rejection of an application or in deferral of examination until such matters have been resolved satisfactorily.

Professional Qualifications
1. A candidate must have completed an accredited residency program in colon and rectal surgery following successful completion of general surgical training in an ACGME-accredited residency program.
2. All candidates must have a currently valid registered, full, and unrestricted license to practice medicine in a state, territory, or possession of the United States or in a Canadian province and must continue to be licensed throughout the certification process.
American Board of Colon and Rectal Surgery

3. A candidate must successfully complete the Qualifying Examination of the American Board of Surgery before being admitted to the ABCRS Written Examination (Part I).

4. A candidate must achieve certification by the American Board of Surgery before being admitted to the ABCRS Oral Examination (Part II).

Application for Examination

Each candidate for examination must complete and submit an Application for Examination, which may be obtained from the secretary of the Board. Applications must be submitted before July 15 of each year.

The application must be accompanied by two unmounted, recent photographs of the applicant and the required application fee.

Within 2 weeks after conclusion of the training program, the applicant must submit to the secretary of the Board a prescribed form, listing all operative procedures performed during the training period. This form is available from the secretary of the Board and must be countersigned by the program director.

The acceptability of a candidate for examination depends not only upon completion of the requirements listed under “Qualifications for Candidates” but also upon information available to the Board regarding the candidate’s professional maturity, surgical judgment, and technical competence.

Examinations

To achieve certification by the ABCRS, a candidate must pass a Written Examination (Part I) and an Oral Examination (Part II). The Written Examination is offered in the spring of the year, and a candidate is required to pass this examination before being permitted to take the Oral Examination, which is given in the fall of the year.

Examinations are conducted at times and places determined by the Board, and this information may be obtained from the Board office. It is also published in Diseases of the Colon and Rectum and in the Journal of the American Medical Association. Examinations will be held in one designated city in the United States.

Part I—Written Examination

The Written Examination is an assessment of a candidate’s knowledge of the theory and practice of colon and rectal surgery, with separate examinations in pathology and radiology. The written portion of the examination is a 4-hour test of multiple-choice questions covering the spectrum of colon and rectal surgery and the body of basic science pertinent to it. The pathology and radiology portions of the examination are each 1 hour in length and consist of questions and slide presentations.

Part II—Oral Examination

The Oral Examination is conducted by members of the Board or its designated examiners. Its objective is to evaluate the candidate’s clinical experience, problem-solving ability, and surgical judgment and to ascertain the candidate’s knowledge of current literature on colon and rectal diseases and surgery. Each candidate will undergo at least three 30-minute oral examinations by three 2-member examining teams.

Examination Results

The Board makes every effort to be as prompt as possible in notifying candidates of their examination results, and letters of notification may be expected within 4 to 6 weeks following the examination.

Reexaminations

A candidate who has failed either the written or oral part of the examination may be reexamined after 1 year has elapsed.

A candidate who fails to pass either the written or oral portion of the examination may repeat that part of the examination twice, thus offering the candidate three opportunities to pass each part of the examination.

A candidate who fails to pass either the written or oral portion of the examination three times may not repeat the examination without satisfactory completion of an approved remedial colon and rectal surgery residency program and submission of a new application for examination. A copy of the Remedial Training Guidelines may be obtained from the Board office upon request.

Status of Applicant

The Board does not use or sanction the terms “Board eligible” or “Board qualified.” The status of an applicant with the Board is determined by and varies with the current status of his/her credentials.

A candidate must apply to the Board’s certification process within 5 years after completion of approved colon and rectal surgery training.

The entire certification process with the Board must be successfully completed within 7 years following approval of the formal application. In addition, a candidate whose application for examination has been approved but who does not take the examination within 3 years must submit a new application.

In exceptional or unusual circumstances, the Board may, at its discretion, waive one or more of the limitations specified under “Status of Applicant.”

Fees

Application fee: A nonrefundable fee of $400 shall accompany the application.

Written Examination fee (Part I): A fee of $500 is due and payable when the candidate is notified of approval to take the Written Examination.

Oral Examination fee (Part II): A fee of $700 is due and payable when the candidate is notified of approval to take the Oral Examination.

Reexamination fee: Fees for reexamination are the same as shown above for each examination.

Withdrawal from examination: A candidate who withdraws must notify the Board office at least 10 business days before a scheduled examination. A candidate who fails to appear for examination or who withdraws without giving at least 10 days’ notice as defined above will forfeit $200 of the designated examination fee and will have to resubmit the forfeited amount before being admitted to the next scheduled examination.

Late applications: Recognizing that a situation may arise that prevents an applicant from meeting the July 15 deadline, the Board has a provision for late applications. Late applications are those that are postmarked from July 16 through August 15 each year.

There is a nonrefundable late application fee of $200, bringing the total processing fee for a late application to $900. No applications postmarked after August 15 will be accepted.

Fees are subject to change as directed by the Board.

Reconsideration and Appeals

The Board has adopted a policy with regard to reconsideration and appeals of decisions adverse to applicants. A request for reconsideration, which is the first step, must be made in writing and received by the Board office within 60 days of the date of notice from the
Board of the action in question. A copy of the Reconsideration and Appeals Policy may be obtained from the Board office upon request.

**Certification**

A candidate who has met all the requirements and successfully completed the examinations of the ABCRS will be issued a certificate attesting to his/her qualifications in colon and rectal surgery. The certificate shall be signed by the president or vice president and the secretary and shall bear the corporate seal of the Board. The certificate granted by the Board does not confer privilege or license to practice colon and rectal surgery but is evidence that a physician's qualifications for specialty practice are recognized by his/her peers. It is not intended to define the requirements for membership on hospital staffs, to gain special recognition or privileges for its diplomates, to define the scope of specialty practice, or to state who may or may not engage in the practice of the specialty.

Unless the candidate specifies otherwise, the Board forwards the names of candidates who have achieved certification to the American Board of Medical Specialties (ABMS) for publication in the *Official ABMS Directory of Board Certified Medical Specialists*, published jointly by the ABMS and Elsevier Science.

**Time-Limited Certification**

Beginning with those candidates who passed the certifying examination in 1990 and thereafter, the ABCRS will issue time-limited certificates. Certificates will be valid for 10 years from the date of certification, after which the certificates will no longer be valid.

[Note: Time-limited certification will not affect diplomates holding certificates issued prior to 1990.]

**Recertification**

The ABCRS offers recertification in the specialty. Certificates can be renewed prior to expiration by fulfilling the requirements for recertification specified by the Board. The recertification examination is offered annually, on a voluntary basis, to all certified colon and rectal surgeons who apply and meet the Board's requirements. A recertification information booklet, which outlines the requirements and procedures, is available by writing to the Board office.

**Revocation of Certificates**

The filing of an application for examination, participating in examination, and accepting a certificate are voluntary acts. Therefore, the Board assumes no responsibility for any effect that certification or failure to obtain certification may have on the private or professional activities of candidates.

When an application is submitted, candidates are required to sign an agreement, a portion of which reads as follows: "I agree to disqualification from examination or from the issuance of a certificate, and I agree to the forfeiture and redelivery of such certificate in the event that any of the statements herein made by me at this time or at any time in the past or future in regard to my application for a certificate are false or in the event that any of the rules and regulations of the Board governing such examinations and certificate are violated by me."

Certificates that have been issued are subject to the provisions of the Articles of Incorporation and the Constitution and Bylaws of the American Board of Colon and Rectal Surgery, Inc, and may be revoked for violation of any of these provisions.

**Examination of Candidates With Disabilities**

The ABCRS supports the intent of the Americans with Disabilities Act. The Board will make a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process that are appropriate for such disabilities but that do not alter the measurement of the skills or knowledge that the examination process is intended to test.
American Board of Dermatology

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Dermatology [ABD] to ascertain whether the information below is current.)

Requirements for Eligibility to Take the Examination

Each applicant must satisfy the following requirements before he/she is eligible to take the certifying examination of the Board.

General Qualifications

1. The candidate must have graduated from a medical school in the United States accredited by the Liaison Committee for Medical Education (LCME), an accredited medical school in Canada, or an accredited osteopathic school in the United States; if a graduate of a foreign medical school, the candidate must possess the standard certificate of the Educational Commission for Foreign Medical Graduates (ECFMG). If, however, the foreign medical school graduate is in training in an accredited program in Canada, the Board will recognize the certificate of the Medical Council of Canada.

2. The candidate must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada, but may be denied certification if the candidate's license has been revoked, suspended, restricted, or surrendered in any jurisdiction or if the candidate is subject to adverse licensure proceedings.

3. The candidate must not have engaged in conduct that, in the judgment of the Board, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the candidate to practice dermatology in the best interests of patients.

Residency Training Requirements

1. Candidates for certification by the ABD are required to have a total of 4 years of postgraduate training, as described below in Sections (a) and (b).

a. The first year must consist of clinical training in one of the following types of broad-based programs in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a similar program in Canada accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC): transitional year (formerly called flexible first postgraduate year) or a first-year residency in internal medicine, general surgery, family practice, obstetrics and gynecology, pediatrics, or emergency medicine.

b. Three years of full-time training as a resident in a dermatology residency training program in the United States accredited by the ACGME or 3 years of full-time training as a resident in a dermatology residency training program in Canada accredited by the RCPSC. Accreditation of dermatology training programs in the United States is the responsibility of the Residency Review Committee (RRC) for Dermatology acting with authority delegated to it by the ACGME (accredited dermatology residency training programs and clinical programs for first postgraduate year credit are listed in this Directory).

c. At least 75% of the resident's time throughout each year (PGY-2, PGY-3, PGY-4) of dermatology residency training must be related to the direct care of dermatologic outpatients and inpatients; this includes clinical conferences and didactic lectures related to patient care, consultations, and inpatient rounds. During the 3 years of dermatology residency, therefore, 225% of the 300% (100% per year) of training must involve these direct patient care activities. In special training tracks, which are discussed further under d. below, residents must satisfy the 225% requirement over the 3 years (PGY-2, PGY-3, PGY-4). 4 years (PGY-2, PGY-3, PGY-4, PGY-5), or 5 years (PGY-2, PGY-3, PGY-4, PGY-5, PGY-6) of dermatology training.

In addition, special-training tracks must include the equivalent of one 1/2 day clinic per week each year until the 225% requirement is met. Continuity of patient care should be stressed as much as possible in this clinic experience. Rotations on the consultation service, for a period comparable to the time similarly scheduled for general dermatology residents, may be substituted for the clinic time during the special training track years of the residency.

Dermatopathology, microbiology, and other basic science lectures, seminars, and conferences are essential components of the resident's training (see the Program Requirements for Residency Education in Dermatology).

The Board also emphasizes the importance of basic and clinical investigation in the educational experience of trainees. Accordingly, all residents should participate in basic and/or clinical research during their training.

d. For those candidates whose career plans involve a primary commitment to investigative or academic dermatology, a special training track, which must assure adequate clinical education and experience in accordance with the general requirements described above, may also be acceptable. Program directors should contact the executive director of the Board for information concerning this special track, such as eligibility requirements and when and how to submit applications to the Board. The essential elements of such training tracks are as follows:

1) The first year (PGY2) of this track must be at least 75% clinical in character.
2) Investigative or academic experience can be integrated with the required additional clinical training during the second (PGY2) and/or third (PGY3) year(s).
3) Please refer to c. above.
4) Requests for approval of this special track must be submitted prospectively, at least 4 months prior to the beginning of such training. This will be on or before March 1 of the PGY2 year for a special track beginning on July 1 of the PGY3 year, or later if special track training is to begin later. Requests earlier than January 1 of the PGY2 year will not be considered because the program director must have had an opportunity to judge the clinical potential of the trainee.

The request for consideration of this investigative/academic track must include details of the scheduled program and time commitments during the entire training period of these candidates. It is incumbent upon program directors to select candidates for this special training track whose skills and learning capabilities permit the acquisition of clinical competence as well as the execution of their investigative or academic responsibilities. Moreover, the program director must monitor the training of these residents throughout their residency and must validate their clinical experience at the completion of their residencies.

2. A preliminary registration form must be filed by the candidate and signed by his/her training director shortly after the resident begins residency training in dermatology (ie, by August 1 or within 30 days of the start of training).
3. It is mandatory that the training director submit a yearly report form for each resident to the Board office by August 1 after completion of the first and second year of training and by May 15 for residents who will complete their third year of training on June 30. In order for a candidate to take the certifying examination, the training director must certify that each year of training was completed in a satisfactory manner.

Guidelines for Determining Adequacy of Clinical Training

The following guidelines are designed to assist program directors in their determination of the adequacy of the clinical training of residents and to assure satisfaction of the eligibility requirements for certification by the ABD. Of special concern are those residents on the special investigative/academic track or those residents whose training experience differs from the standard 36 months of full-time clinical training, as approved for each program by the RRC of the ACGME:

a. In general, high priority should be given to completing 36 continuous months of full-time dermatology training. For most residents, this will consist of full-time clinical training; for residents with a primary commitment to investigative or academic dermatology, this may be a special training track, as defined previously.

b. Any departure from (a), as required, for example, for a medical leave of absence, should be documented and fully justified in the resident evaluation forms filed annually with the Board by the training program director.

c. An absence exceeding 6 weeks in any 1 academic year or a total of 14 weeks over 3 years, including vacation, should be approved only under truly exceptional circumstances. In addition, any resident approved to sit for the certifying examination despite such an absence should have completed each year of training in an above-average or excellent manner.

d. Any resident who will have been absent more than 6 weeks in 1 year or 14 weeks over 3 years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time. If the program director anticipates that this additional training will be completed in a satisfactory manner before August 1, the director may approve the resident to sit for the certifying examination in that year, just as if training had been completed by July 1.

Registration for the Examination of the Board

Candidates who have completed the training requirements as outlined above are eligible to apply for examination by the Board. Candidates should request an Application for Certification Form from the office of the executive director of the Board. However, for those candidates who are completing their residency training, application forms will be sent to the program directors for distribution to each candidate. The completed application must be filed with the Board office before March 1 of the year in which the candidate plans to take the examination. Physicians who complete their residency training in dermatology by July 1 of a given year are eligible to apply to take the examination in August of that year. Under the special conditions described previously ("Guidelines for Determining Adequacy of Clinical Training"), candidates completing additional (make-up) training before September 1 may also be eligible to take the certifying examination. It is emphasized that it is the candidate's responsibility to send a completed application form to the Board if he/she plans to take the certifying examination of the Board.

A candidate is not considered an "active" candidate until his/her application has been received and approved by the Board. This approval includes a review of the application and annual evaluation reports from the candidate's training director. After the application is approved, the candidate is required to take the examination within 2 years. Candidates who do not exercise the examination privilege within 2 years of the date they are declared eligible will be required to file a new application and have their eligibility for examination reviewed by the Requirements Committee. If the reaplication is approved by the Board, the candidate is again eligible to take the examination for another 2-year period. It should be noted that candidates who have had an extended lapse in clinical practice or in other activities related to dermatology may be required to submit evidence of their continued involvement with the specialty of dermatology. Alternatively, it may be necessary for such individuals to spend at least 1 year in clinical practice or with an academic department in order to become eligible for the certification examination.

The Board does not use the term "Board eligible" in correspondence with directors of hospitals or others who send inquiries to the Board office. On written request by a candidate and payment of a fee, the Board will send to the candidate a letter stating his/her status with the Board at any given time.

Combined Training in Dermatology and Internal Medicine

The ABD and the American Board of Internal Medicine have jointly approved the Guidelines for Combined Training in Dermatology and Internal Medicine, copies of which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).
Program directors interested in establishing a combined training program should write to the Board office for application forms, which must be reviewed and approved by the ABD and the American Board of Pediatrics. Application forms may also be downloaded from the ABD Web site (www.abderm.org).

Combined Training in Dermatology and Pediatrics

The ABD and the American Board of Pediatrics have jointly approved the Guidelines for Combined Training in Dermatology and Pediatrics, copies of which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

Program directors interested in establishing a combined training program should write to the Board office for application forms, which must be reviewed and approved by the ABD and the American Board of Pediatrics. Application forms may also be downloaded from the ABD Web site (www.abderm.org).

Board Examination

The certifying examination in dermatology, which is administered over a period of 2 days, includes the following:

1. Comprehensive Multiple-Choice Examination in Dermatology (Part I): This is a 3-hour comprehensive examination, and was formerly referred to as the Written examination. It tests the candidate’s knowledge of the basic science and clinical aspects of dermatology, including all the related disciplines. Among the topics included in this part of the examination are clinical dermatology, pediatric dermatology, preventive dermatology, entomology, epidemiology, dermatopathology, cutaneous allergy and immunology, dermatologic surgery, cutaneous oncology, sexually transmitted diseases, internal medicine as it pertains to dermatology, medical ethics, photobiology, and cutaneous microbiology, as well as anatomy, physiology, biochemistry, molecular biology, radiation physics, radiation therapy, physical therapy, pharmacology, genetics, and electron microscopy as related to dermatology. Considerable emphasis is placed on comprehensive knowledge of the literature.

2. Examination in Clinical and Laboratory Dermatology (Part IIA): Projected Kodachrome slides are utilized in this part of the examination. Candidates must answer multiple-choice-type questions about the projected pictorial material, which is drawn from all areas of clinical and laboratory dermatology. Examples of the types of slides used include photographs of patients; diagrams and illustrative drawings and pictures of dermatologic surgical procedures (including Mohs micrographic surgery, hair transplantation, dermabrasion, sclerotherapy, liposuction, chemical peels and tissue augmentation); histopathologic sections, fungal cultures, culture mounts, bacterial cultures, transect preparations, skin scrapings and smears, roentgenograms, histochemical and dermatologic surgery, cutaneous oncology, sexually transmitted diseases, internal medicine as it pertains to dermatology, medical ethics, photobiology, and cutaneous microbiology, as well as anatomy, physiology, biochemistry, molecular biology, radiation physics, radiation therapy, physical therapy, pharmacology, genetics, and electron microscopy as related to dermatology. Considerable emphasis is placed on comprehensive knowledge of the literature.

3. Examination in Dermatopathology (Part IIIB): In this section, candidates are questioned on histopathologic slides that they examine microscopically, utilizing personal or rented microscopes. This section of the examination encompasses the entire spectrum of dermatopathology.

For the purposes of scoring, the Examination in Clinical and Laboratory Dermatology is combined with the Examination in Dermatopathology, and candidates must pass this combined examination as well as the Comprehensive Multiple Choice Examination in Dermatopathology in order to be certified. If a candidate fails either the combined Examination in Clinical and Laboratory Dermatology/Examination in Dermatopathology or the Comprehensive Multiple Choice Examination in Dermatology and not the other, only the failed component must be repeated.

A candidate who, after investigation by the Board, has been found to have engaged in cheating or irregular behavior in connection with an examination of the Board, whether or not such behavior had an effect on the candidate’s performance on the examination, shall have his or her examination invalidated. Such candidate shall not be certified and may be barred from retaking the examination in the future for a period determined by the Board in its sole discretion. Also see Review of Adverse Decisions, below.

The examination is given annually over a 2-day period and lasts a total of approximately 10 hours. In 2004, it will be held on August 15 and 16 at the Holiday Inn O’Hare in Rosemont, Illinois, which is in the O’Hare International Airport area of Chicago.

Reexamination

With their initial examination application, candidates have a 2-year period during which they may take the examination or any necessary reexamination on either a failed part (see above) or both parts of the examination. For a reexamination, they must notify the Board office by March 1 of the year they plan to retake the examination. If a candidate has not passed or does not take the examination during this 2-year period, he/she must reapply and complete the necessary forms, after which he/she will have another 2-year period of eligibility during which to take the examination or reexamination. For further information concerning this as well as the appropriate fees required, the Board office should be contacted.

Candidates With Disabilities

The ABD supports the intent of the Americans with Disabilities Act (ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program is intended to test. In order to implement this policy, notification of the need for special testing circumstances must be given to the ABD by a candidate for certification at the time that he/she submits the application for any of the Board’s certifying examinations. This deadline is necessary in order to allow the Board to request the necessary documentation, to review the records, and to verify the disability, if necessary. In addition, since this policy also applies to the In-Training Examination, which is under the jurisdiction of the ABD, appropriate advance notification of the need for special testing circumstances must be provided when the application for the In-Training Examination is submitted by the department.

Upon receipt of such request, the ABD will initiate the appropriate procedural steps, but it should be understood that all special arrangements must be made and agreed upon in advance; special arrangements cannot be made at the time the examination is given. Therefore, early notification of the need for special testing circumstances is encouraged.

Chemical Dependency or Substance Abuse

A candidate with a chemical dependency or substance abuse problem will not be permitted to take the examination unless he/she can submit evidence, which must be verifiable, that the disorder is being treated and is under control. Individuals with such problems or a history thereof must provide the necessary documentation at the time of application to take the examination. A confirmatory letter from a licensed physician within 1 month of the examination stating that the disorder no longer exists or is currently controlled is also necessary.

American Board of Dermatology

Graduate Medical Education Directory 2004-2005
Certification

After meeting the above requirements and passing the examination, the candidate will be awarded a certificate that acknowledges that he/she has completed the required course of graduate study and clinical training, has met other specific standards and qualifications, and has passed the examination conducted by the Board. The candidate is then referred to as a diplomate of the American Board of Dermatology, Inc. The names of diplomates of the Board appear in The Official ABMS Directory of Board Certified Medical Specialties, published by Elsevier Science in cooperation with the American Board of Medical Specialties (ABMS). The certificate is issued for a 10-year period. Renewal is subject to completion of Maintenance of Certification requirements.

Each certificate is subject to revocation in the event that (a) the diplomate was not eligible to receive the certificate, whether or not the facts concerning ineligibility were known to the Board when the certificate was issued; (b) the diplomate has made any material misrepresentation or omission in the application for certification or in any other statement to the Board or has failed in timely fashion to supplement any response to any question on any application for certification or recertification with respect to criminal conduct, loss or suspension of a medical license, medical staff privileges, or medical society membership; (c) the diplomate is convicted of or pleads nolo contendere to a crime that, in the judgment of the Board, relates to the practice of medicine; (d) the diplomate is found to have engaged in conduct which, in the judgment of the Board, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the diplomate to practice medicine in the best interests of patients; or (e) the diplomate is found by the Board to have (i) engaged in irregular behavior in connection with the examination, (ii) had a license to practice medicine revoked or suspended; (iii) been expelled from a medical society for reasons other than nonpayment of dues or failure to attend meetings, (iv) had medical staff privileges revoked or suspended for reasons relating to the practice of medicine, (v) taken other action reasonably deemed by the Board to be inconsistent with diplomate status, or (vi) willfully and materially violated any rule or policy of the Board.

Review of Adverse Decisions

The ABD recognizes a candidate's right of appeal following an adverse action at any stage of the certification process. Within the residency program, trainees must be accorded due process in compliance with provisions established by the parent institution and as stipulated in the Essentials of Accredited Residencies in Graduate Medical Education (July 1, 1982) of the ACGME.

Any candidate for certification (primary specialty or subspecialty) or recertification shall be given prompt written notice of any adverse decision by the Board. Such notice shall briefly state the reason for the adverse decision. It shall advise whether or not the candidate has a right to appeal the decision and shall include a copy of this document.

A candidate found to have engaged in cheating or other irregular behavior in connection with an examination may appeal the Board's finding, any consequent invalidation of the candidate's examination, and any disbarment from future examinations. Such appeal must be received in the Board office within 30 days of mailing the notification of the finding by the Board.

A. Appealable Decisions

1. Request for Appeal

Any physician (a) whose credentials for eligibility to sit for an ABD examination have not been approved, or (b) who has been denied certification for a reason other than receipt of a failing grade on the examination, or (c) whose certification or recertification has been revoked, or (d) whose application for reinstatement has been denied, shall have a right to appeal the adverse decision by submitting a written request for appeal in compliance with this policy on Review of Adverse Decisions. Such request must contain a concise statement of why the physician believes that the adverse decision was improper, must include any supporting material that the physician wishes to have considered, and must be received in the Office of the Board within 30 days after the date of the Board's notice of an adverse decision. The request may also include a request for a hearing. If a proper request for appeal is not received within 30 days, the adverse decision shall constitute the final decision of the Board.

2. Review by Appeals Committee

Each proper and timely request for appeal will be reviewed by an Appeals Committee consisting of three individuals appointed by the President. No member of the Appeals Committee shall have participated in the adverse decision under review unless that decision was made by the full Board of Directors. The Appeals Committee, after reviewing the request for appeal, shall either (a) affirm, reverse, or modify the adverse decision or (b) grant a hearing if one has been requested and the Committee determines that a hearing might be useful.

If the Appeals Committee determines that a hearing might be useful, it shall schedule a hearing within 60 days after that determination. Not less than 30 days prior to the scheduled date of the hearing, the Appeals Committee shall notify the physician in writing of the date, time, and place of the hearing. The Appeals Committee, at its sole discretion, may determine whether legal counsel for the physician may be present at the hearing and the extent to which such counsel may participate.

The physician's written intent to appear at the hearing must be received in the Office of the Board not later than 14 days before the scheduled date of the hearing. A physician who chooses to appear shall be given the opportunity to make a statement summarizing his/her position. The Appeals Committee shall not be bound by technical rules of evidence usually employed in legal proceedings, but may consider any evidence it deems appropriate. A record of the proceedings shall be kept. A copy of the hearing record shall be made available to the physician upon payment of the cost of reproduction. All expenses incurred by the physician in connection with the hearing shall be borne by the physician.

Following the hearing, the Appeals Committee shall determine whether to affirm, reverse, or modify the adverse decision. The physician shall be promptly notified in writing of the action of the Appeals Committee and the reason for the action. The Committee's action in affirming, reversing, or modifying the adverse decision shall be subject only to ratification by the Board of Directors.

3. Review by the Board of Directors

The action of the Appeals Committee shall be reviewed no later than the next regularly scheduled meeting of the Board of Directors. The Board of Directors shall ratify the action of the Appeals Committee unless it finds that action to have been arbitrary, unreasonable, or not sustained by the record. The physician shall be promptly notified of the Board's decision. The decision of the Board of Directors shall constitute the final action of the Board on the matter.

B. Nonappealable Decisions

1. Decisions by Residency Program or Program Director

Decisions by a physician's residency program, program director, or sponsoring institution regarding credit for training or any other matter shall not be appealable to the Board. Any disagree-
ment by a physician with such decisions should be communicated to the residency program, program director, or sponsoring institution. The Board will not second-guess judgments of these entities. However, the physician may contact the Board to determine what further steps, if any, may be available.

2. Decisions Based on Failure of the Certifying Examination

Adverse decisions based on a physician's receipt of a failing grade on an ABD examination shall not be appealable. Instead, the physician may, within 30 days after the mailing of the examination results, request rescoring of the examination by hand. Such request must be accompanied by payment of a fee of $35. Upon receipt of a proper and timely request for rescoring, the Board shall have the examination rescored by hand. It shall communicate the rescored results to the physician promptly after receiving those results.

Reappraisal After Revocation of Certification or Recertification

A physician whose certification or recertification has been revoked may apply for reinstatement as a Diplomate when the physician believes that the circumstances underlying the Board's action have been satisfactorily resolved. The physician shall apply by providing a written statement setting forth in detail the changes in circumstances. The Board shall consider such statement and determine whether to reinstate the physician's certification or recertification. The physician shall be promptly notified of the Board's decision.

Maintenance of Certification/Recertification

The Board began issuing time-limited certificates, valid for 10 years, in 1991, and its process of voluntary recertification was approved by the ABMS in 1994. Recertification examinations were administered in 1999, 2001, and 2003. A total of 1,250 diplomates, including 1,117 time-limited and 133 lifetime certificate holders, sat for these examinations as part of the recertification process.

The American Board of Medical Specialties (ABMS) has recently introduced the concept of Maintenance of Certification, a program of continuous professional development that is intended to replace the current process of recertification. Maintenance of certification is an ongoing process through which a diplomate's credentials, licensure, and professional standing are verified and his or her knowledge are evaluated. In the future, when reliable methods are available, practice performance will be evaluated as well. The maintenance of certification process is composed of four components:

1. Evidence of professional standing
2. Evidence of commitment to lifelong-learning and periodic self-assessment
3. Evidence of cognitive expertise
4. Evaluation of performance in practice

The ABD is committed to the gradual conversion of its current process of recertification to a process of maintenance of certification that is consistent with guidelines established by the ABMS and with the distinctive nature and elements of the specialty of dermatology. In so doing, the Board will strive to plan and implement maintenance of certification as a fair and credible process that will withstand public and professional scrutiny, will be properly considerate of the concerns and responsibilities of its diplomates, and will preserve the high standards of the specialty of dermatology. As the various phases of the maintenance of certification process are being developed and put into place, diplomates will be informed in newsletters and other communications.

At present, the requirements for qualification for Components 1 (Evidence of Professional Standing) and 2 (Evidence of Cognitive Expertise) have been defined and are listed below. The resources of the American Academy of Dermatology and other dermatological organizations will be utilized to ensure adequate opportunities for diplomates to satisfy the requirements of Component 2 (Commitment to Lifelong-Learning and Periodic Self-Assessment). The implementation of Component 4 (Evaluation of Practice Performance) must await the definition of appropriate standards and methods of assessment.

Component 1: Evidence of Professional Standing

- Valid time-limited or lifetime certification in dermatology from the ABD.
- Currently valid, full, and unrestricted license to practice medicine or osteopathy in the candidate's state or province of residence in the United States or Canada.
- Listing of other current or past state licenses.
- Past or present restrictions, modifications, or suspensions of any state license.
- Letter(s) verifying hospital privileges from the chief of the department/staff at each hospital where privileges are granted, if applicable.
- Letter(s) from local medical society, hospital chief of staff, personal physician, comparable professional society, or ABDE-certified dermatologist attesting to the diplomate's moral and ethical character and lack of drug dependency.

The diplomate should report any changes in professional standing, such as any incident of expulsion or suspension from a medical society for reasons other than nonpayment of dues, loss of DEA license, and/or conviction for criminal conduct.

Component 2: Commitment to Lifelong-Learning and Periodic Self-Assessment

- 90 hours of Category I CME credit are required in the 3 years preceding the date of the application for recertification but including also the first 3 months of the year of administration of the recertification examination. This CME should be acquired in educational programs that are related to dermatology, such as, but not limited to, those that would be approved by the AAD for its CME award.

Component 3: Cognitive Expertise

- Successful completion of an examination. The current examination is a clinically focused, take-home, open-book examination that is administered online annually.
- The examination is clinically focused and is tailored to the candidate's practice profile through selection of applicable examination modules. In addition to the required General Dermatology module, the candidate must select an elective module from one of the four listed below. In other words, the recertification examination consists of the successful completion of two modules (one required and one elective):
  1. General Dermatology (required)
  2. Medical Dermatology (elective)
  3. Dermatopathology (elective)
  4. Dermatologic Surgery (elective)
  5. Pediatric Dermatology (elective)
- Candidates may choose to take additional elective modules for self-assessment for an additional fee.
- The ABD will modify the recertification examination in the future as required in order to conform to the standards of the maintenance of certification process and to permit the equitable and effective evaluation of its diplomates.

Component 4: Evaluation of Practice Performance

- Implementation currently on hold (see above).
Deadline for receipt of applications for the next recertification examination is January 1, 2004. Requests for applications should be directed to the office of the ABD.

Applications may also be downloaded from the Board's website (www.abderm.org). The examination will be available to approved candidates from May 1 to June 15, 2004. Notification of performance on the examination and other pertinent related information will be mailed to the candidates approximately 8-10 weeks later.

Diplomates with time-limited certificates may apply to take the recertification examination any year in which it is offered. However, for formal (official) completion of the recertification process, candidates must take either of the two recertification examinations that immediately precede the expiration of their time-limited certificate. In other words, a diploma will only be granted a new 10-year certificate after passing the recertification examination in year 9 or 10 of his/her 10-year cycle.

Diplomates with lifetime certification may elect to pursue voluntary recertification in any year the examination is offered. Any questions or correspondence relating to the recertification process should be directed to the executive director of the ABD. Successful completion of the recertification process also provides diplomates with the equivalent of 3 years or 150 hours (90 hours of Category 1) of continuing medical education, qualification for the CME Award of the AAD and for the Physician's Recognition Award (PRA) of the AMA. Eligibility for the 3-year AMA PRA certificate is contingent upon and reflects verification of completion of at least 90 hours of AMA PRA Category 1 education. Candidates are responsible for contacting the AAD or AMA for more information.

If the candidate does not successfully complete the recertification process prior to expiration of his/her time-limited certificate, he/she will remain eligible to participate in the recertification process but will cease to be Board-certified until the process is successfully completed and a new time-limited certificate is issued. If the candidate successfully completes the recertification process before expiration of his/her certificate, eg, in year 9 or 10 of the 10-year certificate, the new certificate will be issued for 10 years commencing January 1 of the year immediately following the expiration date of the prior certificate.

Should a diplomate with a time-limited certificate not be recertified by the end of the tenth year, the certificate will expire and the physician will lose diplomate status. Once the certificate has expired, the physician may not represent himself/herself to the profession or the public as being certified until successfully recertified by the ABD. The physician may reapply for a future recertification examination, but must meet all the criteria in effect at that time.

Diplomates who require a proctored recertification examination to satisfy state medical licensure requirements may elect to take the Part IIA portion of the certifying examination. Contact the Board office for further details.

Fees for Examination and Reexamination
The directors of the Board serve without compensation. Fees are based on the actual expenses incurred in administration of the Board office and related activities and on the costs of development and administration of the Board examinations.

All fees are payable when the application for an examination is submitted and are applied to the first examination of that type given after approval of the application. Except as indicated below, or because of verifiable extenuating circumstances, there will be no refunds of any of these fees. Contact the Board office for the current fee schedule.

All checks are to be made payable to The American Board of Dermatology, Inc.

When a candidate's application for the certifying examination in Dermatology or a subspecialty certification examination is disapproved, the Board retains an administrative fee of $100 and will refund the balance to the candidate.

If a candidate withdraws within 10 days of the examination or fails to appear for the examination and does not provide verifiable evidence of extenuating circumstances that prevented him or her from appearing for the examination, the Board will retain the entire examination fee. On reapplying, such candidates will be required to again submit the examination fee in effect at the time of the application.

Candidates who fail the certifying examination in Dermatology retain the right to apply to retake the examination in subsequent years. For further information concerning Board policy in effect and for the applicable examination fee, candidates are advised to write or call the Board office (313 874-1088). Candidates who do not take the certifying examination at the first opportunity after completion of their training are also advised to contact the Board office for clarification of Board policy and the examination fee if they intend to apply to take the certifying examination in any given year.

Publication
The ABD publishes a booklet of information, which may be obtained from the Board office.

All correspondence should be sent to Antoinette F Hood, MD Executive Director The American Board of Dermatology, Inc Henry Ford Health System One Ford Place Detroit, MI 48202-3450

Subspecialty Certification
The ABD has established certification processes for the subspecialties of dermatopathology, clinical and laboratory dermatological immunology, and pediatric dermatology. These subspecialty certifications have been approved by the American Board of Medical Specialties and its 24 member boards. Surveillance and periodic reviews of the training programs are carried out by the respective RRCs, under the auspices of the ACGME, and/or by the ABD. Although all general dermatology residents receive comprehensive training in each of these subspecialties, candidates who pursue the additional year(s) of training in subspecialty fellowships will have met additional standards and qualifications that will prepare them for specialized careers in teaching, research, and/or the practice of these subspecialties. [Note: It is emphasized also that the additional year(s) of training in clinical and laboratory dermatological immunology and pediatric dermatology must be taken after the candidate has met the full training requirements for certification in the primary specialty of dermatology. Similarly, the additional year(s) of training in dermatopathology must be taken after the candidate has met the full training requirements for certification in the primary specialty of dermatology or pathology.]

Certification in Dermatopathology
Subspecialty certification in Dermatopathology is a joint and equal function of the ABD and the American Board of Pathology (ABP). Such function will relate to qualifications of candidates, standards of examination, and the form of the certificate.

All candidates applying to sit for this certifying examination must hold a currently valid, full, and unrestricted license to practice
Prerequisites

1. Primary certification by both the ABD and the ABP (anatomic pathology or anatomic and clinical pathology).
2. Primary certification by either the ABD or the ABP (anatomic pathology or anatomic and clinical pathology) and the satisfactory completion of 1 year of training in dermatopathology in a program accredited for such training (see below) by the ACGME. This additional training must be taken after the candidate has met the full training requirements for certification in dermatology or pathology. The dermatologist applicant must spend one-half of the required training time in pathology. The pathologist applicant must spend one-half of the required training time in clinical dermatology.

Training

Accredited institutional training programs in dermatopathology are an equal and joint function of the departments of dermatology and pathology of that institution. Training programs in dermatopathology are reviewed and accredited by the Residency Review Subcommittee for Dermatopathology, which includes three members from the RRC for Dermatology and three members from the RRC for Pathology. Upon recommendation by this subcommittee, training programs in dermatopathology are accredited by joint action of the RRCs for Dermatology and Pathology acting with authority delegated by the ACGME.

Information concerning accredited dermatopathology training programs may be found in this Directory.

Examination: Deadline for Application and Date of Examination

Candidates who have satisfied the above requirements are eligible to apply to the Board to take the examination for subspecialty certification in Dermatopathology, which is a comprehensive assessment of the candidates' knowledge of dermatopathology, including the related basic sciences, and laboratory and clinical areas pertaining to this discipline.

Candidates planning to take the subspecialty certification examination should request an application from the office of the executive director of the ABD. The deadline for receipt of applications is May 1 of the year in which the candidate plans to take the examination. The date of the 2004 examination had not been determined at press time.

Pediatric Dermatology Subspecialty Certification

All candidates for subspecialty certification in Pediatric Dermatology must meet the following requirements:

A. Prerequisites

1. Possession of a medical degree or its equivalent, and a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.
2. Primary certification in dermatology by the ABD.

B. Education, Training, Experience

Additional specific education and training or experience that must be completed:

1. One or more years of ACGME-accredited residency training in pediatrics followed by the requisite training and certification in Dermatology and 1 additional year of fellowship training in pediatric dermatology;
2. An ACGME-accredited transitional year or an ACGME-accredited broad-based year of residency training in internal medicine, family practice, obstetrics and gynecology, general surgery, or emergency medicine, followed by the requisite training and certification in dermatology. This track also requires the completion of a final 2 additional years of fellowship training in pediatric dermatology;
3. Special interest, experience, and expertise in pediatric dermatology for at least 5 years. This pathway will be open for only 5 years, commencing with the year of the first certifying examination (2004) in this subspecialty.

In the initial phase of certification in this subspecialty, qualified practicing physicians will be eligible for subspecialty certification with a minimum of 5 years of clinical practice in which pediatric dermatology comprises at least 50% of the total practice. Publications and invited lectures in pediatric dermatology may also be submitted as documentation of special expertise. Individuals intending to sit for the certification examination along this pathway would be approved on a case-by-case basis upon application to the ABD. Candidates who trained in pediatric dermatology fellowships prior to the development of approved fellowship training programs would be permitted to sit for the certification examination after approval on a case-by-case basis upon application to the ABD.

The ABD wishes to emphasize that in the pathway described under (B2), sufficient education and experience in pediatrics (equivalent to 6 months of residency training in pediatrics) will be required during the pediatric dermatology fellowship. Such training will be provided during the fellowship in the following ways:

Fellows will:
1. Participate in didactic sessions along with pediatric residents, including, but not limited to, pediatric grand rounds (weekly), morning report (twice weekly), and pediatric teaching conferences (twice weekly). Participation will include formal presentations by the fellow.
2. Be responsible for inpatient dermatology consultations in all areas of pediatrics, including the newborn nursery, neonatal intensive care unit, pediatric intensive care unit, pediatric wards, and pediatric emergency room.
3. Participate in outpatient pediatric clinics relevant to dermatology such as developmental pediatrics, well-child care, adolescent medicine, allergy/immunology, rheumatology, genetics, and acute care.
4. Participate in all aspects of pediatric dermatologic surgery, including laser surgery. Some of these cases may require general anesthesia.
5. Encounter a large number of varied pediatric problems during the required pediatric dermatology clinics. Since the majority of these clinics will be held at academically affiliated institutions and/or children's hospitals, the patient population will exhibit higher than average associated medical and surgical problems, including chronic diseases, infectious diseases, and congenital anomalies.

C. Examination - Date of Examination

Candidates who have satisfied the above requirements are eligible to apply to the Board to take the subspecialty certification examination in pediatric dermatology. The deadline for receipt of applications is April 1 of the year in which the candidate plans to take the
examination. The first examination will be administered October 4, 2004, in Deerfield, Illinois.

D. Appeals Process
An appeals procedure similar to that described for the certification process in dermatology (Review of Adverse Decisions) is available for candidates for subspecialty certification in pediatric dermatology who were declared ineligible by the Board for pediatric dermatology or who failed the subspecialty examination. Candidates submitting such appeals should contact the Board for additional current information.

Clinical and Laboratory Dermatological Immunology Subspecialty Certification
The requirements for subspecialty certification in clinical and laboratory dermatological immunology are as follows:

A. Prerequisites
1. A currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.
2. Primary certification by the ABP and the satisfactory completion of at least 1 year of training in an accredited fellowship in clinical and laboratory dermatological immunology.

B. Training
Information concerning accredited training programs in clinical and laboratory dermatological immunology is available from the office of the ABP. As stated above, a minimum of 1 year of full-time training in a clinical and laboratory dermatological immunology training program is required of all candidates. A preliminary registration form must be filed with the Board by each trainee.

C. Examination
Candidates who have satisfied the above requirements are eligible to apply to the Board to take the subspecialty certification examination in clinical and laboratory dermatological immunology.

D. Appeals Process
An appeals procedure similar to that described for the certification process in dermatology (Review of Adverse Decisions) is available for candidates for subspecialty certification in clinical and laboratory dermatological immunology who were declared ineligible by the Board for clinical and laboratory dermatological immunology or who failed the subspecialty examination. Candidates submitting such appeals should contact the Board for additional current information.

American Board of Emergency Medicine
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Mary Ann Reinhart, PhD, Executive Director, East Lansing, Michigan
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John H Diephouse, SPHR, Operations Director
Anne L Harvey, PhD, Certification and Research Director
(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Emergency Medicine [ABEM] to ascertain whether the information below is current.)

Requirements for Certification in Emergency Medicine
An applicant must satisfy all credential requirements at the time the application is submitted. Requirements fulfilled after the date of application will not be considered.

The applicant must have graduated from a medical school approved by the Liaison Committee on Medical Education.
1. Graduates of approved schools of osteopathic medicine in the United States are considered when they have satisfactorily met the credential requirements as outlined.

2. An applicant graduating from a medical school other than one in the United States, its territories, or Canada must provide the Board with a verified and translated diploma.
Throughout the certification process, physicians must hold a current, active, valid, unrestricted and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which they practice. All licenses held by the physician must fulfill the above stated criteria.

The applicant must have successfully completed a total of 36 months of postmedical school training, under the control of an accredited emergency medicine residency program. Emergency medicine programs must be accredited by the Accreditation Council for
Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada for Canadian programs.

If the emergency medicine residency training program is structured so that it exceeds the length of training specified above, the resident must successfully complete the requirements of his/her residency program to apply under the emergency medicine residency category of application.

[Note: For residents who began their emergency medicine training prior to July 1, 1987, the candidate must have successfully completed a total of 36 months of postmedical school training, at least 24 months of which were under the control of an accredited emergency medicine residency program at the PGY2 level and above.]

The applicant must submit evidence of 50 hours of continuing medical education in emergency medicine annually, acceptable to the Board, starting 1 year from the date of graduation from the emergency medicine residency program and continuing until the date of application. If a resident applies to the Board within 1 year of graduation, no continuing medical education is required.

Combined Training Programs
A special agreement exists between the ABEM and the American Board of Pediatrics whereby an applicant may fulfill the training requirements of both Boards by completing joint training in 5 years. Training programs must be approved prospectively by both Boards. Guidelines for combined training have been approved by both Boards and are available from either Board office. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

A special agreement exists between the ABEM and the American Board of Internal Medicine whereby an applicant may fulfill the training requirements of both Boards by completing joint training in 5 years. Training programs must be approved prospectively by both Boards. Guidelines for combined training have been approved by both Boards and are available from either Board office. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

The American Board of Internal Medicine and the ABEM have approved guidelines for 6-year training that, upon completion, will provide physicians the option for certification in internal medicine, emergency medicine, and critical care medicine. These guidelines, approved by both boards in February 1999, are applicable to ACGME-accredited programs and residents entering training in July 1999 and after. The guidelines are available from both Board offices. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

Applications
Applications are distributed in the spring of each year (mid April) and are available from the Board office. Applications are accepted from April 15 through July 31 of each year. A mailing list is maintained throughout the year for requests received during times when applications are not available.

A nonrefundable processing fee must accompany the application at the time it is submitted.

Applicants wishing to be considered for examination must submit a fully completed application form to the Board. The Board will not be responsible for any opinion expressed concerning the individual's credentials for the examination unless it is in writing and over the signature of the president or secretary of the Board.

Examination Information
The certification examination in emergency medicine is composed of two parts, a written examination and an oral examination.

The written certification examination is a 6.5-hour comprehensive examination that is administered once a year. It includes approximately 355 single-best-answer, multiple-choice test items. Approximately 10% to 15% of the items have a pictorial stimulus.

The oral certification examination is administered twice a year. It includes five simulated patient encounters, each involving one patient, and two simulated situation encounters, each involving more than one patient.

A candidate must successfully complete the fall written examination to be scheduled for either the spring or fall oral examination the following year.

Examination fees are due upon assignment to an examination administration.

Certification
All candidates who successfully complete both the written and the oral certification examinations shall be known as diplomates of the ABEM. Diplomates receive an appropriate certificate, which shall remain the property of ABEM. Certification is for a period of 10 years.

Any certificate issued by the Board shall be subject to revocation at any time, should the Board determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to receive or retain it.

Emergency Medicine Continuous Certification
Emergency Medicine Continuous Certification (EMCC) will begin in 2004.

All diplomates who want to maintain their certification with ABEM beyond the current expiration date must participate fully in the EMCC program.

Effective 2004, the licensure requirement for all diplomates will change. Diplomates will be required to continuously maintain a current, active, valid, unrestricted, and unqualified license in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which they practice. Inactive medical licenses voluntarily held by physicians are in compliance with the Policy on Medical Licensure.

A special option will be available only from 2004-2006 for former diplomates to reign their diplomate status through participation in EMCC. Former diplomates must begin their participation in EMCC in 2004 to take advantage of this option.

A full description of EMCC, including details of diplomates' participation requirements, is available on the ABEM Web site at www.abem.org. Questions should be directed to the ABEM office.
**American Board of Family Practice**

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Roger M. Bean, CPA, Chief Financial Officer, Lexington, Kentucky

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Family Practice [ABFP] to ascertain whether the information below is current.)

**ABFP Official Definition of Family Practice**

Family practice is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family practice is not limited by age, sex, organ system, or disease entity.

**Board Eligibility**

The ABFP does not recognize or use the term "board eligible" and does not issue statements concerning "board eligibility." The Board informs an applicant of admittance to an examination to be given on a specified date after a formal application has been reviewed and approved.

**Certification Process**

The ABFP administers the certification and recertification examinations in various centers throughout the United States annually, on the second Friday in July. The ABFP certification and recertification examinations are written tests of cognitive knowledge and problem-solving abilities relevant to family practice. Appropriate subject areas of the following disciplines are included: adult medicine; care of neonates, infants, children, and adolescents; care of the surgical patient; maternity and gynecologic care; human behavior and mental health; emergent and urgent care; community medicine; and care of the older patient. Elements of the examination include but are not limited to diagnosis, management, and prevention of disease. The Board makes every effort to be as prompt as possible in notifying candidates of their examination results, and letters of notification may be expected within 4 to 6 weeks following the examination.

**Eligibility**

All candidates for the American Board of Family Practice Certification Examination must have satisfactorily completed 3 years of training (a full 36 calendar months with 12 months in each of the G1, G2, and G3 years) in a family practice residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) subsequent to receipt of the MD or DO degree from an accredited institution and, when applicable, a Fifth Pathway year, or receipt of a Standard Certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or compliance with other ACGME requirements for entry into graduate medical training in the United States. If a physician does not meet the eligibility requirements of the ACGME for residency training in family practice, his/her training will not be recognized by the Board.

Candidates who obtained their MD degree from medical schools in the United States or Canada must have attended a school accredited by the Liaison Committee on Medical Education or the Committee for Accreditation of Canadian Medical Schools. Candidates who obtained a DO degree must have graduated from a college of osteopathic medicine accredited by the American Osteopathic Association (AOA). All applicants for the Certification Examination are subject to the approval of the Board, and the final decision regarding any applications rests solely with the ABFP. No candidate will be allowed to take the examination until all fees are paid and all requirements have been satisfactorily met.

The Board prefers all 3 years of postgraduate training to be in the same ACGME-accredited family practice program; however, other training may be considered as equivalent (eg, Flexible/Transitional year, AOA Osteopathic Internship, etc.). In these cases, and for physicians who have had international training, each individual's training will be evaluated by the Board. The ABFP requires residency programs to submit prospective requests for advanced placement of residents. Program directors are responsible for notifying the Board prior to the entry of the transferring resident. If a Program director fails to comply, the Board will determine the amount of transfer credit at the time of its discovery of the transfer. Consequently, the resident may receive less credit toward certification than anticipated and may be required to extend the duration of training.

The last 2 years of family practice residency training must be completed in the same accredited program. Transfers after the beginning of the G2 year are approved only in extraordinary circumstances.

Verification of satisfactory completion of residency training must be stated in writing by the program director. All applicants for the certification examination are subject to the approval of the Board, and the final decision regarding any applications rests solely with the ABFP.

All candidates' education and training experiences are subject to review and approval by the ABFP. Any variance from the above must have prior written approval of the Board. No credit may be given for any previous training as equivalent to family practice training without the written approval of the Board.
Candidates must complete all training requirements of the Board no later than June 30 of the year of the examination. Applications, supplied to the residents directly through the program director, are made available only to residents expected to meet this requirement. Complete written documentation from the program director that the resident has, or is expected to have, satisfactorily completed the residency must be received by the Board by June 30. Any such documentation that is received beyond June 30 will result in the resident being deferred to the following year's examination. Residents who complete their training at an interim date must write to the Board for an application.

Continuing Medical Education (CME)
Candidates who apply for the Certification Examination within 3 years of completion of an ACGME-accredited family practice residency are not required to document any continuing medical education. Candidates who apply after the 3-year period must provide documentation of 60 hours of CME for each subsequent year. A form for documentation of CME and an explanation of the types of CME acceptable to the Board will be provided with the application for these candidates applying after the 3-year period.

Licensure Requirements
All candidates must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by the candidate in any state or territory of the United States or province of Canada must be currently valid, full, and unrestricted, whether or not the candidate in effect practices in such state, territory, or province. Candidates shall be required to maintain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician that revokes, restricts, or suspends the physician's medical license is a violation of ABFP policy.

Any candidate whose license to practice medicine has been revoked, suspended, or restricted in any state or territory of the United States or province of Canada shall be ineligible for certification until such time as the encumbered license is reinstated in full. Should a license be revoked, restricted, or suspended following the submission of an application for certification but prior to the notification of examination results, the application and certification will be simultaneously invalidated.

It is the responsibility of the candidate to inform the Board immediately upon a change in licensure status. If the candidate fails to notify the Board of any suspension, revocation, restriction, or probation within 60 days after the effective date, he/she shall be ineligible to seek certification for up to 1 year following the reinstatement of full and unrestricted licensure. Candidates should be aware that the ABFP receives periodic Disciplinary Action Reports from the American Medical Association of actions by states against medical licenses.

In cases where a physician has changed his or her residency deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend diplomatic status, and/or prohibit application for certification.

An opportunity for certification will be denied to any physician otherwise eligible who has been involved in the fraudulent misrepresentation of certification by the ABFP. Eligibility to make application for certification will be denied to the offending party for a period not to exceed 6 years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the declaration of ineligibility, the 6-year period shall be postponed until the action of the Board is determined to be final and enforceable. Questions about licensure should be presented to the Board in writing.

Osteopathic Physicians
Physicians who have graduated from an American Osteopathic Association (AOA)-approved school of osteopathic medicine in the United States may qualify for certification if they meet all the same requirements as specified for allopathic medical school graduates. They may apply to ACGME-accredited family practice programs for entry into the first year (G1). Osteopathic physicians who have documented satisfactory completion of an AOA-approved internship (G1) year may receive credit for that portion of the G1 year which meets the American Board of Family Practice guidelines for Advanced-Level Entry or Interprogram Transfers.

All candidates (MD or DO) must satisfactorily complete at least 36 calendar months of accredited graduate medical education. Only the G1 year may be fulfilled by an AOA-approved internship year. The training beyond the G1 year must be completed in continuity in an ACGME-accredited family practice residency program.

Reciprocity Agreements
The American Board of Family Practice has reciprocity agreements with the College of Family Physicians of Canada, the Royal New Zealand College of General Practitioners, and the Royal Australian College of General Practitioners. Diplomates of the ABFP may be eligible to seek certification by these colleges. Members in good standing of these colleges (and the Royal College of General Practitioners of Great Britain) who meet all of the other requirements of the ABFP and reside in the United States may be eligible to take the Certification Examination. Eligibility to sit for the American Board of Family Practice Certification Examination varies by country. In general, reciprocity is available only to physicians who have satisfactorily completed formal family practice training accredited by a nationally recognized accrediting organization within the country in which they are certified. Effective August 2000, diplomates of the American Board of Family Practice are no longer eligible to seek certification by the Royal College of General Practitioners of Great Britain.

Canadian Applicants
The following two options are available:
1. Physicians who have satisfactorily completed 2 years of training in a family practice residency program accredited by the College of Family Physicians of Canada may apply for certification by the ABFP upon the successful completion of a third year of accredited family practice residency. The third year of training must be satisfactorily completed in an ACGME-accredited family practice program or, if taken in Canada, must be approved by the College of Family Physicians of Canada. The third year must have prior approval of the American Board of Family Practice and bring the total residency experience into compliance with the ACGME Program Requirements for Residency Education in Family Practice. The request must be accompanied by documentation of satisfactory performance of the first 2 years of training (including a description of the curriculum) signed by the program director.
2. Physicians who have passed the College of Family Physicians of Canada Certification Examination in Family Medicine may apply to sit for the American Board of Family Practice Certification Examination, if they:
   • are members in good standing of the College of Family Physicians of Canada;
   • have completed postgraduate residency training in family medicine accredited by the College of Family Physicians of Canada;
• have been residents of the United States for at least 6 months;
• hold a valid and unrestricted license to practice medicine in the United States; and
• are actively involved in family practice in the United States.

Registants of the Royal College of General Practitioners (Great Britain)
Physicians who have been certified by the Royal College of General Practitioners by examination may apply to sit for the American Board of Family Practice Certification Examination if they:
• are members in good standing of the Royal College of General Practitioners;
• possess a Certificate of Prescribed/Equivalent Experience issued by the Joint Committee on Postgraduate Training for General Practice;
• reside in the United States;
• hold a valid and unrestricted license to practice medicine in the United States; and
• are actively involved in family practice in the United States.

Members of the Royal New Zealand College of General Practitioners
Physicians who are members of the Royal New Zealand College of General Practitioners may apply to sit for the American Board of Family Practice Certification Examination if they:
• are members in good standing of the Royal New Zealand College of General Practitioners;
• have completed the General Practice Vocational Training Program;
• reside in the United States;
• hold a valid and unrestricted license to practice medicine in the United States; and
• are actively involved in family practice in the United States.

Fellows of the Royal Australian College of General Practitioners
Physicians who are fellows of the Royal Australian College of General Practitioners may apply to sit for the American Board of Family Practice Certification Examination if they:
• are members in good standing of the Royal Australian College of General Practitioners;
• have completed the Royal Australian College of General Practice Training Program;
• reside in the United States;
• hold a valid and unrestricted license to practice medicine in the United States; and
• are actively involved in family practice in the United States.

Recertification Process
The American Board of Family Practice confers diplomate status for the 7-year period specified on the certificate. In order to maintain diplomate status, the physician must be recertified before the certificate expires. Although the certificate is dated for 7 years, the Board offers the recertification process on a 6-year cycle. This allows a reserve year for those diplomates who for some reason are unable to participate in the sixth year, or in cases where the diplomate fails to receive a satisfactory score in the sixth year. For diplomates who participate in the recertification process during the sixth year and pass, the new certificate of 7 years’ duration is dated from the time of that examination.

Should a diplomate not be recertified by the end of the seventh year, the certificate will expire and the physician will lose diplomate status. Once the certificate has expired, the physician may not represent himself/herself to the profession or the public as being certified unless and until successfully recertified by the American Board of Family Practice. The physician may reapply for a future recertification examination, but must meet all criteria in effect at that time.

Requirements for Recertification
A. Submission of a formal application.
B. Documentation of 300 hours of approvable continuing medical education.
C. Submission of statement of acknowledgment and compliance with Board policy regarding medical licensure.
D. Satisfactory completion of the office record review portion of the recertification process.
E. Satisfactory performance on the written test of cognitive knowledge.

Diplomates will be given advance notice of any changes in the recertification requirements.

Reexamination
Candidates who fail the examination may apply for admission to the next annual examination. There is no limit to the number of times a qualified candidate may take the examination when it is offered, provided the qualifications are met with each reapplication. In addition to valid and unrestricted licensure status, 50 hours per year of CME since the last application are required for reexamination. Full fees are charged for each examination.

Certificates of Added Qualifications (CAQs)
The American Board of Family Practice currently offers Certificates of Added Qualifications (CAQs) in Geriatrics, Sports Medicine, and Adolescent Medicine. These CAQs are offered in conjunction with other medical boards. Successful CAQ candidates will be awarded the ABFP Certificate of Added Qualifications. The certificate will be valid for 10 years, at which time recertification is required for renewal of the certificate.

If for any reason primary certification in family practice is lost (eg, expiration, revocation, etc), the certificate of added qualification will be simultaneously withdrawn. With restoration of the primary certificate, the CAQ will be reinstated for any remaining period of time on the CAQ certificate.

Questions or comments about the CAQ may be addressed to ABFP staff at 888-995-5700, extension 300.

Geriatric Medicine
In a joint venture, the American Board of Family Practice and the American Board of Internal Medicine offer a Certificate of Added Qualifications in Geriatric Medicine. The "added certificate" is designed to recognize excellence among those diplomates who provide care to the elderly. Geriatric Medicine Examinations are given annually. Announcements will be made in the Journal of the American Board of Family Practice and on the ABFP Web page concerning exact dates and the application process.

Certification Requirements
1. Family physicians must be certified by the American Board of Family Practice and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Diplomates may qualify by satisfactory completion of an ACGME-accredited fellowship training program in geriatric medicine.
4. Diplomates must achieve a satisfactory score on the 1-day Geriatric Medicine Examination.
Recertification Requirements
The recertification process for the geriatric medicine certificate is completed over a 2-year period. It may begin in the eighth year of the 10-year certificate and includes the following requirements:
1. current primary certification in family practice at the time of the examination;
2. completion of a geriatric medicine recertification preapplication form and submission of a self-evaluation fee;
3. completion of three Self-Evaluation Process (SEP) modules. The SEP modules are at-home, open book examinations of 60 questions each. All candidates must complete three modules to be eligible to sit for the examination. The SEP modules will be scored and incorrect answers will be identified. No references to the literature will be given with the score report. Should a candidate be unsuccessful on any of the SEP modules, the candidate will be required to repeat the particular module until successful;
4. completion of a formal geriatric medicine examination application form and submission of an examination fee;
5. verification that all licenses held in the United States and Canada are currently valid, full, and unrestricted; and,
6. successful completion of a half-day written examination.

Sports Medicine
The American Board of Family Practice offers certification in sports medicine. The Certificate of Added Qualifications in Sports Medicine is offered annually in conjunction with the American Board of Emergency Medicine, the American Board of Internal Medicine, and the American Board of Pediatrics.

Certification Requirements
1. Family physicians must be certified by the American Board of Family Practice and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Family physicians must have satisfactorily completed, or will have completed by June 30 of the examination year, a minimum of 1 year in an ACGME-accredited sports medicine fellowship program associated with an ACGME-accredited residency in family practice, emergency medicine, internal medicine, or pediatrics.
4. Diplomates must achieve a satisfactory score on a half-day written examination.

Recertification Requirements
All candidates for recertification must provide documentation which indicates that the immediate past 5 years of their practice consisted of at least 20% professional time devoted to sports medicine, defined as one or more of the following:
1. Field supervision of athletes
2. Emergency assessment and care of acutely injured athletes
3. Diagnosis, treatment, management, and disposition of common sports injuries and illness
4. Management of medical problems in the athlete
5. Rehabilitation of ill and injured athletes
6. Exercise as treatment
A completed Verification of Medical Practice Form, available upon request from the American Board of Family Practice, must be submitted. This form should be completed by a person in a position such as a coach, high school or college administrator, hospital director, county medical society administrator, or other practitioner who is knowledgeable of the candidate’s practice.

Adolescent Medicine
The American Board of Family Practice offers certification in adolescent medicine. The Certificate of Added Qualifications in Adolescent Medicine will be offered biennially in odd-numbered years in conjunction with the American Board of Pediatrics and the American Board of Internal Medicine.

Certification Requirements
1. Family physicians must be certified by the American Board of Family Practice and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Diplomates may apply through one of the plans described below.
4. Diplomates must achieve a satisfactory score on a half-day written examination.

Qualifying Plans for Adolescent Medicine CAQ
Plans II-A, II-B, and III will be available through the 2005 examination only. Currently exams are scheduled for 2003 and 2005. Candidates applying after the 2005 examination must have completed 2 years of approved full-time fellowship training in adolescent medicine. The approval of fellowships not accredited by the ACGME will be the responsibility of the ABFP until such time as certification of adolescent medicine fellowships is established by the Residency Review Committee. Adolescent medicine fellowships in pediatrics or internal medicine commencing on or after July 1, 2000, must be accredited by the ACGME.

Plan I—Adolescent Medicine Fellowship Training
A candidate must have completed a minimum of 2 years in an adolescent medicine fellowship program approved by the ACGME or by the American Board of Family Practice until such time as accreditation of all programs is established by the Residency Review Committee. A Verification of Fellowship Training Form must be completed by the program director. No credit will be given for fellowship training and/or practice experience in adolescent medicine obtained during the core family practice residency. All training must be completed by September 30, 2001, in order to qualify for the 2001 examination.

Plans II-A and II-B—Partial Adolescent Medicine Fellowship and Practice Route
Candidates may qualify by documenting a combination of approved adolescent medicine fellowship training and practice experience (a minimum of 25% of professional time devoted to the care of adolescents) equal to 5 years as outlined in the two plans listed below. For Plans II-A, II-B, and III, a Verification of Medical Practice Form (provided with the application) must be completed by the chief of family practice at the hospital or outpatient setting where the applicant practices. Also, for plans I, II-A, and II-B a Verification of Fellowship Training Form (provided with the application) must be completed by the fellowship program director.

II-A—This plan is intended for those physicians who have completed less than 12 months of fellowship training in adolescent medicine acceptable to the ABFP. Following ABFP approval, practice credit will be awarded on a month-for-month basis. For example, a 10-month fellowship would be credited as 10 months of experience; this, added to 4 years and 2 months of adolescent medicine experience (a minimum of 25% of professional time devoted to the care of adolescents), would total 60 months or 5 years.

II-B—This plan is intended for those physicians who have completed 12-23 months of fellowship training in adolescent medicine acceptable to the ABFP. Following ABFP approval, practice credit will be awarded on a two-for-one basis. For example, a 19-month fellowship would be credited as 38 months of experience; this, added...
to 1 year and 10 months of adolescent medicine experience (a minimum of 25% of professional time devoted to the care of adolescents), would total 60 months or 5 years.

**Plan III—Practice Route**

Five years of practice experience with substantial portions (a minimum of 25% of professional time devoted to the care of adolescents) is required. A Verification of Medical Practice Form (provided with the application) must be completed by the chief of family practice at the hospital or outpatient setting where the applicant practices.

**Revocation of Diplomate Status**

**Authority to Revoke Certification**

The Board of Directors of the American Board of Family Practice shall have sole power and authority to determine whether or not the evidence or information before it is sufficient to constitute grounds for revocation of any certificate issued by the Board. The Board of Directors may, however, at its discretion, require any person so notified to appear before the Board of Directors, upon not less than 60 days' written notice by registered mail, and to show cause, at the time and place specified in such notice, why the certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of the certificate. The decision of the Board of Directors in all such matters shall be final.

**Misrepresentations by the Candidate**

Each certificate issued by the Board of Directors shall be subject to revocation in any of the following circumstances:

1. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of the American Board of Family Practice, Inc, or of the Bylaws of the American Board of Family Practice.
2. The person so certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting such ineligibility were known to, or could have been ascertained by, the Directors of the Corporation or its representatives.
3. The person so certified shall have made a misstatement of fact in the application for such certificate or in any other statement or representation to the Board or its representatives.
4. The person so certified shall at any time have neglected to maintain the degree of competency in the field of family practice as established by the Board.
5. The person so certified has fraudulently altered, copied, or changed a certificate of the American Board of Family Practice, or has fraudulently presented, or allowed to be presented on behalf of the individual, an altered, copied or changed certificate of the Board. In such cases, the Board reserves the right to revoke, suspend, and/or prohibit subsequent certification of the offending party for a period not to exceed 6 years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the suspension, the 6-year period shall be postponed until the action of the Board is determined to be final and enforceable.

**Licensure Status**

A diplomate of the American Board of Family Practice is required to hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by a diplomate in any state or territory of the United States or province of Canada must be currently valid, full, and unrestricted, whether or not the diplomate in effect practices in such state, territory, or province. Diplomates shall be required to retain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Failure to retain a license will result in loss of diplomate status and will result in loss of the ability to make application for certification, recertification, or other examinations offered by the Board.

In the event a diplomate's license to practice in any state or territory of the United States or province of Canada is revoked, restricted, or suspended, the diplomate's certificate is simultaneously rescinded at the time of the licensure revocation, restriction, or suspension. The physician must advise the American Board of Family Practice within 60 days and cease immediately identifying himself in any way directly or indirectly as a diplomate of the American Board of Family Practice. If the physician fails to notify the American Board of Family Practice of any revocation, restriction, or suspension within 60 days after the effective date, he/she shall be ineligible to seek reinstatement of diplomate status for up to 1 year following the reinstatement of full and unrestricted licensure. Candidates for recertification and diplomates of the ABFP should be aware that the ABFP receives periodic *Disciplinary Action Reports* from the American Medical Association of actions by states against medical licenses.

Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician, that revokes, restricts, or suspends the physician's medical license is a violation of ABFP policy. In cases where a physician has changed his or her residence deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend diplomate status and/or prohibit application for certification. Questions about licensure should be presented to the Board in writing.

If and when the physician's revoked, restricted, or suspended license is reinstated in full (with no restrictions) and official written documentation of reinstatement is provided, the ABFP will honor the remainder of the current certificate and the diplomate will not be required to be reexamined. If the current certificate has expired prior to the reinstatement of the license, the physician may make application for the next annual examination. Successful compliance with all application requirements in effect at that time will be expected.

**Applications and Additional Information**

Applications and additional information may be obtained by writing to

James C Puffer, MD, Executive Director
American Board of Family Practice
2228 Young Dr
Lexington, KY 40504-4294
American Board of Internal Medicine

510 Walnut St, Ste 1700
Philadelphia, PA 19106-3699
800 441-ABIM (2246)
215 446-3500
215 446-3470 Fax
E-mail: request@abim.org
www.abim.org

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Hyman B Muss, MD, Burlington, Vermont
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David B Reuben, MD, Los Angeles, California
W Michael Scheld, MD, Charlottesville, Virginia
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Laura F Weder, MD, Cincinnati, Ohio
Beverly Woo, MD, Boston, Massachusetts
Kenneth K Wu, MD, PhD, Houston, Texas

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Internal Medicine [ABIM] to ascertain whether the information below is current.)

Preface
The Board's decision about a candidate's eligibility for certification is determined by the policies and procedures described in this document. This edition of policies and procedures supersedes all previous publications.

[Note: The Board reserves the right to make changes in its fees, examinations, policies, and procedures at any time without advance notice.]

Introduction
The American Board of Internal Medicine (ABIM) was established in 1936 and is a private, not-for-profit corporation. Its members are elected by the Board of Directors and serve 2-year terms. The Board receives no public funds and has no licensing authority or function.

The mission of the ABIM is to enhance the quality of health care available to the American public by continuously improving the process and maintaining high standards for certifying internists and subspecialists who possess the knowledge, skills, and attitudes essential for the provision of excellent care.

Certification by the ABIM recognizes excellence in the discipline of internal medicine, its subspecialties, and areas of added qualifications. Certification is not a requirement to practice internal medicine, and the Board does not confer privileges to practice. The ABIM does not intend either to interfere with or to restrict the professional activities of a licensed physician based on certification status.

The ABIM administers the certification and recertification processes by (1) establishing requirements for training and self-evaluation, (2) assessing the professional credentials of candidates, (3) obtaining substantiation by appropriate authorities of the clinical competence and professional standing of candidates, and (4) developing and conducting examinations for certification and recertification.

All ABIM certificates issued in 1980 (1987 for critical care medicine and 1988 for geriatric medicine) and thereafter are valid for 10 years. Dates of validity are noted on the certificates. Certificates issued before these dates are valid indefinitely.

Requirements for Certification in Internal Medicine
To receive a certificate in internal medicine, a physician must complete the required predoctoral medical education, meet the postdoctoral training requirements, demonstrate clinical competence in the care of patients, meet the licensure requirements, and pass the Certification Examination in Internal Medicine.

Predoctoral Medical Education
Certification candidates who graduated from medical schools in the United States or Canada must have attended a school that was accredited at the date of graduation by the Liaison Committee on Medical Education (LCME), the Committee for Accreditation of Canadian Medical Schools, or the American Osteopathic Association.

Graduates of international medical schools must have either a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates, or comparable credentials from the Medical Council of Canada.

Graduate Medical Education (GME)
To be admitted to the Certification Examination in Internal Medicine physicians must have completed, by August 31 of the year of examination, 36 months of graduate medical education (GME) accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. Residency or research experience occurring before completion of the requirements for the MD or DO degree cannot be credited toward the ABIM's requirements.

The 36 months of residency training must include (1) a minimum of 12 months of internal medicine training at the R-1 level, and (2) a minimum of 24 months of training in an accredited internal medicine program, including 12 months at the R-2 level and 12 months at the R-3 level.

1152
**Content of Training**

The 36 months of full-time medical residency education must include:

1. At least 30 months of training in general internal medicine, subspecialty internal medicine, critical care medicine, geriatric medicine, and emergency medicine. Up to 4 months of the 30 months may include training in primary care areas (eg, neurology, dermatology, office gynecology, or orthopedics);
2. Up to 3 months of other electives approved by the internal medicine program director; and
3. Up to 3 months of leave for vacation time, parental leave, or illness. Vacation or other leave cannot be forfeited to reduce training time.

In addition, the following requirements for direct patient responsibility must be met:

1. At least 24 months of the 36 months of residency education must occur in settings where the resident personally provides, or supervises junior residents who provide, direct care to patients in inpatient or ambulatory settings.
2. At least 6 months of the direct patient responsibility on internal medicine rotations must occur during the R-1 year.

**Clinical Competence Requirements**

The Board requires documentation that candidates for certification in internal medicine are competent in patient care (medical interviewing, physical examination, and procedural skills), medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Through its tracking process, the Board requires program directors to complete clinical competence evaluations each spring for internal medicine residents. A candidate may be excluded from an ABIM examination if the required components of clinical competence are not satisfactorily documented by the training program.

As outlined in the table below, all residents must receive satisfactory ratings in overall clinical competence and moral and ethical behavior in each year of training. In addition, residents must receive satisfactory ratings in each of the components of clinical competence during the final year of required training. It is the resident's responsibility to arrange for any additional training required.

**Program Director Ratings of Clinical Competence**

<table>
<thead>
<tr>
<th>Components and Ratings</th>
<th>R-1 and R-2</th>
<th>R-3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Clinical Competence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Full credit</td>
<td>Full credit</td>
</tr>
<tr>
<td>Marginal</td>
<td>Full credit for 1 marginal year; Repeat 1 year if both R-1 and R-2 are marginal</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>No credit, must repeat year</td>
<td>No credit, must repeat year</td>
</tr>
<tr>
<td><strong>Moral and Ethical Behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Full credit</td>
<td>Full credit</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
<td>Repeat year or, at the Board's discretion, a period of observation will be required</td>
</tr>
</tbody>
</table>

**Clinical Competence**

- **Satisfactory** Full credit
- **Marginal** Full credit for 1 marginal year; Repeat 1 year if both R-1 and R-2 are marginal
- **Unsatisfactory** No credit, must repeat year

**Procedures Required for Internal Medicine**

For certification in internal medicine, the ABIM requires that candidates must be judged competent by their program director in the procedures listed below:

1. Interpreting electrocardiograms
2. Performing the following procedures; understanding their indications, contraindications, and complications; and interpreting their results:
   - Advanced cardiac life support
   - Abdominal paracentesis
   - Arterial puncture
   - Arthrocentesis
   - Central venous line placement
   - Lumbar puncture
   - Nasogastric intubation
   - Pap smear and endocervical culture
   - Thoracentesis

The Board recommends three to five as the minimum number of directly supervised, successfully performed procedures; confirmation of proficiency is not credible with fewer procedures.

**Credit in Lieu of Standard Training**

**Training Completed Prior to Entering Internal Medicine Residency**

The Board may grant credit for some or all of the 12-month requirement at the R-1 level for training taken prior to entering training in internal medicine, as outlined below. Only the director of an accredited internal medicine residency program may petition the Board to grant credit in lieu of standard R-1 internal medicine training. No credit may be granted to substitute for 24 months of accredited R-2 and R-3 internal medicine training.

1. Month-for-month credit may be granted for satisfactory completion of internal medicine rotations taken during an accredited non-internal medicine residency program if all of the following criteria are met:
   - The internal medicine training occurred under the direction of a program director of an accredited internal medicine program;
   - The training occurred in an institution accredited for training internal medicine residents; and
   - The rotations were identical to the rotations of the residents enrolled in the accredited internal medicine residency program.

2. For trainees who have satisfactorily completed at least 12 months of accredited training in another specialty, the Board may grant:
   - A month-for-month credit for the internal medicine rotations that meet the criteria listed under (1) above;
   - A maximum of 6 months credit for the training in a family practice or pediatrics program; or
   - A maximum of 3 months credit for training in a non-internal medicine specialty program.
3. Up to 12 months credit may be granted for at least 3 years of US or Canadian accredited training in another clinical specialty and certification by an ABMS member Board in that specialty.*

4. Up to 12 months credit may be granted for at least 3 years of verified internal medicine training abroad.*

*Rquires a fee of $250. Guidelines for proposals are available from the Board.

Training Completed Abroad by Current Full-Time US or Canadian Faculty

Full-time internal medicine faculty members in an LCME-accredited medical school or an accredited Canadian medical school may qualify for admission to the Certification Examination in Internal Medicine if they:

1. are proposed by the chair or program director of an accredited internal medicine residency program;

2. have completed 3 or more years of verified internal medicine training abroad;

3. hold an appointment at the level of associate professor or higher at the time of proposal; and

4. have completed 8 years, after formal training, as a clinician-educator or a clinical investigator in internal medicine with a full-time appointment on a medical school faculty.

*Requires a fee of $250. Guidelines for proposals are available from the Board.

Training in Combined Programs

The ABIM recognizes internal medicine training combined with training in the following programs:

- Dermatology
- Emergency medicine
- Emergency medicine/critical care medicine
- Family practice
- Medical genetics
- Neurology
- Nuclear medicine
- Pediatrics
- Physical medicine and rehabilitation
- Preventive medicine
- Psychiatry

Guidelines for the combined training programs and requirements for credit toward the ABIM Certification Examination in Internal Medicine are available upon request.

Requirements for Certification in Subspecialties and Added Qualifications

General Requirements

In addition to the primary certificate in internal medicine, the Board offers subspecialty certificates and certificates of added qualifications. Subspecialty certificates are offered in cardiovascular disease; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; medical oncology; nephrology; pulmonary disease; and rheumatology.

Certificates of added qualifications recognize special expertise in areas that have a fundamental practice-oriented relationship to an underlying discipline, and are offered currently in adolescent medicine, clinical cardiac electrophysiology, critical care medicine, geriatric medicine, interventional cardiology, and sports medicine. Diplomates must maintain a valid underlying certificate to obtain certification and be eligible for recertification in an added qualification. Information regarding each of the added qualifications examinations is available upon request.

To become certified in a subspecialty, physicians must have been previously certified in internal medicine by the ABIM. To certify in an added qualification, a physician must hold a currently valid certificate in the underlying discipline. For all subspecialties and areas of added qualifications, a physician must also have completed the requisite training, demonstrated clinical competence in the care of patients, met the licensure requirements, and passed the secure examination for that discipline.

No credit will be granted toward certification in a subspecialty or area of added qualifications for training that is not accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.

Fellowship training taken before completing the requirements for the MD or DO degree, training as a chief medical resident, practice experience, and attendance at postgraduate courses may not be credited toward the requirements for subspecialty certification.

To be admitted to an examination, candidates must have completed the required training in the subspecialty or area of added qualifications by October 31 of the year of examination.

Candidates for certification in the subspecialties must meet the Board's requirements for duration of training as well as minimum duration of clinical training. Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period; clinical training need not be completed in successive months. Educational rotations completed during training may not be double counted to satisfy both internal medicine and subspecialty training requirements.

Training and Procedural Requirements

The total months of training required, including specific clinical months, and requisite procedures for each subspecialty and area of added qualifications are outlined by discipline below:

Adolescent Medicine (24 months/0 clinical months)

No required procedures.

Cardiovascular Disease* (36 months/24 clinical months)

Advanced cardiac life support (ACLS), including cardioversion; electrocardiography, including ambulatory monitoring and exercise testing; echocardiography; arterial catheter insertion; and right-heart catheterization, including insertion and management of temporary pacemakers.

*Two years of accredited cardiovascular disease training are required for candidates who initiated fellowship training prior to 1990.

Clinical Cardiac Electrophysiology (12 months/12 clinical months)

Electrophysiologic studies both with a catheter and intraoperatively; catheter-based and other ablation procedures; and implantation of pacemakers; and cardioverters-defibrillators (a minimum of 150 intracardiac procedures in at least 75 patients, of which 75 are catheter-based ablation procedures, including postdiagnostic testing, and 25 are initial implantable cardioverter-defibrillator procedures, including programming).

Critical Care Medicine (24 months/12 clinical months)

Maintenance of open airway; oral/nasal intubation; ventilator management, including experience with various modes; chest physical therapy; and management of chest tubes; advanced cardiac life support (ACLS); placement of arterial, central venous, and pulmonary artery balloon flotation catheters; and calibration and operation of hemodynamic recording systems.

Endocrinology, Diabetes, and Metabolism (24 months/12 clinical months)

Thyroid aspiration biopsy.
Gastroenterology* (36 months/18 clinical months)
Proctoscopy and/or flexible sigmoidoscopy; diagnostic upper gastrointestinal endoscopy; colonoscopy, including biopsy and polypectomy; esophageal dilation; therapeutic upper and lower gastrointestinal endoscopy; and liver biopsy.

Two years of accredited gastroenterology fellowship training are required for candidates who initiated fellowship training prior to June 1996.

Geriatric Medicine (12 months/12 clinical months)
No required procedures.

Hematology (24 months/12 clinical months)
Minimum ½ day per week in continuity outpatient clinic; bone marrow aspiration and biopsy; including preparation, staining, examination, and interpretation of blood smears, bone marrow aspirates, and touch preparations of bone marrow biopsies; measurement of complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

Infectious Disease
Microscopic evaluation of diagnostic specimens including preparation, staining, and interpretation; management, maintenance, and removal of indwelling venous access catheters; and administration of antimicrobial and biological products via all routes.

Interventional Cardiology (12 months/12 clinical months)
A minimum of 250 therapeutic interventional cardiac procedures during 12 months of accredited interventional cardiology fellowship training.

Medical Oncology (24 months/12 clinical months)
Minimum ½ day per week in continuity outpatient clinic; bone marrow aspiration and biopsy; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

Nephrology (24 months/12 clinical months)
Placement of temporary vascular access for hemodialysis and related procedures; acute and chronic hemodialysis; peritoneal dialysis (excluding placement of temporary peritoneal catheters); continuous renal replacement therapy (CRRT); and percutaneous biopsy of both autologous and transplanted kidneys.

Pulmonary Disease (24 months/12 clinical months)
Oral/nasal intubation; fiberoptic bronchoscopy and accompanying procedures; ventilator management; thoracentesis and percutaneous pleural biopsy; arterial puncture; placement of arterial and pulmonary artery balloon flotation catheters; calibration and operation of hemodynamic recording systems; supervision of the technical aspects of pulmonary function testing; progressive exercise testing; and insertion and management of chest tubes.

Rheumatology (24 months/12 clinical months)
Diagnostic aspiration of and analysis by light and polarized light microscopy of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures; and therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses.

Sports Medicine (12 months/12 clinical months)
No required procedures.

Clinical Competence Requirements
The Board requires documentation that candidates for certification in the subspecialties are competent in (1) patient care, which includes medical interviewing, physical examination, and procedural skills, (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Through its tracking process, the Board requires verification of subspecialty fellows’ clinical competence from both the subspecialty training program director and the chair of the department of medicine.

As outlined in the following table, all fellows must receive satisfactory ratings of overall clinical competence and moral and ethical behavior in each of the required years of training. In addition, fellows must receive satisfactory ratings in each of the components of clinical competence and the requisite procedures during the final year of required training. It is the fellow’s responsibility to arrange for any additional required training.

Program Director Ratings of Clinical Competence
Components and Ratings

<table>
<thead>
<tr>
<th>Overall Clinical Competence</th>
<th>Any Year of Fellowship Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Full credit</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>No credit, must repeat year</td>
</tr>
</tbody>
</table>

Moral and Ethical Behavior
Components and Ratings

<table>
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<tr>
<th>Moral and Ethical Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
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<tr>
<td>Unsatisfactory</td>
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</table>

Satisfactory Full credit
Unsatisfactory Repeat year or, at the Board’s discretion, a period of observation will be required

Components of Clinical Competence*

<table>
<thead>
<tr>
<th>Components of Clinical Competence</th>
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</thead>
<tbody>
<tr>
<td>Satisfactory</td>
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<tr>
<td>Unsatisfactory</td>
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</tbody>
</table>

Satisfactory Full credit
Unsatisfactory Must repeat year if during final year of required training

*The six components are (1) patient care, which includes medical interviewing, physical examination, and procedural skills, (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Dual Certification Requirements

Hematology and Medical Oncology
Dual certification in hematology and medical oncology requires 3 years of accredited training, which must include: (a) a minimum of 18 months of clinical training, (b) a minimum of 12 months in the diagnosis and management of a broad spectrum of neoplastic diseases including hematological malignancies; and (c) a minimum of 6 months of training in the diagnosis and management of a broad spectrum of non-neoplastic hematological disorders. During the entire 3 years, the fellow must attend a minimum of ½ day per week in continuity outpatient clinic.

The ABIM recommends that the 3 years of training be taken in a combined program in the same institution that is accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. If the combined training must be taken in two different programs, 24 continuous months must be in one institution, and both institutions must be accredited in hematology and medical oncology.

Candidates must complete all 3 years of required combined training before being admitted to an examination in either subspecialty. Those who elect to undertake an examination in one subspecialty following only 2 years of fellowship training will be
required to complete 4 years of accredited training for dual certification. Candidates who have completed all 3 years of required combined training may take the hematology and medical oncology examinations in the same year or in different years.

**Pulmonary Disease and Critical Care Medicine**
Candidates seeking dual certification in pulmonary disease and critical care medicine must complete a minimum of 3 years of accredited combined training, 18 months of which must be clinical training. Critical care medicine is an added qualification to the subspecialty of pulmonary disease; thus, certification in pulmonary disease must be achieved before the candidate is eligible to apply for admission to the Critical Care Medicine Examination.

**Rheumatology and Allergy and Immunology**
Dual certification in rheumatology and allergy and immunology requires a minimum of 3 years of training, which must include: (a) at least 12 months clinical rheumatology supervised by the director of an accredited rheumatology training program, (b) weekly attendance for 18 consecutive months in an ambulatory care program supervised by rheumatology faculty, which must include continuity of patient care within ambulatory clinics, and (c) at least 18 months of allergy and immunology training supervised by the training program director of an accredited program in allergy and immunology.

Plans for combined training should be prospectively approved in writing by both the rheumatology and the allergy and immunology training program directors and by the ABIM and the American Board of Allergy and Immunology. Admission to either examination requires (1) certification in internal medicine, (2) satisfactory clinical competence, and (3) completion of the entire 8-year combined program.

Candidates seeking dual certification for other subspecialty combinations should contact the ABIM for information.

**Special Candidates for Subspecialties and Added Qualifications**
ABIM diplomates in internal medicine may be proposed for special consideration for admission to a subspecialty or added qualifications examination by the program director of an accredited fellowship program if they:
1. have completed the full training required by ABIM in the subspecialty or area of added qualifications in another country;
2. are a full-time associate professor or higher in the specified subspecialty division of the department of medicine in an LCME-accredited medical school or an accredited Canadian medical school;
3. have served 8 years, after formal training, as a clinician-educator or clinical investigator with a full-time appointment on a medical school faculty; and
4. possess a valid, unrestricted license to practice medicine in a state, territory, commonwealth, province, or possession of the United States or Canada. Guidelines for proposing candidates for special consideration for admission to the subspecialty and added qualifications examinations are available upon request. Proposals require a fee of $250.

**Certification Using the Research Pathway**
The Research Pathway is intended for trainees planning academic careers as investigators in basic or clinical science. The pathway integrates training in clinical medicine with 3 years of training in research methodology. Although prospective planning of this pathway by trainees and program directors is necessary, prospective approval by the Board is no longer a requirement. However, program directors must document the clinical and research training experience each year through the Board's tracking program. The Research Pathway requirements are described below.

The Research Pathway requires a minimum of 36 months of research training in which 80% of time is devoted to research and, at most, 20% time to clinical work. During the entire 8 years the trainee must attend a minimum of ½ day per week in continuity outpatient clinic.

The Board defines research as scholarly activities intended to develop new scientific knowledge. The research experience of trainees should be mentored and reviewed. Unless the trainee has already achieved an advanced graduate degree, training should include completion of work leading to one or its equivalent. The last year of research training may be taken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

During internal medicine research training, 20% of each year must be spent in clinical experiences, including a ¼ day per week in a continuity clinic. During subspecialty research training, at least ½ day per week must be spent in an ambulatory clinic. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the ABIM Research Pathway.

For additional information, contact the Board.

**Internal Medicine Research Pathway**
- Internal medicine training: 24 months
- Direct patient responsibility: 20 months
- Research training (80%): 36 months
- Ambulatory clinics during research training (10%): app. ½ day/week
- Additional clinical training during research (10%): app. ½ day/week
- Total training: 5 years
- Internal Medicine examination: August, R-5

**Subspecialty Research Pathway**
- Internal medicine training: 24 months
- Direct patient responsibility: 20 months
- Subspecialty clinical training (80%): 12-24 months*
- Research training (80%): 36 months
- Ambulatory clinic during research training (10%): app. ½ day/week
- Total training: 6 or 7 years*
- Internal medicine examination: August, R-4
- Subspecialty/AQ examination: November, R-6 or 7*

* Based on subspecialty

**Special Training Policies**
**Disclosure of Performance Information**
For trainees planning to change programs, the Board expects the trainee to request that a written evaluation of past performance be sent by the previous program to the new program. Upon request by the new program director, the Board will provide (when available) a summary of the previous performance ratings and the total credits accumulated toward the Board's training requirements for certification. At the trainee's request, the Board will provide the new program director with comments or other information obtained from previous training programs.

**Due Process for Evaluations**
The responsibility for the evaluation of a trainee rests with the program, not with the Board. The Board is not in a position to reexamine the facts and circumstances of an individual’s performance. As required by the ACGME in its Essentials of Accredited Residencies in Graduate Medical Education, the educational institution must...
provide appropriate due process for its decisions regarding a trainee’s performance.

**Leaves of Absence and Vacations**
Trainees may take up to 1 month per year of training for vacation, parental or family leave, or illness (including pregnancy-related disabilities). Training must be extended to make up any absences exceeding 1 month per year of training. Vacation leave is essential and must not be forfeited to compensate for any reason, including extended illness, late starts, or parental leave.

**Reduced-Schedule Training**
Interrupted full-time training is acceptable, provided that no period of full-time training is shorter than one month. In any 12-month period, at least 6 months should be spent in training. Patient care responsibilities should be maintained in a continuity clinic during the non-training component of the year. Board approval must be obtained before initiating an interrupted training plan. Part-time training, whether or not continuous, is not acceptable.

**Other Policies**

**Board Eligibility**
The Board does not use, define, or recognize the term “Board Eligible.” Admissibility to certifying examinations is not affected by prior examination attempts, nor does it have a time limit. Candidates will be admitted to certifying examinations provided they meet all requirements as set forth in this publication.

The Board will routinely report through the Web site, mail, or fax whether candidates are certified (including dates) or not certified. If a diplomate was previously certified, this fact and dates of former certification will be reported. If certification is revoked, the Board will report certification status as “Revoked.” If certification is suspended, the Board will report “Not Certified.”

On a candidate’s written request to the Board, the following information will also be reported: (1) that an application is currently in process; and/or (2) the year the candidate was last admitted to examination.

**Professional Standing of Practitioners**
Every 4 years following formal training, the Board requires verification that candidates for certification are recognized as specialists or subspecialists in good standing. Verification is sought from the chief of the medical service at the institution(s) where the candidate’s principal staff appointment is held. Any challenge to good standing, including charges made by a licensing board, must be resolved locally to the Board’s satisfaction before admission to examination. For example, substance abuse, criminal convictions related to medical practice, or substantial disciplinary action by the institution may lead to deferred admission or rejection.

**Confidentiality Policy**
The ABIM considers the certification or recertification status of its diplomates to be public information. The ABIM provides information about a diplomate’s certification status, city and state of residence, and Social Security number to the Federation of State Medical Boards (FSMB) and the American Board of Medical Specialties (ABMS), which publishes the Official ABMS Directory of Board Certified Medical Specialists. The FSMB and ABMS use Social Security numbers as a unique internal identifier and do not provide them to anyone without the authorization of the diplomate.

The ABIM provides residency training directors with information about a resident’s prior training and pass/fail status on certifying examinations. The ABIM uses performance on examinations and other information for research purposes. In these instances, the Board does not identify specific individuals, hospitals, or practice associations.

The ABIM reserves the right to disclose information it possesses about any individual whom it judges has violated ABIM rules, engaged in misrepresentation or unprofessional behavior, or shows signs of impairment.

**Licensure**
All candidates for certification must possess a valid, unrestricted, and unchallenged license to practice medicine in the jurisdiction where they practice. Candidates with licenses that are restricted, suspended, revoked or voluntarily surrendered in lieu of disciplinary action in a jurisdiction will be denied admission to the certifying examination. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements.

**Disabled Candidates**
The Board recognizes that some candidates have physical limitations that make it impossible for them to fulfill the requirements for proficiency in performing procedures. For such individuals, the procedural skills requirement may be waived. Program directors should write to the Board for an exception before the individual enters training or when the disability becomes established.

The Board is committed to offering suitable examination accommodations for all candidates, including individuals with disabilities. When necessary, alternative arrangements under conditions comparable to those provided for other candidates are offered to disabled individuals. Candidates who need accommodation for a disability during an examination must provide a written request to the Board at the time of application for examination. The Board will then inform the candidate of the documentation that must be received by the Board no later than the examination registration deadline. Reapplication for special accommodation is not required for each examination administration unless a new accommodation is requested. The Board treats requests for accommodations as confidential. For additional information about the process and documentation requirements, please contact Dwan King at 800 441-2246, extension 3502 or dking@abim.org.

**Substance Abuse**
If a candidate or a diplomate has a history of substance abuse, documentation of at least 1 year of continuous sobriety from a reliable monitoring source must be submitted to the Board for admission to an examination or for recertification. The Board treats such information as confidential.

**Suspension and Revocation of Certificates**
The Board may, at its discretion, revoke certification if the diplomate was not qualified to receive the certificate at the time it was issued, even if the certificate was issued as a result of a mistake on the part of the Board. It may also revoke the certificate if the diplomate fails to maintain moral, ethical, or professional behavior satisfactory to the Board or engages in misconduct that adversely affects professional competence or integrity. It may revoke or suspend the certificate if (1) the diplomate made any material misstatement of fact or omission of fact to the Board in connection with application or to any third party concerning the diplomate’s certification status; or (2) the diplomate’s license to practice medicine has been revoked, suspended, restricted, or surrendered in lieu of disciplinary action, in any jurisdiction. Reinstatement of suspended certification requires licensure without restriction in the jurisdiction(s) where the physician practices.

**Irregular Behavior on Examinations**
The Board’s examinations are copyrighted and administered in secure testing centers by proctors who are responsible for
maintaining the integrity and security of the certification process. Proctors are required to report to the Board any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (e.g., beepers, pagers, cell phones, etc.) into the examination, failing to comply with time limits or instructions, talking, or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate’s examination.

Other actions that the Board may take at its discretion include exclusion from future examinations and informing program director(s), licensing bodies, impaired physicians advocacy groups, or law enforcement agencies of ABIM actions.

Late Applications
Candidates are responsible for meeting registration deadlines (see Examination Schedule, below). There is a nonrefundable $300 late fee for any application postmarked between December 2, 2003, and February 1, 2004, for the August 2004 Internal Medicine Examination and the July Sports Medicine Examination. Late fees are charged between April 2, 2004, and June 1, 2004, for the November 2004 subspecialty and added qualifications certification examinations.

Reexamination
Candidates who are unsuccessful on any certification examination may apply for re-examination. There is no restriction on the number of opportunities for reexamination. Once admitted to an examination, candidates will be considered to have fulfilled the training requirements for future examinations in that discipline. All candidates for reexamination must meet the requirements for licensure status and professional standing.

Recertification Program
The ABIM recertification program, Continuous Professional Development (CPD), provides certified internists and subspecialists a means to demonstrate professional accountability by meeting standards for medical knowledge, clinical skills, and clinical performance. The CPD program has three components: (1) Self-Evaluation, (2) Secure Examination, and (3) Verification of Credentials. The program can be completed at the diplomate’s own pace over 10 years. Diplomates are encouraged to enroll in the CPD program at least by the fourth year of their existing certificate. For more information, contact the Board.

Board Publications
The following publications are available from the ABIM upon request at no charge. These are not designed to aid in preparation for examinations. To request a publication, send an email to request@abim.org or call 800 441-2245, extension 3630.

For information about the ABIM certification examinations, request:
• Registering for the Certification Examination in Internal Medicine
• Registering for the Certification Examination in Subspecialties of Internal Medicine

The Board has a fact sheet with information about each Certificate in Added Qualifications of:
• Adolescent Medicine
• Clinical Cardiac Electrophysiology
• Critical Care Medicine

• Geriatric Medicine
• Interventional Cardiology
• Sports Medicine

For information about the ABIM Research Pathway, request:
• Guidelines and Criteria for the ABIM General and Subspecialty Internal Medicine Research Pathway

The Board offers several tools to assist program directors, faculty, and trainees with the evaluation process:
• Mini-CEX: Clinical Evaluation Exercise
• Documentation Log Book for Internal Medicine Procedures
• Residents: Evaluating Your Clinical Competence in Internal Medicine
• Attending Physicians: Your Role in Evaluating Internal Medicine Residents
• Competencies for Attending Physicians
• Competencies for Residents

For information about the ABIM Recertification Program (CPD), request:
• Recertification: Continuous Professional Development Program

For other ABIM Publications, visit our Web site at www.abim.org

Additional Information and Inquiries
Please address all inquiries concerning examination applications to American Board of Internal Medicine
510 Walnut St, Ste 1700
Philadelphia, PA 19106-3699
215 446-3500 or 800 441-2245
215 446-3470 or 215 446-3590 Fax
E-mail: request@abim.org

Examination Schedule
Certification examination in Internal Medicine
Date: August 24-25, 2004
Registration Period: September 1 to December 1, 2003
Late Registration Period: December 2, 2003, to February 1, 2004
Fee (US): $850
Cancellation Deadline: June 1, 2004
Refund: $825

Cardiovascular Disease
Date: November 3-4, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Clinical Cardiac Electrophysiology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Graduate Medical Education Directory 2004-2005
Critical Care Medicine
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Endocrinology, Diabetes, and Metabolism
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Gastroenterology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Geriatric Medicine
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Hematology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Infectious Disease
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Interventional Cardiology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Medical Oncology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Nephrology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Pulmonary Disease
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Rheumatology
Date: November 3, 2004
Registration Period: January 1 to April 1, 2004
Late Registration Period: April 2 to June 1, 2004
Fee (US): $1,185
Cancellation Deadline: September 1, 2004
Refund: $1,060

Sports Medicine
Date: July 2004
Registration Period: September 1 to December 1, 2003
Late Registration Period: December 2, 2003, to February 1, 2004
Fee (US): $1,185
Cancellation Deadline: March 1, 2004
Refund: $1,060

Recertification
Date: May 4, 2004
Registration Period: December 1, 2003, to March 1, 2004
Fee (US): $995*
Cancellation Deadline: March 1, 2004 (varies)**
Date: November 3, 2004
Registration Period: June 1 to September 1, 2004
Fee (US): $995*
Cancellation Deadline: September 1, 2004 (varies)**

*Registration/Credentialing Fee $110
Self-Evaluation Module Fee $120/module (minimum of five)
Secure Examination Fee $285/exam administration

** Contact ABIM for more information

Notes: It is the sole responsibility of the candidate to be aware of and comply with registration deadlines.
The adolescent medicine examination will be administered in 2005; exact date to be determined.
American Board of Medical Genetics

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Bethesda, MD 20814-3998
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301 634-7320 Fax
www.abmg.org

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(These criteria and conditions apply to the 2005 certification examination cycle and are subject to change without notice. The American Board of Medical Genetics [ABMG] offers examinations every 3 years; the next examination cycle is August 14-15, 2002. All applicants are advised to contact the Board to ascertain whether the information below is current.)

Purpose and Sponsorship

The ABMG certifies individuals who provide services in medical genetics. The ABMG determines the doctoral degree requirements, the graduate medical training requirements, the medical genetics training requirements, the credentialing requirements, and the examination requirements for ABMG certification. The ABMG offers certification in five primary specialty areas:

- Clinical genetics
- PhD medical genetics
- Clinical cytogenetics
- Clinical biochemical genetics
- Clinical molecular genetics

The ABMG is responsible for preparation, administration, and grading of the certifying examinations in medical genetics.

The ABMG provides accreditation for medical genetics training programs. The ABMG accredits medical genetics fellowship programs in the specialties of PhD medical genetics, clinical cytogenetics, clinical biochemical genetics, and clinical molecular genetics. The Residency Review Committee (RRC) for Medical Genetics of the Accreditation Council for Graduate Medical Education (ACGME) accredits genetics residency programs in the specialty of clinical genetics.

The ABMG was incorporated in 1980 under sponsorship of the American Society of Human Genetics, Inc, and has been recognized as a member board of the American Board of Medical Specialties (ABMS) since 1991.

I. Training Requirements for Certification by the American Board of Medical Genetics

Individuals seeking certification by the ABMG must fulfill all requirements for certification as detailed in this document. For an individual who has a doctoral degree earned outside of the US, Canada, or Puerto Rico, or graduate medical training outside of the US or Puerto Rico, additional requirements may pertain (see Section XII).

A. Doctoral Degree requirements:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Genetics</td>
<td>MD or DO</td>
</tr>
<tr>
<td>PhD Medical Genetics</td>
<td>PhD*</td>
</tr>
<tr>
<td>Clinical Cytogenetics</td>
<td>PhD, DO, or PhD*</td>
</tr>
<tr>
<td>Clinical Biochemical Genetics</td>
<td>PhD, DO, or PhD*</td>
</tr>
<tr>
<td>Clinical Molecular Genetics</td>
<td>PhD, DO, or PhD*</td>
</tr>
</tbody>
</table>

* PhD must be in genetics, human genetics, or a related field, as determined by the ABMG.

B. For applicants for the Clinical Genetics specialty only, graduate medical training requirements are either:

1. Twenty-four months of satisfactorily completed full-time training in an ACGME-accredited residency program in a specialty (other than clinical genetics) that is recognized by the ABMS (eg, pediatrics, ob-gyn, internal medicine)

2. Forty-eight months of satisfactorily completed full-time training in an ACGME-accredited 4-year clinical genetics residency. (Note: In this instance the 48 months of training satisfy both the graduate medical training requirement and the medical genetics training requirement.)

3. Five years of satisfactorily completed full-time training in an ACGME-accredited combined pediatrics/medical genetics residency. Upon successful completion of all requirements of the combined pediatrics and medical genetics residency, a trainee is qualified to apply for certification by either or both the American Board of Pediatrics (ABP) and the ABMG. Applicants must satisfactorily complete the specific credentialing requirements of each Board to be eligible to sit for the examination of that Board. Certification in one specialty is not contingent upon certification in the other.

C. Medical genetics training requirements for all specialties:

1. For certification in any one of the ABMG specialties: 24 months of completed full-time training in an ABMG-accredited fellowship program in that specialty or ACGME-accredited clinical genetics residency.

2. For certification in clinical genetics as an additional ABMG specialty: 24 months of completed full-time training in an ACGME-accredited clinical genetics residency.

3. For certification in each additional ABMG specialty (except clinical genetics): an additional 12 months of completed full-time training in an ABMG-accredited fellowship program in that specialty.

<table>
<thead>
<tr>
<th>Number of ABMG specialty certifications*</th>
<th>Months of completed ABMG-approved medical genetics training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24 months</td>
</tr>
<tr>
<td>2</td>
<td>36 months</td>
</tr>
<tr>
<td>3</td>
<td>48 months</td>
</tr>
<tr>
<td>4</td>
<td>60 months</td>
</tr>
</tbody>
</table>

*Note: Certification in clinical genetics always requires 24 months of completed training in an ACGME-accredited clinical genetics residency.

4. An individual who holds an earned PhD from a training program that also has an ABMG-accredited PhD medical genetics training program may, at the discretion of the program director of the individual's ABMG-accredited medical genetics training program, apply for certification in the PhD medical genetics specialty and one laboratory specialty after 2 years of training.
combined medical genetics training in these two specialties in an ABMG-accredited program, if and only if:

- The earned PhD is from a degree-granting program that is documented to be integrated with a postdoctoral program that is ABMG-accredited at least PhD medical genetics and one laboratory specialty; and
- During the degree program, the individual has taken graduate course work including formal medical genetics and mathematical genetics courses, and the individual documents significant participation in clinical genetics: interacting with patients, communicating with referring physicians, and regular attendance at clinical conferences. These activities must be documented and described in detail by the director of the ABMG-accredited medical genetics program and by the institution's director of the PhD program granting the doctoral degree; and
- The applicant submits two logbooks, one of 150 cases for the laboratory specialty collected during the medical genetics fellowship training and one of 75 cases for the specialty of PhD medical genetics (unrelated to the laboratory specialty) also collected during the medical genetics fellowship training.

The applicant's proposed medical genetics training program, along with a description of the clinical experience during training for the doctoral degree, must be submitted in writing by the director of the ABMG-accredited medical genetics program to the ABMG in advance of initiating the fellowship and must be approved by the ABMG Credentials Committee.

II. Credentialing Requirements for Certification by the American Board of Medical Genetics

The credentialing process determines an applicant's candidate status for the ABMG certifying examination. All documents required for the credentialing process must be submitted to the ABMG Administrative Office and postmarked by the deadline (see Deadlines, Section IX).

Four categories of applicants are recognized:

- First-time applicants for ABMG certification
- ABMG diplomates seeking certification in an additional specialty or specialties
- Individuals who have been active candidates but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application
- Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants for the following examination cycle

A. First-time applicants for ABMG certification must submit:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including degree earned, field in which the degree was earned, and date the degree was earned). A photocopy of a final transcript is not acceptable.
5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2006. If the required medical genetics training is not completed by December 31, 2004, the ABMG Administrative Office will contact the program/residency director at the conclusion of the medical genetics training period for verification of successful completion of training.

6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited clinical genetics program in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.

7. Logbook of 150 cases obtained during the inclusive dates of the applicant's medical genetics training for each specialty area in which the applicant is seeking certification: The logbook must be in the format specified by the ABMG with appropriate signatures. (Note the exception from Section I.C.4 above.)

An applicant who has completed his/her entire medical genetics training by December 31, 2001, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 1, 2004, and December 15, 2004.]

8. For applicants in clinical genetics:

a. Documentation of 24 months of training in an ACGME-accredited residency other than clinical genetics: Either a letter from the director of the ACGME-accredited residency program (other than clinical genetics) documenting satisfactory completion of 24 months of the ACGME-accredited residency training and/or documentation of board certification in an ABMS-recognized specialty. [Note: Completion of 48 months of training in an ACGME-accredited clinical genetics residency fulfills this requirement.]

b. Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

B. ABMG diplomates seeking certification in an additional specialty must submit:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree for applicants whose ABMG certification was prior to 1999: An official final transcript (including degree earned, field in which the degree was earned, date the degree was earned). A photocopy of the final transcript is not acceptable.
5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited clinical genetics residency in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.

7. Logbook of 150 cases obtained during the inclusive dates of the applicant's medical genetics training for each specialty area in which the applicant is seeking certification. The logbook must be in the format specified by the ABMG with appropriate signatures. An applicant who has completed his/her entire medical genetics training by December 31, 2004, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 17, 2004, and March 1, 2004.]

8. Those individuals seeking additional certification in clinical cytogenetics, clinical biochemical genetics, clinical molecular genetics, or PhD medical genetics must submit documentation of 12 months required medical genetics training in an ABMG-accredited fellowship. "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training has not been completed by December 31, 2004, the ABMG Administrative Office will contact the residency program director at the conclusion of the medical genetics training period for verification of successful completion of training.

9. Those applicants seeking additional certification in clinical genetics who have completed 24 months of training in an ACGME-accredited clinical genetics residency must submit:
   a. Documentation of 24 months of training in an ACGME-accredited residency other than clinical genetics: Either a letter from the director of the ACGME-accredited residency program (other than clinical genetics) documenting successful completion of the 24 months of the ACGME-accredited residency training and/or documentation of board certification in an ABMG-recognized specialty. [Note: Completion of 48 months of training in an ACGME-accredited clinical genetics residency fulfills this requirement.]
   b. Documentation of 24 months required medical genetics training in an ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's clinical genetics residency program director verifying the inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training has not been completed by December 31, 2004, the ABMG Administrative Office will contact the residency program director at the conclusion of the clinical genetics residency for verification of successful completion of training.

C. Individuals who have been active candidates, but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application:

All such individuals must complete the equivalent of an additional 12 months of full-time medical genetics training in an ABMG-accredited fellowship program in that specialty or in an ACGME-accredited clinical genetics residency. A letter requesting approval for this additional training should be submitted by the program director to the ABMG Credentials Committee at the ABMG Administrative Office prior to the onset of the additional training. This letter must specify the inclusive dates and content of the additional training and must be signed by the trainee and the program director. [Note: It is the applicant's responsibility to assure that this request is submitted before, or no later than 2 months after, commencement of the additional training.]

Individuals who will have completed their additional 12 months of training by July 31, 2005, must submit:
1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, postdoctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including the degree earned, the field in which the degree was earned, and the date the degree was earned). A photocopy of the final transcript is not acceptable.
5. Documentation of the required additional year of medical genetics training in an ABMG-accredited fellowship program or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited medical genetics residency program in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.
7. A new logbook of 150 additional cases in the specialty area in which the applicant is seeking certification collected during the inclusive dates of the approved additional training period in an ABMG-accredited fellowship/ACGME-accredited clinical genetics residency program. The logbook must be in the format specified by the ABMG with the appropriate signatures. An applicant who has completed his/her approved additional medical genetics training by December 31, 2004, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 17, 2004, and March 1, 2005.]

8. Applicants in clinical genetics: Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

D. Individuals who have been active candidates, but who have failed to achieve certification in one cycle and who are reapplicants for the following examination cycle, must submit:
1. A completed and notarized application form.
2. Reapplication review fee (see Fees, Section X).
3. Examination fees (see Fees, Section X).
4. Applicants in clinical genetics only: Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

III. Applicants With a Disability Requesting Special Accommodations During the Certification Examination
Applicants with a physical or mental disability who need special accommodations during the certifying examinations must check the "Application for Special Accommodations" box on the application form and must complete and submit the "Application for Special Accommodations" form with the application. The ABMG supports the intent of the Americans with Disabilities Act (ADA) and attempts to make reasonable accommodations for applicants with disabilities. The ABMG offers examinations in a place and manner accessible to individuals with disabilities or offers alternative accessible arrangements for such individuals. Auxiliary aids and services are offered only if they do not fundamentally alter the measurement of the skills and knowledge the examination is intended to test.

The applicant must notify the ABMG Administrative Office immediately if new circumstances arise after submission of the application that cause the applicant to request special accommodations during the certifying examination.

IV. Results of Application Review
A. If further documentation is required and/or the application is in some manner incomplete, the applicant will be notified.
B. The Credentials Committee of the ABMG will notify, in writing, each applicant of his/her candidate status.
1. Active candidate status granted—All credentialing requirements have been satisfied in one or more specialty areas and all application review fees have been paid. The active candidate is eligible to sit the certifying examination(s). The active candidate will be asked to submit the examination fees at this time (see Fees, Section X).
   [Note: The term "Board eligible" is not used to describe active candidate status. Active candidate status expires at the time that the results of the ABMG certifying examination are released. If a candidate fails to achieve certification for any reason (including withdrawing from the examination process), the individual loses active candidate status.]
2. Active candidate status denied—The applicant has failed to satisfy one or more credentialing requirements.

Applicants who are denied active candidate status and who are considering an appeal may write to the ABMG Administrative Office to obtain a copy of the "Appeal Process for Adverse Decisions Affecting Certification." Appeals of candidate status must be made in writing to the ABMG Administrative Office within 30 days after receipt by the applicant of notice of the adverse decision.

V. ABMG Certifying Examination
The ABMG certifying examination is offered every 3 years. The next ABMG certifying examination will be held in August 2005. Approved applicants will be sent written notification of active candidate status. This letter will also include information on examination fees and deadlines and examination sites and scheduling procedures.

A. Admission to the examination site: Candidates must bring a current government-issued photo ID (e.g., driver's license or passport) to the examination and the scheduling permit that will be mailed to the candidate in March 2005. No one will be admitted to the examination without a government-issued photo identification and the scheduling permit.

B. The ABMG certifying examination is composed of two parts: a general examination and a specialty examination in one of five specialty areas. An active candidate for ABMG certification must take the general examination and at least one specialty examination. A candidate may only take the specialty examination(s) for which s/he has been credentialed.

C. An active candidate who is an ABMG diplomate and who is applying for certification in an additional specialty or specialties must take both the general examination and the specialty examination(s) for which s/he has been credentialed.

D. To be certified by the ABMG, active candidates must pass both the general examination and at least one specialty examination.

E. Failure to pass the certifying examination is not grounds for appeal.

F. Candidates must inform the proctor of any difficulties encountered at the examination site. In addition, candidates must inform the ABMG Administrative Office in writing within 1 week of the examination of any such difficulties encountered at the examination site.

G. The content of the certification examinations is proprietary and strictly confidential information. Applicants must sign a notarized statement agreeing that they will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. Unauthorized receipt, retention, possession, copying, or disclosure of any certification examination materials, including but not limited to the content of any examination question, before, during, or after the examination may subject the applicant to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification.
VI. ABMG Certification
A. Time-limited ABMG Certificates
Candidates for ABMG certification who pass the general examination and at least one specialty examination will become diplomates of the ABMG for a period of 10 years from the date of the certifying examination. A certificate will be mailed to all diplomates in the spring following the examination. This information becomes public information and is listed in the Official ABMS Directory of Board Certified Medical Specialists.
B. Revocation of ABMG Certificates
Any certificate issued by the ABMG shall be subject to revocation at any time should the ABMG determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to have received it or is in some respect not properly qualified to retain it.

VII. Failure to Achieve ABMG Certification
A. Individuals who do not pass the ABMG certifying examination, who withdraw from the certifying examination, or who do not appear at the certifying examination site fail to achieve ABMG certification.
B. No portion of the ABMG certifying examination score will be carried forward to any future certifying examination cycle. Thus, if an applicant has passed either the general examination or a specialty examination, but not both, neither score will be carried forward.

VIII. Request to Withdraw
If an approved applicant withdraws from the examination, examination fees will not be refunded. All fees are nonrefundable. Active candidate status is not maintained after examination results are released. Such applicants may reapply for "active candidate status." Applicants are required to achieve certification within two successive examination cycles or within 6 years of achieving active candidate status, whichever comes first. Credentials carry an applicant for two cycles. Withdrawing from an examination examination cycle is counted as failure to achieve certification during that cycle.

IX. Deadline for Applications
A. The electronic portions of the application must be completed online no later than November 30, 2004, and other nonelectronic materials must be postmarked no later than November 30, 2004. All required fees, documents, letters of endorsement, and other nonelectronic materials must be submitted to the ABMG Administrative Office and must be postmarked no later than November 30, 2004.
B. Late Fee: Applications electronically submitted and/or postmarked between December 1, 2004, and December 15, 2004, must be accompanied by a late fee (see Fees, Section X).
C. Applications electronically submitted and/or postmarked December 17, 2004, or later will be returned to the applicant without review.
D. Notification of Receipt of Applications
1. Candidates will automatically be notified of the receipt of an online application form.
2. The ABMG Administrative Office cannot respond to individual inquiries regarding receipt of other application materials. Candidates should send any required written materials via United States Postal Service certified mail with a return receipt of delivery. It is the applicant's responsibility to ensure on-time delivery of the application.

X. Fees
All fees must be paid in US currency by check or money order made payable to the American Board of Medical Genetics. The ABMG does not accept credit card payments. All fees are nonrefundable.
A. Application Review Fee
All application review fees must accompany the application (see Deadlines for Application, Section IX). Fees for all first-time applicants, ABMG diplomates seeking certification in another specialty, and individuals who have failed to achieve certification in two examination cycles or within 6 years:
   One specialty $650
   Two specialties $675
   Three specialties $690
   Four specialties $725
B. Reapplication Review Fee
Fee for all individuals who have been active candidates, but who failed to achieve certification in one cycle and who are reapplicants within one examination cycle: $325
C. Late Application Review Fee
Additional fee for any application which is postmarked (or electronically submitted) between December 1, 2004, and December 15, 2004: $250
D. Examination Fees
1. Examinations Fees:
   a) General examination $600
   b) Specialty examination:
      Clinical genetics $650
      PhD medical genetics $650
      Clinical cytogenetics $650
      Clinical biochemical genetics $650
      Clinical molecular genetics $650
2. First-time applicants for ABMG certification, ABMG diplomates seeking certification in an additional specialty(ies), and individuals who have been active candidates and who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application must submit the examination fees to the ABMG Administrative Office upon notification of active candidate status.
3. Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants within one examination cycle must submit the examination fees with the application and the reapplication fee (see Deadline for Applications).

XI. Recognition of Training by the Canadian College of Medical Genetists (CCMG)-Accredited Programs and ACGME/ABMG-Accredited Programs
A. The ABMG recognizes CCMG specialty certification as evidence of equivalence of successful completion of ABMG- or ACGME-accredited training.
B. Applicants for ABMG certification who are CCMG diplomates or who have received medical genetics training in a CCMG-accredited program must also meet all other applicable credentialing requirements of the ABMG.
C. Individuals trained in a CCMG-accredited training program, but who are not CCMG certified, may apply to the ABMG for certification. Evidence of completion of a prescribed course of accredited training must be submitted by the applicant's training program director. Cases obtained from a CCMG-accredited training program are acceptable and must be submitted in the ABMG logbook format. The ABMG reserves the right to require additional training to ensure that its requirements for certification are met.
D. Three letters of endorsement may be submitted by CCMG or ABMG diplomates, one of whom must be the director of the applicant's medical genetics training program.

E. Applicants are responsible to the ABMG for the full application review fee, examination fee(s), and any other applicable fees (see Section X) and deadlines (see Section IX).

XII. International Doctoral Degrees and International Graduate Medical Training

A. All individuals seeking certification by the ABMG must fulfill all basic requirements for certification detailed above.

B. All individuals with a doctoral degree earned outside of the US, Canada, or Puerto Rico are strongly urged to petition the ABMG Credentials Committee at the ABMG Administrative Office in writing prior to the onset of medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency program for determination of equivalency of the doctoral degree.

The following should accompany the petitioning letter:

1. Copy of the doctoral diploma and transcript of doctoral degree.

2. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, and professional employment.

3. For an individual with an MD degree: Copy of a standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). This is required for all individuals in the specialty of clinical genetics. This is required for the 2005 examination cycle.

4. It is required for the 2006 examination cycle that an individual with an earned PhD degree from a country in which English is not the primary language must have taken the Test of Spoken English as a Foreign Language (TSE) examination within 2 years of entering an accredited training program or applying for ABMG certification. A minimal acceptable TSE score is 45.

Individuals applying for ABMG certification in 2005 must have the official TSE examination scores sent directly to the ABMG Administrative Office by the Educational Testing Service (Rosedale Rd, Princeton, NJ, 08541; 609 921-9000) no later than November 30, 2004.

[Note: Because the Educational Testing Service retains TSE examination scores for only 2 years following the examination, applicants for ABMG certification must have these scores sent to the ABMG Administrative Office within 2 years of taking the examination. The TSE examination scores may be sent to the ABMG Administrative Office before the applicant submits any other portions of the application. It is suggested that official scores be sent to the ABMG Administrative Office as soon as an individual enters a training program.]

C. Individuals interested in entering an ACGME-accredited clinical genetics residency who have received graduate medical training outside the US, Canada, or Puerto Rico should petition the ABMG Credentials Committee at the ABMG Administrative Office in writing prior to beginning training for determination of equivalency of their graduate medical training. The following must accompany the petitioning letter: Copy of certificate of graduate medical training and letter from the director of the graduate medical training program stating the inclusive dates and the amount of time the individual spent in the training program.

The Credentials Committee may grant graduate medical training equivalency for 2 years, 1 year, or no years.

If the Credentials Committee grants 1 year of graduate medical training equivalency, the individual must complete 12 months of full-time training in an ACGME-accredited residency program (other than clinical genetics).

If no graduate medical training equivalency is granted, the individual must complete 24 months of full-time training in an ACGME-accredited residency program (other than clinical genetics) or 48 months of full-time training in an ACGME-accredited 4-year clinical genetics residency.

XIII. Points Offered to Help Understand the Process of ABMG Certification

A. Requirements for ABMG certification, including doctoral degree requirements, medical training requirements, medical genetics training requirements, credentialing process, and certifying examinations reside exclusively with the Board of Directors of the ABMG. Any questions that trainees or program directors have about the ABMG certification process must be directed in writing to the ABMG Administrative Office, at 9650 Rockville Pike, Bethesda, MD 20814-3988.

B. Individuals interested in pursuing ABMG certification must be enrolled in an ABMG-accredited fellowship or an ACGME-accredited clinical genetics residency. The program must be accredited in the specialty(ies) in which the trainee plans to seek certification. The list of ABMG-accredited fellowships and ACGME-accredited clinical genetics residencies is available in the Training Guide to North American Graduate and Post-Graduate Training Programs in Human Genetics prepared by the American Society of Human Genetics (http://www.ashg.org/genetics/ashglpuhs/002.shtml).

C. The program director must submit to the ABMG Administrative Office documents verifying the training of each medical genetics trainee planning to seek ABMG certification. Trainees are advised to check with their program director to assure that these forms contain correct information and have been properly filed. The required documents are:

1. The "Trainee Information Sheet," which is submitted to the ABMG Administrative Office by the program director at the onset of the applicant's training. Of note, the specific date, month, and year of the start and conclusion of the trainee's medical genetics training, and the ABMG specialty(ies) for which the trainee is receiving training must be reported on this form.

2. The annual report of the training program, which is filed each year with the ABMG Administrative Office. The annual report includes for each trainee the inclusive dates of training and the ABMG specialty(ies) for which the trainee is receiving training.

D. A trainee is only eligible to apply for ABMG certification in 2005 in specialties for which the necessary training will have been completed by July 31, 2005.

E. An individual who is interested in pursuing medical genetics training and ABMG certification and who has received a doctoral degree and/or some or all graduate medical training outside of the US, Canada, or Puerto Rico may need to fulfill additional requirements for certification (see Section XII). The interested person and the director of the medical genetics training program should petition the ABMG Credentials Committee in writing via the ABMG Administrative Office to clarify any additional requirements for ABMG certification before that individual commences medical genetics training.

F. The ABMG limits "active candidate status" to individuals who fulfill the criteria for certification. Those practitioners working in the field of medical genetics who do not meet the specific criteria, despite academic or clinical backgrounds, are not eligible to sit for the ABMG certifying examination.
G. It is strongly recommended that an interested person or trainee whose training does not conform to the training requirements outlined in this document petition the ABMG in writing prior to the onset of medical genetics training to clarify the requirements for certification by the ABMG.

Description of Specialties in Medical Genetics

To be an active candidate for certification by the ABMG, an individual must meet the criteria in the area of desired certification and provide the required supporting documentation. Certification is offered in clinical genetics, PhD medical genetics, clinical cytogenetics, clinical biochemical genetics, and clinical molecular genetics.

Clinical Geneticist

A clinical geneticist is an individual who holds a US- or Canadian-earned, or the equivalent of an earned, MD or DO degree, has had 2 years in an ACGME-accredited clinical residency program in another medical specialty, 2 years in an ACGME-accredited residency in clinical genetics (or 4 years in an accredited clinical genetics residency program), a valid medical license, and demonstrates competence to provide comprehensive genetic diagnostic, management, therapeutic, and counseling services.

These requirements imply that the individual possesses:
- broad knowledge in human and medical genetics, including an understanding of heterogeneity, variability, and natural history of genetic disorders;
- diagnostic and therapeutic skills in a wide range of genetic disorders;
- the ability to elicit and interpret individual and family histories;
- the ability to integrate clinical and genetic information and understand the uses, limitations, interpretation, and significance of specialized laboratory and clinical procedures;
- expertise in genetic and mathematical principles to perform risk assessment;
- skills in interviewing and counseling techniques required to (1) elicit from the patient or family the information necessary to reach an appropriate conclusion; (2) anticipate areas of difficulty and conflict; (3) help families and individuals recognize and cope with their emotional and psychological needs; (4) recognize situations requiring psychiatric referral; and (5) transmit pertinent information in a way that is comprehensible to the individual or family; and
- knowledge of available health care resources (community, regional, and national) required for appropriate referral or support.

PhD Medical Geneticist

A PhD medical geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, PhD degree in genetics, human genetics, or a related field who demonstrates competence to provide comprehensive genetic diagnostic, management, and counseling services, as well as expertise in complex risk assessments and in the integration of clinical and genetic information. These requirements imply that the individual possesses:
- broad knowledge in human and medical genetics, including an understanding of heterogeneity, variability, and natural history of genetic disorders;
- the ability to elicit and interpret individual and family histories;
- the ability to integrate clinical and genetic information and understand the uses, limitations, interpretation, and significance of specialized laboratory and clinical procedures;
- expertise in genetic and mathematical principles to perform complex risk assessments and paternity and forensic computations, interpret pedigree analysis (both segregation and linkage), and understand the principles of medical genetics;
- skills in interviewing and counseling techniques required to (1) elicit from the patient or family the information necessary to reach an appropriate conclusion, (2) anticipate areas of difficulty and conflict, (3) help families and individuals recognize and cope with their emotional and psychological needs, (4) recognize situations requiring psychiatric referral, and (5) transmit pertinent information in a comprehensible way to the individual or family; and
- knowledge of available health care resources (community, regional, and national) required for appropriate referral or support.

Clinical Biochemical Geneticist

A clinical biochemical geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret biochemical analyses relevant to the diagnosis and management of human genetic diseases and who acts as a consultant regarding laboratory diagnosis of a broad range of biochemical genetic disorders.

These requirements imply that the individual possesses:
- the ability to supervise and direct the operations of a clinical biochemical diagnostic laboratory, including technical expertise and knowledge in quality control and quality assessment procedures;
- broad knowledge of (1) basic biochemistry and genetics, (2) the application of biochemical techniques to the diagnosis and management of genetic diseases, and (3) the etiology, pathogenesis, clinical manifestations, and management of human inherited biochemical disorders;
- an understanding of the heterogeneity, variability, and natural history of biochemical genetic disorders;
- diagnostic and interpretive skills in a wide range of biochemical genetic problems; and
- the ability to communicate biochemical laboratory results in the capacity of consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

Clinical Cytogeneticist

A clinical cytogeneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret cytogenetic analyses relevant to the diagnosis and management of human genetic diseases and who acts as a consultant regarding laboratory diagnosis for a broad range of cytogenetic disorders, including inherited and acquired conditions.

These requirements imply that the individual possesses:
- the ability to supervise and direct the operations of a clinical cytogenetic diagnostic laboratory, including technical expertise and knowledge in quality control and quality assessment procedures;
- broad knowledge in human cytogenetics, including prenatal and postnatal cytogenetic diagnosis, infertility and pregnancy loss, cancer, and leukemia;
- an understanding of the heterogeneity, variability, and natural history of cytogenetic disorders;
- diagnostic and interpretive skills in a wide range of cytogenetic problems; and
- the ability to communicate cytogenetic laboratory results in the capacity of consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.
Clinical Molecular Geneticist
A clinical molecular geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret molecular analyses relevant to the diagnosis and management of human genetic diseases and who can act as a consultant regarding laboratory diagnosis of a broad range of molecular genetic disorders.

These requirements imply that the individual possesses:
• the ability to supervise and direct the operations of a clinical molecular genetics diagnostic laboratory, including technical experience and knowledge in quality control and quality assessment procedures;
• the ability to perform a variety of molecular diagnostic assays;
• an understanding of the heterogeneity, variability, and natural history of molecular genetic disorders;
• a broad knowledge of (1) basic molecular biology and genetics; (2) the application of recombinant DNA techniques and linkage analysis to the diagnosis of genetic diseases; and (3) the etiology, pathogenesis, clinical manifestations, and management of human genetic disorders;
• diagnostic and interpretive skills in a wide range of clinical molecular genetics problems; and
• the ability to communicate molecular diagnostic laboratory results in the capacity of a consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

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Mary Louise Sanderson, Administrator, Houston, Texas

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Neurological Surgery to ascertain whether the information below is current.)

Diplomates
A list of diplomates and the bylaws of the American Board of Neurological Surgery (ABNS) appear in the Official American Board of Medical Specialties Directory of Board Certified Medical Specialists, which can be obtained from Elsevier Science (655 Avenue of the Americas, New York, NY 10010; 888 437-4636; fax 212 633-3820). In addition, a list of new diplomates is published in the Journal of Neurosurgery shortly after each oral examination. Information regarding training programs acceptable for certification can be found in the Graduate Medical Education Directory. This directory can be purchased from the American Medical Association (515 N State St, Chicago, IL 60610).

Qualifications
The ABNS evaluates all qualified applicants for their proficiency in neurosurgery.
The minimum educational requirements of the Board do not restrict programs to these standards. To ensure satisfactory competence in neurosurgery, neurosurgical program directors may retain residents in their programs beyond the required 5 years of training. It is the responsibility of the candidate to seek information concerning current requirements for certification by the ABNS. Even though directors of approved neurosurgical residency programs are well informed regarding requirements for certification, placement in an approved program does not guarantee adequate training for certification. The candidate must make sure he/she receives such training.

Training Prior to Neurosurgery Residency
1. Graduation from a medical school that is acceptable to the Board.
2. Currently valid license to practice medicine in the state, province, or country of residence.

3. Twelve months devoted to acquiring adequate knowledge of fundamental clinical skills. This is known as postgraduate year one (PGY1), general surgery year one, or internship; completion is recommended prior to beginning neurosurgical training but must be done prior to beginning the third year of residency. It may be achieved by 1 year of training in a general surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States or, for applicants entering training programs prior to July 16, 1997, a Canadian equivalent. It may also be acquired during the course of training in an ACGME-accredited neurosurgical residency program in the US or, for applicants entering training programs prior to July 16, 1997, a Canadian equivalent. Such training must include not less than 6 months in surgical disciplines other than neurosurgery. The remaining 6 months must consist of clinical skills considered appropriate by the program director but may not include more than 6 weeks of neurosurgery; however, this portion may include up to 3 months of neurology.

Neurological Surgery Training Requirements

For residents beginning the neurosurgery portion of their training on or after July 1, 1970:

1. Completion of a minimum of 5 years of training in neurological sciences following PGY1. Neurosurgery training must occur in residency programs accredited by the Residency Review Committee for Neurosurgery. For applicants entering residency training prior to July 16, 1997, training programs may be accredited by the Canadian equivalent.

2. Sixty months of training must include at least 36 months of core clinical neurosurgery with progressive responsibility culminating in 12 months served as a senior or chief resident with major, primary patient management and administrative responsibilities, all as deemed appropriate and designated by the program director.

3. Training in clinical neurosurgery must be progressive and not obtained during repeated short intervals in a number of institutions. At least 24 months of training in core clinical neurosurgery must be obtained in one institution.

4. At least 3 months must be devoted to training in clinical neurology as a full-time assigned resident in an accredited neurology training program. Six months is recommended. Up to 3 months of this training may be undertaken during PGY1.

5. The unobligated 21 or more months must be devoted to aspects of the basic or clinical neurological sciences which, at the discretion of the program director, may include neurology, neurosurgery, neuropathology, neuroradiology, research, and/or other disciplines related to the nervous system. Trainees are expected to acquire basic knowledge and skills in each of these disciplines.

6. Elective training by residents outside of their parent neurosurgical residency program does not count toward fulfilling training requirements unless specifically arranged by the trainee's program director and approved by the Board in advance. In such instances, the secretary of the Board must be notified in writing of the prospective rotation. Such training may in no way compromise the 36 months of core neurosurgery.

7. Residents are required to record and supply to the Board, in a fashion determined by the Board, a log of their operative procedures during all clinical years.

8. The program director must notify the Board of the appointment of each new neurosurgical resident and whether he/she is entering the program with intent to obtain certification. If so, the director must inform the trainee of the requirements necessary to obtain such certification.

9. Prior to acceptance for the certification process, the Board requires a statement from the candidate's program director to the effect that the candidate has met the minimum time requirements, has performed in a satisfactory manner, and is well prepared to enter into the independent practice of neurosurgery.

Exceptional Modifying Circumstances

Upon recommendation of the program director, the Board may at its own discretion consider and give retroactive credit for previous training if a resident, before entering an approved neurosurgical training program, has had substantially more than the prerequisite training in general surgery, medical neurology, or the basic neurological sciences. Such credit is not automatic and must be approved by the Board.

If a resident leaves an accredited neurosurgical training program, the director of the program must indicate in writing to the Board the credit for training, in respect to time and category, he/she is prepared to certify that the trainee successfully completed. Should the individual enter a new neurosurgical residency program, the new program director may or may not honor such credit, depending upon appraisal of the resident's professional and educational progress in the new program. A statement of how much training credit will be accepted must be submitted to the Board by the new program director.

Requests for transfers must be handled in the same way and submitted to the Board prospectively.

Training by preceptorship is not considered as fulfilling certification requirements. No credit is given for time spent in such training.

Credit for elective training in foreign or other nonapproved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of the residency program with the advice and approval of the trainee's program director. (See 6, above.) Requests for training away from a parent institution must be submitted in writing to the Board prospectively, not retroactively.

The above provisions in no way alter the basic minimum requirement of 60 months of neurosurgical residency training, including a minimum of 3 months of training in clinical neurology and 36 months of clinical neurosurgery in accredited institutions, 12 months of which must be as senior resident and 24 months in one institution.

Primary Examination

Each applicant for the ABNS oral examination must first pass for credit the Primary Examination, which is a written examination prepared by the Board with the assistance of the National Board of Medical Examiners. The examination includes information on neuroanatomy, neurobiology, neurology, neuropathology, neurochemistry, neurophysiology, neuroimaging, neurosurgery, fundamental clinical skills, and critical care, plus material from other relevant disciplines deemed suitable and important by the Board.

The Primary Examination is given in March of each year at neu­rosurgery residency programs throughout the United States and Canada. Residents may take it for self-assessment or credit toward certification at the discretion of their program directors. It is also open to all neurosurgeons who have successfully completed training at accredited programs; they may take it as often as desired for self-assessment or credit. Residents beginning training after July 1, 1998, must pass it for credit before the completion of training.

An application must be filed before the first of January, the deadline for receipt of applications by the Board. It must be accompanied by the fee set by the Board. The fee will be refunded only until the deadline date for receipt of applications. Examinees are required to sign a pledge that states they (1) agree to be bound by the
Board’s ruling regarding credentials, irrespective of scores on the examination, (2) grant permission to the ABNS and its testing organization to release the results, either for credit or self-assessment, to the examinee’s program director, and (3) will not reproduce or copy the examination in any form in part or in whole.

Practice Requirements

After beginning practice, the candidate shall furnish to the Board the names of three physicians in the community (two neurosurgeons, including one ABNS diplomate) who are knowledgeable about the quality of the candidate’s practice. The Board will request reference letters from these physicians and others in the candidate’s community. It is also the prerogative of the Board to send representatives to review the candidate’s practice.

The candidate shall submit the names and addresses of all hospitals where he/she has or has had privileges. Letters will be requested to advise the Board of the candidate’s status regarding admitting and operating privileges in each hospital. At the time of credentialing, each candidate must be in possession of hospital staff privileges in all hospitals in which he/she cares for patients. Such privileges must be unrestricted in respect to the hospital’s requirements for a neurosurgeon.

The candidate must also submit a typewritten, chronological list of all inpatients for whom he/she was the responsible physician or surgeon. Twelve current, consecutive months are required with a minimum of 100 operative cases. The total experience must be tabulated by the candidate in the format defined by the Board. The case material must be signed by the chief of staff, chief of service, president of the medical staff, or hospital administrator of each hospital where the candidate practices in verification of the essential accuracy of the data. These data must be approved by the Board prior to scheduling for oral examination.

A candidate must be scheduled for oral examination by the Board within 5 years of completing an accredited training program. Compliance with this regulation requires early submission of applications after training. If a candidate is not scheduled within the 5-year limit, he/she must once again pass the Primary Examination for credit. The candidate will then have 3 years to become certified. Candidates should keep in mind that at least 12 months are required between submission of a complete application and oral examination.

Certification of Those Training in Canadian Programs

Individuals who began neurological residency training in approved Canadian programs before July 16, 1997, and hold a fellowship in neurosurgery from the Royal College of Physicians and Surgeons of Canada are eligible for certification through the same route as candidates training in the United States, as outlined above.

Applications

Applications for oral examination and certification are automatically sent to residents at the end of their last year of training. Additional applications and practice data information are available from the Board’s office. The application should be filled out and returned to the Board as soon as the data have been logged.

A pledge is part of the application for oral examination. By signing the application, the applicant agrees to abide by all the Bylaws and Rules and Regulations of the Board.

Upon receipt of an application, the Board takes such steps as deemed appropriate to verify the statements of facts made therein. Inquiries are made from references and others familiar with the candidate to obtain information relevant to the requirements for examination. Once the year of practice data is received, it is reviewed and, when approved, becomes part of the application.

The Board makes the final decision regarding a candidate’s eligibility for oral examination and potential certification after considering all available information pertaining to the entire process of certification.

Application fees are not refunded, even when the application for oral examination is denied.

Oral Examination

The oral examination, a clinical problem-solving and patient-management examination, is held twice a year. Candidates are given case histories and, where appropriate, x-rays, scans, and other visual aids to augment the presentation and development of cases. The candidate must be able to explain orally how he/she would proceed in evaluating and managing a case, and in planning and performing any proposed operation or operations, if indicated. One hour is devoted to neurological surgery-intracranial diseases; 1 hour to neurological surgery-spinal and peripheral nerve diseases; and 1 hour to a mixture. Neurosurgical neurology is included in all sections. Each of the 3 hours is conducted in an interview setting with two examiners.

A candidate who passes the oral examination is thereby certified and will be forwarded the Board’s certificate, once it has been suitably engrossed and signed by the officers of the Board.

Reexamination Rules

A candidate failing the oral examination once may request reexamination within 3 years. A minimum of 1 year must elapse before taking the examination for the second time. A new examination fee must be paid.

A candidate who has failed the oral examination on two or more occasions must pass the Primary Examination for credit again before becoming eligible to retake the oral examination. Two letters of reference from neurosurgeons certifying the nature and quality of the candidate’s practice must be submitted to the Board, as well as hospital privilege letters and a year of current practice data. In addition, the candidate must pay the oral examination fee. Under these circumstances, candidates must take the oral examination within 3 years of repassing the Primary Examination. Should the candidate not apply for or fail to appear for oral examination within the 3-year period, he/she must repass the Primary Examination before being eligible for the oral examination once again.

Payment of Fees

All fees are determined by the Board and reflect the costs that the Board incurs through obligations associated with the certification process.

Revocation of Certification

Pursuant to the Rules and Regulations established by the ABNS, the Board has the authority to revoke any certificate issued by it for reasons such as: the person to whom the certificate was issued is convicted of a felony; or his/her license to practice medicine has been lost or encountered, or false information was given on the application for oral examination. Should revocation be disputed, there is a hearing mechanism for such an action.
American Board of Nuclear Medicine

2003

Nuclear Medicine [ABNM] to ascertain whether the applicant represents himself/herself to be a specialist in nuclear medicine.

General Professional Education
Graduation from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, he/she must hold a currently valid ECFMG certificate issued by the Educational Commission for Foreign Medical Graduates, 3624 Market St, Philadelphia, PA 19104-2685; 215 386-5900.

Preparatory Postdoctoral Training
Training required for admission to the certifying examination in nuclear medicine shall be comprised of 1 or more years of preparatory postdoctoral training and 2 or more years of residency training in nuclear medicine.

Preparatory postdoctoral training shall consist of 1 or more years of residency training in programs satisfactory to the ABNM. Such programs shall provide broad experience in clinical medicine in which the primary emphasis is on the patient and his or her clinical problems. Preparatory training may be in any specialty in a residency program in the US that is accredited by the Accreditation Council for Graduate Medical Education (ACGME), or programs in Canada approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Professional Corporation of Physicians of Quebec (PCPQ), or alternative training as approved by the ABNM.

Preparatory postdoctoral training must precede the training in nuclear medicine.

Each nuclear medicine residency training program director must ensure that for each resident entering his/her program the preparatory postdoctoral training has been in (1) a US program accredited by the ACGME or (2) a Canadian program approved by the RCPSC or the PCPQ or (3) an alternative training program as approved by the ABNM.

Postdoctoral Training in Nuclear Medicine
1. After completion of the preparatory postdoctoral training program, there shall be satisfactory completion of a 2-year formal residency training program in nuclear medicine in a nuclear medicine residency training program recognized and approved by the Residency Review Committee for Nuclear Medicine of the ACGME or a Canadian program approved by the RCPSC or PCPQ as competent to provide satisfactory training in nuclear medicine.

2. The 2-year formal residency training program in nuclear medicine must include:
   a. Training in clinical nuclear medicine which must include, but not be limited to, performance and interpretation of in vivo imaging studies of body organs and systems using radiopharmaceuticals; training and experience in the application of nonimaging procedures, including instruction in principles of immunology, radioimmunoassay, and receptor assay technology; radiopharmaceutical absorption, dilution, excretion, and organ function studies; and therapeutic uses of unsealed radiopharmaceuticals, including patient selection, dosimetry, and dose administration in the treatment of cancer and hematologic and metabolic disorders. In vivo studies will include use of external detectors and scintillation cameras, including single-photon tomography and positron emission tomography; cardiovascular nuclear medicine procedures, including exercise and pharmacologic stress testing, as well as management of cardiac emergencies related to such testing; and correlation of nuclear medicine procedures with other imaging modalities, such as computed tomography, ultrasonography, nuclear magnetic resonance imaging, and angiography.
   b. Training in basic and allied sciences, which must include medical nuclear physics, instrumentation; radiopharmaceutical chemistry including reactor, cyclotron, and generator production of radionuclides; computer sciences; statistics; radiation biology; and radiation safety, including safe management and disposal of radioactive substances. Training in allied sciences may include pathology, physiology, and other basic sciences associated with nuclear medicine. The time spent in training in allied science may be spaced throughout the period of training in nuclear medicine and in a manner that does not exceed 6 months of training.
   c. For applicants who have completed residency training programs in clinical disciplines closely related to nuclear medicine in residency programs accredited by the ACGME, the RCPSC, or the PCPQ, credit may be given for some of that training. Applicants desiring credit toward the nuclear medicine requirements should write to the Board requesting such credit (see "Applications," below).

Combined Training Programs
1. Nuclear Medicine and Diagnostic Radiology/ Nuclear Radiology
The ABNM and the American Board of Radiology offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both Boards and successfully passed the certifying examination of both Boards.

To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include (a) a preparatory clinical year and (b) 4 years of
education in diagnostic radiology program that includes 6 months of combined radiology training, followed by (c) 1 year of education in a combined nuclear medicine and radiology program. Certifying examinations of each board cannot be taken until all required years of training in both specialties are satisfactorily completed. All training must be in ACGME- or PCPQ-accredited programs and approved by the director of each program.

2. Nuclear Medicine and Internal Medicine
The ABNM and the American Board of Internal Medicine offer a training pathway for candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine leading to admissibility to certification in both specialties. To meet eligibility for dual certification, the resident must satisfactorily complete 48 months of combined training that is verified by the directors of both training programs. It is strongly recommended that combined training occur in the same institution. Residents will be eligible for admission to the written certifying examination in internal medicine after successfully completing the R-3 year of training and for the nuclear medicine examination after the R-4 year. All training must be in ACGME-, RCPSC-, or PCPQ-accredited programs and approved by the director of each program.

3. Nuclear Medicine and Cardiology
Applicants who have completed an accredited program in internal medicine/cardiology, which includes 3 months in the clinical subspecialties of internal medicine, 3 months of invasive cardiology, and 6 months of noninvasive cardiology (with an emphasis on nuclear cardiology), may apply to take the ABNM examination upon completion of an additional 12 months of nuclear medicine training (with an emphasis on noncardiac aspects of nuclear medicine) in an accredited nuclear medicine program. All training must be in programs accredited by the ACGME, RCPSC, or PCPQ and approved by the director of each program.

4. Nuclear Medicine and Neurology
The ABNM and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed 5 years of combined accredited training in nuclear medicine and neurology. It is strongly recommended that the participating residencies be in the same institution.

To be eligible for dual certification, the resident must satisfactorily complete 60 months of training, which must be verified by the respective directors of both programs. The certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed. All training must be in ACGME-, RCPSP-, or PCPQ-accredited programs and approved by the directors of each program.

Evaluation of Clinical Training in Nuclear Medicine
1. The Board considers demonstration of clinical competence in the management of the nuclear medicine patient of paramount importance in its qualification of the applicant to take the certifying examination. The Board designates the directors of nuclear medicine residency training programs and their supporting evaluation committees as the authorities who most appropriately can provide to the Board the necessary documentation of competence in clinical nuclear medicine, and requires that all program directors certify to the Board that each applicant from their programs is competent in clinical nuclear medicine. These reports will be reviewed by the Board before accepting an applicant to take the certifying examination.

2. If a residency program director's evaluation indicates an applicant's competence in clinical nuclear medicine is unsatisfactory, the applicant will not be admitted to the examination unless the Board finds that the applicant's overall performance meets its standards. An applicant not admitted to an examination on the basis of these findings may appeal in writing to the Board for a special evaluation of competence in clinical nuclear medicine within 45 days of receipt of notification. The appeal should state that a request is made for review of the decision not to admit to the examination and why the applicant considers the decision to be in error. Applicants whose clinical competence is judged satisfactory in this evaluation will be admitted to the next examination for which they apply. Applicants judged not satisfactory in this evaluation are advised to spend an additional year in training before applying again for special evaluation of competence.

Applicants submitting false credentials are subject to disqualification from examination or revocation of certification.

3. All preliminary and nuclear medicine residency training must be completed prior to September 1 of the year the candidate takes the certifying examination.

Patient Care Responsibility
Applicants for certification in nuclear medicine will have 1 or more years of training in which the primary emphasis is on the patient and his/her clinical problems.

Canadian Training
Physicians who satisfactorily complete training in Canadian nuclear medicine programs approved by the RCPSC or the PCPQ are eligible for admission to the ABNM certifying examinations.

Completion of Training
All preliminary and nuclear medicine residency training must be completed prior to September 1 of the year the candidate takes the certifying examination.

Licensure Requirement
A valid, unrestricted license to practice medicine in a state, territory, possessory, or province of the United States or Canada will be required of all applicants for the certifying examination. If a candidate is licensed in more than one such jurisdiction, each license must be valid and unrestricted. A photocopy of every license held by the candidate must be submitted to the Board.

Approved Residency Training Programs
Residency training programs in nuclear medicine accredited by the ACGME may be found in the Graduate Medical Education Directory, published annually by the American Medical Association and the ACGME, or may be obtained by contacting the Secretary, Residency Review Committee for Nuclear Medicine, ACGME, 515 N State St/Ste 2000, Chicago, IL 60610.

Admissibility to Examination
An applicant is admissible to the examination only when all of the preliminary and graduate educational requirements of the Board currently in force at the time of receipt of the formal application have been satisfactorily fulfilled and deemed acceptable.

Examination
An objective type, computer-based examination is administered in a morning and an afternoon session. The examination evaluates the candidate's knowledge of and competence in the management of patients in the area of clinical nuclear medicine, including nuclear imaging, therapy with unsealed radionuclides, the medical effects of exposure to ionizing radiation, and the medical management and disposal of radioactive substances. Also included is an evaluation of the candidate's knowledge in the related sciences of medical.
nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, immunology and receptor assay technology, computer sciences, and statistics; it may also include pathology, physiology, and other basic sciences associated with nuclear medicine.

Applications
Applicants who wish to be examined by the Board must complete, sign, and file with the Board office an application on the official form together with the supporting data required by the application. It is the responsibility of the applicant to make certain that the required evaluation forms have been completed by his/her program director and sent to and received by the ABNM.

As soon as determination is made concerning admission or nonadmission to the examination, the applicant will be notified by mail, and, if admitted, assignment of the candidate number and notification of the examination sites will be given. Applications must be complete with all required documentation by July 20.

Before the final action on applications, officers, members, and employees of the Board are not authorized to estimate the eligibility of applicants. Applicants are requested not to discuss or write for opinions regarding the status of their applications. The Board decides on eligibility to take the examination only by approving or disapproving individual applications and accordingly has no "Board-eligible" category.

Inquiries concerning the applicability of previous training and experience should be sent with complete documentation of all education and training to the Board office. A copy of the Board's response to these inquiries should be forwarded with any subsequent examination application.

Release of Information
Candidates will receive the results of their examinations (pass/fail letter) approximately 3 months after the examination.

A list of diplomates of the ABNM will be found in the Official American Board of Medical Specialties Directory of Board Certified Medical Specialists, published by the American Board of Medical Specialties and Elsevier Science.

Upon request, and with the approval of the Board chairman, the Board releases information on diplomates to federal and state licensing bodies and to educational and professional organizations for specific, limited, and appropriate professional use. An authorization for release of this information is a part of the examination application form.

Policy on Reexamination
Candidates who fail the examination are eligible for reexamination. An examination fee must accompany each completed application for reexamination. If a candidate is disqualified from the examination by reason of dishonesty in the application or in taking the examination and his/her examination is invalidated by the Board, reexamination shall be at the Board's discretion.

Recertification
The ABNM offers its diplomates voluntary recertification based upon fulfillment of certain requirements, including passing an objective cognitive examination. The ABNM will not rescind initial certification granted prior to 1992. Beginning in 1992 certification will be valid for a period of 10 years and may be revalidated by recertification.

Journals Publishing Information on Application and Examination Schedules
Annals of Internal Medicine (Medical News Section)
Journal of the American Medical Association (Examinations and Licensure Monthly Section)
Journal of Nuclear Medicine
Radiology

Changes in Policies and Procedures
The Board reserves the right to make changes in its fees, policies, and procedures at any time and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not to be construed as a contract between any candidate and the ABNM.

Fees
The examination fee must accompany the application. If the applicant is rejected by the Board or withdraws prior to August 1, the application processing fee will be retained by the Board. If the applicant withdraws after August 1, the entire examination fee will be retained by the Board.
American Board of Obstetrics and Gynecology

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Obstetrics and Gynecology [ABOG] to ascertain whether the information below is current.)

Objectives and Purposes
As stated in the Articles of Incorporation, the purposes of the Board include the functions: “To arrange and conduct examinations and/or other procedures to test the qualifications of voluntary candidates for certification and recertification by this Corporation. The criteria for certification and recertification shall be applied equally to all candidates regardless of sex, race, color or national origin. To issue Certificates or any other evidences of competence to eligible physicians whom this Corporation considers to have demonstrated special knowledge and professional competence relating to Obstetrics and Gynecology, which Certificates or any other evidences of competence may, at the discretion of this Corporation, be valid only for a limited period of time. To determine from time to time whether physicians who have been issued Certificates or other evidences of competence have continued to maintain their professional qualifications and to issue recertification Certificates or other evidences of competence to those physicians who successfully demonstrate continued maintenance of such qualifications.”

Definitions
Obstetrician-gynecologists are physicians who, by virtue of satisfactory completion of a defined course of graduate medical education and appropriate certification, possess special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultants to other physicians and as primary physicians for women.

Over the years of practice, each obstetrician-gynecologist builds upon this broad base of knowledge and skills and may develop a unique type of practice and changing professional focus. Such diversity contributes to high quality health care for women.

A physician's certification by the ABOG attests to the physician's professional colleagues and to the public that the diplomate possesses special knowledge and professional capability. Each certificate granted or issued does not of itself confer or purport to confer upon any person any degree or legal qualifications, privileges, or license to practice obstetrics and/or gynecology, nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by this Board. The privileges granted physicians in the practice of obstetrics and gynecology in any hospital are the prerogative of that hospital, not of this Board. The Board certifies as specialists those who voluntarily appear before the Board for the purpose of evaluation and certification.

Types of Board Status
Note: The term “Board Eligible” is not approved by the Board for any individual seeking Board certification or for those who have only completed residency training.
1. Residency Graduate
An individual is registered with the Board when, upon application, the Board rules that he/she has fulfilled the requirements to take the written examination (see “Requirements” for the written examination).

2. Active Candidate
a. An individual achieves active candidate status by passing the written examination.
    b. To maintain active candidate status, the candidate must fulfill all requirements for admission to the oral examination (see “Requirements”) and must not have exceeded the limitations to admissibility for the oral examination (see “Limitations”).
    c. Active candidate status that has expired may be regained by repeating and passing the Board’s written examination.

3. Diplomate
a. An individual becomes a diplomate of the Board when the written and the oral examinations have been satisfactorily completed and the Board’s certifying diploma has been awarded.
    b. Certificates have limited duration of validity (see “Duration”).

4. Expired Certificate
a. An individual has failed to complete successfully a maintenance of certification examination prior to the expiration date printed on his/her time-limited certifying diploma (see “Duration”).
    b. Individuals in this category are no longer diplomates of the ABOG.
    c. Former diplomates whose time-limited certificates have expired may re-obtain diplomate status by successfully completing an ABOG Maintenance of Certification process.

5. Retired Diplomate
a. An individual has retired from clinical practice at a time when they were a diplomat.
    b. Individuals in this category are retired diplomates. If they return to active practice after their time-limited certificate has expired, they must complete an ABOG maintenance of certification process in order to reactivating their diplomate status.
    c. Individuals choosing to be a retired diplomate must notify the Board. Failure to take this action will result in an Expired Certificate status for an individual holding a time-limited certificate that has expired.

Rights of Applicants and Diplomates

Jurisdiction and Venue
The Corporation shall require, as a condition precedent for any person or entity to become a member, director, officer, employee, agent, applicant for examination, a diplomate certified by the Corporation, a committee or division member, whether paid or volunteer (hereinafter, individually and collectively, “Person or Entity”), that such person or entity agree as follows: In any dispute of any kind with the Corporation or any Person or Entity, such Person or Entity shall be subject to suit, if at all, only in the County and State where the Corporation maintains its principal place of business and its headquarters, which is currently Dallas, Dallas County, Texas. Each Person or Entity shall be required to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas and laws of the State of Texas for the resolution of any and all such disputes. Further, in the event any diplomate engages in any activity or form of conduct which would reasonably diminish the reputation of the Corporation and the value of its certification, the Board may require such diplomate to appear and show cause why his/her certification should not be revoked and diplomate status terminated. The Board of Directors shall establish procedures to assure that any diplomat required to appear shall be afforded due process and the opportunity to defend himself/herself.

Obligations
The acceptance of an applicant for examination by the Corporation and the granting of diplomate status to a physician who has satisfied the requirements for certification is contingent on the agreement of the applicant or diplomate to abide, at all times, with the rules, Regulations and Directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice.

Rights
Individuals who are certified as diplomates by the Corporation acquire no property right or vested interest in their certification or in their diplomate status, the duration, terms, and conditions of which may be extended, reduced, modified, or otherwise changed as determined by the Board of Directors, in its absolute discretion to assure greater protection of the public, to recognize knowledge and skills deemed to require further evaluation or to accommodate legal requirements.

Candidate Responsibility
It is the responsibility of the candidate to seek information concerning the current requirements for certification as an obstetrician and gynecologist. The Board does not assume responsibility for notifying a candidate of changing requirements for admissibility to any examination or impending loss of admissibility to any examination. Moreover, candidates must meet the eligibility requirements published in the Bulletin dated for the year in which they are to take the examination.

It is the candidate’s responsibility to read the applicable Bulletin, to follow the published requirements, and to meet the published deadlines.

Certification Process
Certification as a specialist in obstetrics and gynecology is the end of a process lasting many years. The required minimum duration of graduate education is 4 years.

Written Examination
During the final year of graduate training, it is necessary to initiate certain measures. Candidates due to complete their graduate training program prior to September 30 should, between September 1 and November 30 of the final year of residency, request and complete the application for the written examination. If ruled admissible to take the examination, the candidate will do so on the last Monday in June of the final year of residency.

For candidates who will complete their residency training after September 30, application for the written examination must be delayed until the following year. If ruled admissible to take the examination, the candidate will do so in June of the following year.

Oral Examination
To be ruled admissible to take the oral examination, candidates are required to provide a list of patients under their care (herein after “case list”) for a 12-month period beginning on July 1 of the second year of practice after the written examination is passed. After November 1 of this second year of practice and before the following February 28, candidates should request and complete the application (November 1-February 28).

The candidate’s case list must be mailed to the Board office between July 1 and August 2 following the completion of the 12-month period of patient care. The case lists should not be mailed until the candidate is notified of approval to submit his/her case list. If ruled admissible, the candidate will be allowed to take the oral examination in November, December, January, or February.
Important Dates in the Certification Process Not Pertaining to the Accelerated Oral Process

I. Final Year of Residency (ending on or before the following September 30)
   A. July 1—Commence
   B. September 1 to November 30—Apply for basic written examination
   C. Last Monday in June—Take basic written examination

II. Practice
   A. First year of practice
      No Board activities necessary
   B. Second year of practice
      July 1 to June 30—Patient case list
      November 1 to February 28—Apply for general oral examination
   C. Third year of practice
      August 1—Deadline for submission of patient list
      September 1 to November 30—Apply for subspecialty written examination
   D. Fourth year—First year of practice (July 1 to June 30)
      July 1 to June 30—Patient case list
      November 1 to February 28—Apply for the November, December, or January general oral examination
   E. Fifth year—Second year of practice (July 1 to June 30)
      August 1—Deadline for submission of patient list
      January 1 to April 30—Apply for subspecialty oral examination
      January 1 to December 31—Subspecialty patient case list
   F. Sixth year—Third year of practice (July 1 to June 30)
      January 1—Deadline for submission of thesis
      January 1 to December 31—Deadline for submission of subspecialty patient case list
      March or April—Take oral subspecialty examination

IV. Commencing with residents graduating in June 2002, the length of time between successful completion of the written examination and the oral examination may be shortened by 1 year. Specifically, after completion of the written examination on the last Monday in June, the candidate may begin collection of cases on July 1, but must start prior to September 1. This means that an active hospital practice must be established prior to September 1. Individuals who have not completed their residency prior to August 31 will not be allowed to begin case collection until the following July.

The implementation of this new policy will require a transitional phase-in period of at least 3 years. Therefore, for the examinations administered in the winter of years 2003-2004, 2004-2005, and 2005-2006, oral examination sessions will be scheduled for November, December, January, and February, and all candidates will be randomly allocated to one of these four sessions. Unfortunately, it is not likely that all candidates wishing to accelerate their certification process can be accommodated. Therefore, at least 500 residents graduating in the years 2002, 2003, and 2004 will be allowed to enter this accelerated process each year.

All graduating residents from the 2002, 2003, and 2004 resident classes who pass the written examination will be notified by mail prior to August 1 that they have passed the written examination. In this same letter, they will be told that they are eligible to apply for this accelerated process, but they must complete the enclosed application forms and return these with the appropriate fee to the Board office prior to 5:00 PM Central Standard Time on September 15, 2003. If more than 500 completed application forms are received for the 2004-2005 examinations, only 500 candidates will be chosen from the class of 2003, using a computerized random selection process. All applicants will be notified by October 1 if they are among the 500 candidates chosen for this accelerated process.

If a candidate is selected for this accelerated process, they must meet all other requirements that are appropriate for the oral examinations administered in years 2003-2004, 2004-2005, and 2005-2006. No late applications will be accepted, and all deadlines and requirements must be met in order to participate in the transitional program. For those not selected in the randomization process, application fees will be refunded and case collection may be discontinued. For those selected for the process, application fees will not be refunded if the process is cancelled or not successfully completed by the applicant.

It is important to understand that, if accepted into this transitional program, it is the candidate’s responsibility to understand the requirements and to comply with them. The most important of all requirements is to supply the Board with a current, accurate address. Additionally, all such candidates should request a current Bulletin from the Board office or download a Bulletin from the ABOG Web site.

Dates, Fees, and Late Fees for Accelerated Oral Examination

July 1 of year written exam taken
   Candidate begins collection of cases for case list

Prior to August 1, 2003
   Candidate will be notified of pass/fail on written examination by the Board office

August 2, 2003—September 15, 2003 (5:00 PM CST)
   Candidate must return automated application for oral examination with application fee of $710

September 15, 2003
   No applications accepted after this date

October 1, 2003
   Candidates will be notified of acceptance into accelerated process

July 2004 - August 2, 2004
   Candidates will be notified to submit properly formatted case lists and examination fee of $825

August 3-23, 2004
   Candidates notified by the Board in July to submit their properly formatted case lists and examination fee must include a late fee of $290 ($825 plus $290 = $1,115)

August 23, 2004
   No case lists or examination fees accepted after this date

November, December 2004, and January 2005 and for an extra examination, if needed

Oral Examination, ABOG Test Center, 2915 Vine Street, Dallas, TX 75204

Residency Program

1. Residents who are candidates for certification are required to complete 4 years of graduate medical education in an obstetrics and gynecology residency program(s) accredited by the Accreditation Commission on Graduate Medical Education (ACGME).

2. ACGME accredits residency programs in obstetrics and gynecology and its various subspecialties.

3. Candidates who are not ACGME accredited must complete 5 years of graduate medical education in an obstetrics and gynecology residency program(s) accredited by the ACGME.
Resident education must include the diagnosis and management of breast disease.

10. Resident education must include inpatient and ambulatory primary preventive (generalist) care throughout the duration of residency and provide a continuity of care.

11. Concurrent private practice during residency is not permitted except in rare instances and only after advanced prior approval of the ABOG. This policy does not preclude supervised ongoing longitudinal care of patients over several years of residency training.

12. Resident education must include the diagnosis and management of lower urinary tract dysfunction in women.

13. Resident education must include the performance and interpretation of diagnostic abdominal, pelvic, and transvaginal ultrasound.

14. Residents must have acquired decision-making skills and judgment essential for selection of appropriate treatment, as well as the capability to perform, independently, major gynecologic operations and spontaneous and operative obstetric deliveries, to manage the complications thereof, and to be capable of performing the essential diagnostic procedures required of a consultant in obstetrics and gynecology.

15. The final year of a resident's program must include the diagnosis and management of breast disease.

Duration of Certificate Validity

Certificates have a limited valid duration for a maximum of 6 years, after which they are no longer valid. Each diplomate must undergo a Board-approved method of maintenance of certification in order to receive a new certificate.

Maintenance of Certification

Maintenance of certification is achieved by a certificate renewal process. Diplomates certified prior to 1986 may sit for voluntary recertification. Beginning in 1986, 10-year time-limited certificates were issued by the Board, and commencing in 2001, such certificates will be limited to 6 years.

Certificate renewal or voluntary recertification may be achieved in one of three different ways. These methods are:

1. A cognitive 3½-hour written examination; or
2. A 1½-hour oral examination; or
3. Annual Board Certification (ABC), a continuous certificate renewal, achieved by reviews of assigned scientific and/or clinical publications.

More specific information about these methods of certificate renewal voluntary recertification can be obtained by writing Ms Martha Markham, Maintenance of Certification Coordinator, at the ABOG address or downloading the Bulletin from the Board's Web site, www.abog.org.

The application fees for the written or the oral maintenance of certification examination are due with the application. The application and examination fees for both the written and oral examination are $810 and $760, respectively. Both fees are due prior to either the written or the oral examination. The fees for the ABC, a form of continuous certification, will be $215 per year for general obstetrics and gynecology and $275 per year for subspecialists (includes general and subspecialty items).

A new application form and application fee are required for each cycle of the written, oral, or ABC examination. Application fees are not refundable.

Written Examination

Inquiries, applications, and correspondence must be in English.

All fees must be paid in US currency.

The written examination lasts 3 hours and 20 minutes and consists of objective multiple choice questions chosen from each of the following areas:

A. Basic Science
   Physiology of pregnancy, fetal physiology, physiology of gynecology and reproductive endocrinology, immunology, microbiology, pharmacology, epidemiology, anatomy, embryology, and genetics

B. Endocrinology, Fertility
   Normal reproductive endocrinology, abnormal reproductive endocrinology, menopause, infertility, endometriosis, adenomyosis, ectopic pregnancy, and ethical problems in gynecology

C. Primary/Preventive Medicine
   Periodic history, physical examination, and diagnostic studies for various age groups, patient education and counseling including substance abuse, diet, and exercise, sexuality, crisis intervention, cardiovascular risk factors, screening tests, and prevention of...
disease, including detection of high risk groups, immunizations, and contraception

D. Clinical Gynecology

Anatomic disorders, infections of the genital tract, benign neoplasms of the breast and pelvic organs, pediatric gynecology, geriatric gynecology, diagnostic tests and methods, sexually transmitted diseases, surgical principles, and pre- and postoperative care

E. Clinical Obstetrics

Preconceptional counseling, prenatal diagnosis, human pregnancy overview, normal labor and delivery, conduct of pregnancy, complications and abnormalities of pregnancy, labor and delivery, operative obstetrics, and abnormalities of the puerperium

F. Medical, Surgical, and Psychiatric Diseases in the Nonpregnant Woman, and Medical, Surgical, and Psychiatric Diseases in Pregnancy and Complications of Pregnancy

Hematologic diseases, cardiovascular diseases, pulmonary diseases, diseases of the urinary tract, endocrine diseases, diseases of the liver and gallbladder, gastrointestinal diseases, connective tissue diseases, diseases of the skin, neurologic diseases, psychiatric diseases, infections during pregnancy, neoplastic disease, gynecologic conditions complicating pregnancy, and ethical problems in obstetrics

G. Oncology and Pathology

Principles of chemotherapy and radiation therapy; intraepithelial neoplasm of cervix, vulva, and vagina; ovarian neoplasms; vulvar malignancies; carcinoma of the breast, cervix, and vagina; trophoblastic disease; endometrial hyperplasia; carcinoma; and uterine sarcomas. Gross and microscopic pathology of the vulva, vagina, cervix, corpus, endometrium, ovulation, ovary, trophoblast, placenta, fetus, cord, and membranes; cytopathology; benign, premalignant, and malignant lesions; and response of the genital organs to infection, trauma, therapy, pregnancy, and aging

The candidate will be expected to demonstrate skills necessary to apply basic knowledge to the management of clinical problems. These skills include:
1. obtaining of needed information;
2. interpretation and use of data obtained;
3. selection, institution, and implementation of care;
4. management of complications;
5. following and continuance of care.

The areas of information and skills that are examined are described in further detail in the manual "Educational Objectives for Resident Education in Obstetrics and Gynecology," published by the Council on Resident Education in Obstetrics and Gynecology.

Requirements

1. Degree of Doctor of Medicine, or an equivalent degree, and unrestricted license. An educational or institutional license to practice medicine in any of the states or territories of the United States or a province of Canada meets this requirement.

The requirement of unrestricted licensure in all states in which the candidate holds a medical license must have been met prior to the time that the application is submitted. An educational or institutional license meets this requirement.

Candidates with a DO degree must have graduated from a school of osteopathy accredited by the American Osteopathic Association.

2. The candidate must have unrestricted hospital privileges (excluding preliminary restrictions for newly requested hospital privileges) to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has patient care responsibilities. If the candidate is under investigation or on probation (for cause), the examination will be deferred until an investigation is completed, the probation is lifted, and full and unrestricted privileges are granted.

3. The candidate will be required to have completed or be near completion (see "Application") of no less than 4 years in clinical obstetrical and gynecological programs accredited by the ACGME or no less than 5 years in clinical obstetrical and gynecological programs accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC). Such programs must include at least 36 months of progressive and increasing clinical experience and responsibilities in obstetrics and gynecology, including the usual time as chief (senior) resident in the program. Completion of a year as an intern (PGY-1), plus a 2-year residency program, or a 4-year residency program will fulfill this requirement. A year spent in an ACGME-accredited transitional-year program (PGY-1) sponsored or cosponsored by an ACGME-accredited obstetrics and gynecology program will meet the requirement for PGY-1 year. Presently, there are 36 such transitional programs cosponsored by obstetrics and gynecology departments. If the program consists of more than 4 years, the entire program must be completed.

Time spent in an osteopathic hospital or in any program not accredited in obstetrics and gynecology by the ACGME or the CRCPSC will not fulfill this requirement.

4. A statement signed by the program director certifying that the candidate has:
   a. followed satisfactorily the course of instruction designed for this program.
   b. taken leaves of absence and vacation not exceeding those described above.
   c. completed and submitted to the program director a satisfactory list of obstetrical patients with medical and obstetrical complications, as well as operative obstetrical and gynecological procedures performed during the entire years of residency training. This residency experience log may be used to document the adequacy of such technical training.

   The experience log or a copy should be kept by the graduate for possible use in the future if needed to supplement their case list which is required for admission to the oral examination (see "Revocation of Diploma or Certificate").
   d. achieved the appropriate knowledge, ability, and judgment in order to provide appropriate clinical care in obstetrics, gynecology, and women's health, as documented by ongoing evaluation during the entire resident program.
   e. demonstrated the necessary technical skills to perform:
      1. major abdominal and vaginal surgical procedures upon the female pelvis and related structures;
      2. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
      3. spontaneous and operative obstetric deliveries;
      4. surgical exploration of the abdomen;
      5. pelvic and abdominal endoscopic procedures;
      6. diagnostic evaluations including electronic fetal monitoring, ultrasound, colposcopy, amniocentesis, and urodynamic testing; and
      7. the diagnosis and treatment of complications of the above.
   f. demonstrated good moral and ethical character.

Application for Examination in 2004

A candidate, who completes an accredited residency program on or before September 30, 2004, must apply on or before November 14, 2003, to write the examination on June 28, 2004.

The application form to write the written examination on June 28, 2004, may be obtained by writing to the Board office after September 1, 2003. Each applicant must meet the requirements...
A passing grade on the written examination does not ensure a candidate's admittance to the oral examination for certification, nor does it allow the use of the term "Board eligible." The term "Board eligible" is not approved by the Board for any individual seeking Board certification or for those who have only completed residency training. An individual who has completed residency training, but not yet passed the written examination, should be referred to as a "residency graduate." An individual who has passed the written examination should be referred to as an "active candidate" (see "Types of Board Status" and "Requirements").

Requests for Reexamination
A candidate scheduled to write the examination but who does not do so, as well as the candidate who writes but does not pass the examination, must write to the Board office after September 1 to request reapplication materials for the next examination. It is necessary for each applicant to meet the requirements in effect the year of the requested admission to the examination. The reapplicant must have submitted completed reapplication materials, a copy of current license with a current expiration date, and the reapplication fee prior to the November deadline. There is no limit to the number of times a candidate may take the written examination provided the candidate is not subject to sanctions imposed by the Board for misconduct or misbehavior as elsewhere provided herein.

The application and examination fees (see "Fees," below) must be paid for each year a candidate is to be scheduled to write the examination.

Written Examination Fees
Fees have been computed to cover the costs of examination and administrative expenses. Application fees will not, therefore, be refunded or credited against a future examination. All fees must be paid in United States currency. The candidate's canceled check is to be considered the receipt.

The application fee must be enclosed with each application or reapplication to write the examination. The candidate will be notified by April 12, 2004, of the approval of the application or reapplication, at which time the examination fee will be due. If payment of the examination fee has not been received in the Board office on or before May 10, the candidate will not be scheduled to write the examination in June.

No application fees will be refunded or credited against a future application.

Examination fees may be refunded, provided candidates inform the Board office in writing of their inability to write the examination prior to May 10, 2004.

Dates, Deadlines, Fees, and Late Fees for Written Examination
September 1, 2003–November 14, 2003
Candidate must request in writing an application form
November 25, 2003
Application and application fee of $650 must be received in the Board office
November 29, 2003–January 30, 2004
Application, application fee ($650), and late fee ($290) (total $940) due in the Board office
February 2, 2004–March 31, 2004
Application, application fee ($650), and late fee ($700) (total $1,350) due in the Board office
March 31, 2004
No applications accepted after this date

April 12, 2004–May 10, 2004
Candidates will be notified to submit two 2x2 photographs and examination fee ($595)

May 10, 2004

The candidate ruled admissible to the examination will be sent an authorization for admission form, which must be submitted to the proctor at the time and place of examination. When a candidate is scheduled to complete residency, after submission of the application (but before October of that year), verification that the candidate is completing residency in a satisfactory manner must be reaffirmed by the signature of the director of the residency program on the authorization for admission form, dated within the month the candidate is scheduled to write the examination.

Results of the Examination
The results of the written examination will be reported confidentially to each candidate within 9 weeks from the date of the examination. A candidate may grant the Board permission to release the results of their examination to the candidate's program director.
No examination fees accepted after this date
June 28, 2004
Written examination at various sites
All correspondence, applications, and information directed to the Board must be in English.
All fees must be paid in US currency.

**Oral Examination**
The oral examination is designed to evaluate the candidate’s knowledge and ability to solve clinical problems in obstetrics, gynecology, and women’s health. It is emphasized that candidates will be examined in obstetrics, gynecology, and women’s health to evaluate actual behavior in independent practice. The examination will consist of questions concerning patient management problems. The candidate’s case list will be used by the examiners for this purpose. In addition, other clinical problems will be included in the examination. The remainder of the examination will include basic knowledge in obstetrics, gynecology, and women’s health and may include the interpretation of sonograms, operative videos, and video graphics of various conditions.

The fund of knowledge required for passing the oral examination is the same as those categories listed in regard to the written examination.

Recording devices, cellular phones, radio-paging devices, and any other electronic communication devices will not be permitted during the oral examination. If such devices are discovered at any time during the examination, this will result in the candidate’s immediate dismissal from the examination.

Candidates will be expected to demonstrate that they have acquired the capability to perform, independently, major gynecologic operations and spontaneous and operative obstetric deliveries, to manage the complications thereof, and to perform the essential diagnostic procedures required of a consultant in obstetrics, gynecology, and women’s health.

Candidates will be expected to demonstrate a level of competence that allows them to serve as consultants to physicians who are nonobstetrician-gynecologists in their community.

The report of the examining team will be reviewed by the Board of Directors, and each candidate is passed or failed by vote of the Board.

The examination will be completed within ½ day.

If, at the completion of the oral examination, a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested.

The request must be made within 1 hour of the completion of the oral examination. To do so, a candidate must telephone the Board office (214 571-1619).

If the request is granted:

a. a second examination will be provided approximately 1 year later at the next regularly scheduled annual oral examinations at no additional charge;

b. the repeat examination will be conducted by an entirely different team of examiners, no one of whom shall have previously participated in an examination of the candidate or know that this examination is being conducted as an appeal examination;

c. neither the questions nor the candidate’s answers on the first examination will be known to or taken into account by the second group of examiners; and

d. the decision of the examiners conducting the second examination will determine the results of the candidate’s oral examination.

**Requirements**

1. Passing grade on the written examination prior to making application for the oral examination.

2. Good moral and ethical character (see “Revocation of Diploma or Certificate”).

3. Unrestricted license to practice medicine in any state or territory (United States or province of Canada) in which the candidate has held a medical license since June 1, 2003. [Note: An educational or institutional license does not meet this requirement.]

4. A written explanation must be provided with the application of the circumstances involved if a candidate has ever had his or her medical license restricted or revoked in any territory, province, or state in the United States or Canada. A written explanation also must be provided with the application of the circumstances involved if a candidate has ever had his or her hospital practice terminated or restricted because of personal physical/mental impairments or excessive operative complications or for disciplinary reasons.

5. Actively engaged in unsupervised practice, defined as:
   a. independent continuous, unsupervised patient care in obstetrics and gynecology for at least the time from June 1, 2003, through June 30, 2004 (time spent in a fellowship does not meet this requirement), and
   b. unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care during this time. If the candidate is under investigation or on probation (for cause), the examination will be deferred until the investigation is completed, the probation is lifted, and full and unrestricted privileges are granted.

6. Submission of typewritten case lists (three copies) and summary sheets (seven copies) of all patients dismissed from care in all hospitals during the 12 months ending June 30 prior to the scheduled examination, as well as a list of 40 patients from his/her office practice. This information must be received in the Board office prior to August 2. Longer times for collection of a patient case list may be required, or obstetrical cases may be chosen from the candidate’s last year of residency, if necessary.

7. The candidate must assure that the patient case lists provided have been “de-identified” in accordance with the requirements of Section 164.514(b)(2)(i) & (ii) of the Final Privacy Rule, Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). The information which must be removed from patient, hospital, and other physician records in order for the patient case lists to be deemed “de-identified” under the HIPAA Privacy Rule is detailed in the Appendix.

   [Note: The candidate is personally responsible for the proper preparation, accuracy, and completeness of the case lists, which will reflect their practice (private or nonprivate) activity.]

8. On the day of the examination the candidate will be expected to sign the following statement: “There have been no restrictions in my hospital privileges, or restrictions placed on any license I have to practice medicine in any country, since the date of my application.” Candidates who are unable to sign this statement will not be admitted to the examination until and unless they present evidence that full and unrestricted privileges have been restored.

9. Practice that consists of ambulatory care exclusively will not be considered adequate to fulfill these requirements.

10. Candidates practicing in a country other than the United States or Canada must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate’s responsibility for independent, unsupervised care of patients.
Limitations
Duration of Active Candidate status is limited. Candidates must pass the oral examination within 6 years of passing the written examination and may take the oral examination only three times. Time spent in Board-approved fellowship training is excluded from this 6-year limitation. If a candidate fails the oral examination three times, or fails to pass the oral examination within 6 years, the candidate becomes ineligible to repeat the oral examination at that time. The candidate must repeat and pass the written examination to become admissible to the oral examination again. There is no limit to the number of times the written examination and the 6-year cycle to pass the oral examination can be repeated.

Determination of Qualifications
The Board will require, usually by hospital inquiry, documented evidence concerning a candidate's professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and his/her conduct of practice is known.

Time spent as a resident in excess of that necessary to fulfill the requirements to take the written examination is not acceptable. Time spent in a teaching or research appointment, which does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, will not be sufficient evidence of responsibility for patient care, i.e., acceptable to fulfill the requirement of "independent practice."

Each candidate will be required to furnish the Board with certain prescribed information to the extent permitted by the HIPAA Privacy Rule (see Appendix), concerning performance in practice (e.g., maternal mortality rate, perinatal mortality rate, cesarean delivery rate, etc.).

If a candidate is involved in litigation or investigation regarding practice activities, or ethical or moral issues, the individual will not be scheduled for examination, and the application will be reviewed. The Board will defer such a decision for 1 year to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral, or professional mistreatment (see "Revocation of Diploma or Certificate") may result in deferral of a candidate's application for at least 3 years. The candidate must then meet all requirements in effect at the end of the deferred period.

[Note: The completeness and accuracy of submitted case lists are subject to audit by the ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the oral examination.]

With the exception of information required to be removed in order to "de-identify" the patient case list as further detailed in the Appendix, patient case lists that fail to provide the required information, or have not been prepared in the required format, or have insufficient numbers of patients, or are inadequately or incompletely prepared, or fail to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the oral examination.

Application for Examination in 2004
The form on which to apply to take the oral examinations administered in November and December 2004, and January 2005 and for an extra examination, if needed, must be obtained by writing to the Board office after November 1, 2003. The application, complete in all details, along with payment of the application fee, a copy of each current medical license with current expiration date, and two passport-sized (2 x 2 inches) photographs with the candidate's signature across the front, must be received in the Board office on or before February 27, 2004.

[Note: The application fee must accompany the oral examination application. Application fees sent prior to the mailing of an application are subject to a late charge. The deadline date for receipt of applications in the board office is February 27, 2004.]

Late fees will apply for late or incomplete applications.

Admission to the Oral Examination
Applications will be accepted for early examinations for 500 candidates. These 500 candidates will be determined based upon a computerized random selection process. The Board will make the final decision concerning the applicant's admission to the oral examination after considering all circumstances affecting the individual situation.

A candidate ruled admissible to the oral examination in November or December 2004 or January 2005, for an extra examination, if needed, will be so notified in July 2004. On or before August 2, 2004, the candidate must submit:

a. TriPLICATE, typewritten, and verified lists of all patients dismissed from the candidate's care in all hospitals during the 12 months preceding June 30, 2004, and a list of 40 patients (not more and not less) from the candidate's office practice and a minimum of at least 20 obstetrical cases and 20 gynecological cases meeting the requirements as defined below. All case lists of hospital and office practice patients must be "de-identified" as required by the HIPAA Privacy Rule (see Appendix). Seven copies of the summary sheet also must be submitted. The candidate's lists of patients will be used as a basis for questions during the oral examination and will not be returned to the candidate.

b. Payment of the examination fee and late fee, if applicable, by personal check or money order in US funds.

[Note: If, but only if, the list of all patients dismissed from the candidate's care during this 12-month period does not achieve the minimum 20 obstetrical and 20 gynecological hospitalized and/or short-stay patients as defined below, a candidate may choose to submit either an additional list of all patients dismissed from the candidate's care during the 6 months immediately prior to the 12-month period preceding June 30, 2003, or to submit patients from his/her senior year of residency to complete the list of 20 gynecological and/or 20 obstetrical cases. This will require the preparation and submission of separate patient case lists (one of 12 months duration and one of 6 months duration, and/or a case list from the senior year of residency) in triplicate, each with a separate summary sheet, plus seven copies of a combined summary sheet, which includes the cases from all the case lists submitted. The minimum requirement of 20 obstetrical and 20 gynecological patients as defined below must be met. Any patients included on any case list submitted must be "de-identified" in accordance with the HIPAA Privacy Rule.]

Patient Lists for the Oral Examination
Each candidate for the oral examination must prepare the following patient case lists for review by the examiners at the time of examination. The candidate's patient case list will be freely used as a basis for questions that will be patient-management oriented. Questions will be developed which test the ability of the candidate to:

a. develop a diagnosis including the necessary clinical, laboratory, and diagnostic procedures;

b. select and apply proper treatment under elective and emergency conditions;

c. prevent, recognize, and manage complications; and

d. plan and direct follow-up and continuing care.

Carelessly prepared or incomplete case lists may contribute to failure to pass the oral examination. The ABOG offers a case list collection and reporting software package for the oral examination.
The candidate should bring a copy of the “de-identified” patient case list to the oral examination for personal reference. Information should not be included on this duplicate case list that did not appear on the case lists sent to the board office.

All candidates must have an office and a hospital practice. Thus, case lists must consist of office practice plus hospitalized and day (short-stay) surgery patients in obstetrics and gynecology, or obstetrics alone, or gynecology alone. If a candidate practices both obstetrics and gynecology, case lists must be submitted in (1) office practice, (2) obstetrics, and (3) gynecology. Case lists limited to office practice and obstetrics or gynecology can be submitted only by those individuals who limit their practice to either gynecology or obstetrics, but if practice is limited to obstetrics and office practice, the appropriate and types of gynecology cases must be obtained from the resident’s chief residency year, as explained below. The candidate will be examined in all three areas. The case lists must have sufficient numbers and sufficient breadth and depth of clinical experience. All day surgery and hospitalized patients must be reported. The case list must include 40 office practice patients and a minimum of 20 hospitalized or short-stay gynecological and/or 20 hospitalized or short-stay obstetrical patients with significant problems, as defined below. If, but only if, a minimum of 40 such gynecological and obstetrical patients cannot be obtained during the 12-month period from July 1, 2003, through June 30, 2004, the candidate may submit a complete 18-month case list dating from January 1, 2003, through June 30, 2004, and/or submit a list of patients obtained from his/her senior year of residency. This will require the preparation and submission of separate patient case lists, in triplicate, each with a separate summary sheet, plus seven copies of a combined summary sheet, which includes the cases from the 12-month and 6-month case lists, and/or a case list from his/her senior year of residency. The minimum requirement of 30 gynecological and 30 obstetrical patients will still apply. The clinical problems will vary according to the nature of the candidate’s practice. The problems must be of sufficient variety and severity, however, to permit the evaluation of a candidate’s ability to function as a consultant.

As mentioned above, a candidate may select gynecological and obstetrical cases from their senior residency experience case log to be added to their case list(s). Obstetrical and gynecological cases should be chosen from the senior residency experience case log, which will meet the requirements listed below and those on the list of appropriate categories. This will require that preparation of a case list in triplicate, with a separate summary sheet, plus three copies of a combined summary sheet, which includes the cases from the 12-month or 6-month and/or senior residency case lists.

For candidates who have successfully completed a Board-approved fellowship and who are active candidates for certification, case lists must contain obstetrical and gynecological cases either from their practice and/or from their senior residency case log. All day surgery and hospitalized patients must be reported, including all subspecialty patients. Moreover, the 40 non-office practice cases must represent the breadth and depth of obstetrics and gynecology and be chosen for the categories listed under “Office Practice Categories” and “Gynecological Categories,” below. The candidate will be examined in all three areas, and for individuals with a practice limited to gynecologic oncology, maternal-fetal medicine, or reproductive endocrinology/infertility, they must select 20 cases in gynecology and/or 20 cases in obstetrics from their practice and/or from their senior residency year that meet the criteria listed under “Gynecological and Obstetrical Categories.”

The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. Recording such professional responsibility implies that the candidate has personally controlled the medical and/or surgical management of each patient listed. In the case of partnership or group practice, the patients listed should be only those managed by the candidate.

The case list must be received in the Board office on or before August 2 preceding the oral examinations, but only after receipt of approval to submit the case list has been granted by the Board.

**Procedure**

A patient list should be accurately typed across unbound sheets of white paper 8.5 x 11 inches in size. Type size must be at least 12 point. The headings must conform in all details and provide the information indicated by the format of the forms enclosed with the oral application. Three copies of the complete list must be submitted, as well as three copies of the summary sheet.

Standard nomenclature should be used. Only approved abbreviations, supplied with the instructions for completion of the patient list forms, are acceptable. Only the English language will be accepted.

The triplicate lists of patients will not be returned to the candidate after the examination. The candidate should bring a copy of the case list supplied to the Board to the examination.

### 1. Office Practice Patients

The list of 40 patients (not more and not less) from the candidate’s office practice should be prepared using the format accompanying the application. List separately patients who have presented with any of the following problems. List no more than two patients from any one category. Do not include any patients who appear on the hospital lists.

**Office Practice Categories**

1. Preventive Care and Health Maintenance
2. Counseling for Smoking Cessation and Treatment of Obesity
3. Counseling for Sexual Dysfunction
4. Contraception
5. Psychosomatic Problems
6. Genetic Counseling
7. Primary or Secondary Amenorrhea
8. Hirsutism
9. Infertility
10. Hyperprolactinemia
11. Endometriosis
12. Menopausal Care
13. Office Surgery
14. Abnormal Uterine Bleeding
15. Abnormal Cervical Cytology
16. Pelvic Pain
17. Vaginal Discharge
18. Vulvar Skin Disease
19. Breast Diseases
20. Urinary Incontinence and Pelvic Floor Defects
21. Urinary Tract Infections
22. Sexually Transmitted Diseases
23. Preconceptional Counseling
24. Immunizations
25. Pediatric Gynecology
26. Sexual Assault
27. Spousal Abuse
28. Dysmenorrhea
29. Premenstrual Syndrome
30. Benign Pelvic Masses
31. Abnormal Vaginal Ultrasonography
2. Back Pain
33. Respiratory Tract Diseases
34. Gastrointestinal Diseases
35. Cardiovascular Diseases
36. Endocrine Diseases (Diabetes Mellitus, Thyroid or Adrenal Disease)
37. Hypertension
38. Diagnosis and Management of Hypercholesterolemia and Dyslipidemias
39. Recognition and Counseling for Substance Abuse (Alcohol, Narcotics, etc)
40. Depression
41. Geriatrics

List separately each patient and include the problem (one of the listed categories), diagnostic procedures, treatment, results, and number of office visits during the 12-month period. Group patients together under each separate category.

2. Gynecology Patients
A list of all gynecologic patients should be prepared in the format accompanying the application and listed in order as follows:
List all gynecologic patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted) and/or patients chosen from the senior year of residency.

The preoperative diagnosis should appear for all major and minor surgical procedures. The size of ovarian cysts and neoplasms must be recorded. For nonsurgical conditions, the admission diagnosis should be recorded. The treatment recorded should include all surgical procedures, as well as primary nonsurgical therapy. Surgical diagnosis refers to pathology diagnosis. For hysterectomy specimens, the uterine weight in grams must be recorded. In cases without tissue for histologic diagnosis, the final clinical diagnosis should be listed.

Days in hospital on this listing of patients, as well as on all other lists, is the arithmetic difference between date of discharge and date of admission. Specific dates of admission and discharge must not be provided.

A minimum of twenty gynecological patients is required, and a candidate cannot count more than two patients from each of the categories listed below. For example, if a candidate has five patients who have had diagnostic laparoscopies, they all must be reported on the case list, but only two of the five will be counted as meeting the minimum requirement of twenty gynecological cases.

Group patients together under each separate category (1-27), then list the remaining patients who do not “fit into” categories 1-30.

Gynecological Categories
1. Abdominal Hysterectomy
2. Laparotomy (other than Tubal Sterilization)
3. Vaginal Hysterectomy (including Laparoscopically Assisted)
4. Diagnostic Laparoscopy
5. Operative Laparoscopy (Other than Tubal Sterilization)
6. Operative Hysteroscopy
7. Uterine Myomas
8. Defects in Pelvic Floor
9. Endometriosis
10. Tubal Sterilization
11. Invasive Carcinoma
12. Carcinoma in situ
13. Infertility Evaluation
14. Infertility Treatment
15. Urinary Incontinence
16. Urinary Incontinence (Surgical Treatment)
17. Ectopic Pregnancy
18. Pelvic Pain
19. Congenital Abnormalities of the Reproductive Tract
20. Pelvic Inflammatory Disease
21. Adnexal Problems excluding Ectopic Pregnancy and Pelvic Inflammatory Disease
22. Abnormal Uterine Bleeding
23. Vulvar Masses
24. Vulvar Ulcers
25. Adenomyosis
26. Postoperative Wound Complications
27. Postoperative Thrombophlebitis and/or Embolism
28. Postoperative Fever for Greater than 48 Hours
29. Rectovaginal or Urinary Tract Fistula
30. Culposcopy

If, but only if, a candidate cannot acquire the necessary twenty gynecological cases in the above categories, they may use an 18-month case list and/or select an appropriate number of cases from their senior residency case list.

3. Obstetrical Patients
A list of obstetric patients should be prepared in the format accompanying the application. List separately each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery, and the puerperium. In addition, a total of the number of normal, uncomplicated obstetric patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted) should appear at the end of the obstetrical list.

Interpretation of “normal obstetrical patients” for this listing implies that the:
a. pregnancy, labor, delivery, and the puerperium were uncomplicated, and labor began spontaneously between the 37th and 42nd week of gestation;
b. membranes ruptured or were ruptured after labor began;
c. presentation was vertex, position was occiput anterior or transverse, and labor was less than 24 hours in duration;
d. delivery was spontaneous or by outlet forceps with or without episiotomy, from an anterior position;
e. infant had a 5-minute Apgar score of 6 or more and weighed between 2500 and 4500 gms and was healthy; and
f. placental delivery was uncomplicated and blood loss was less than 500 ml.

All deliveries not fulfilling these criteria must be listed individually. Include gestational age at admission.

A minimum of twenty obstetrical patients is required, and a candidate cannot count more than two patients from each of the categories listed below. For example, if a candidate has five patients with diabetes mellitus, they must all be reported on the case list, but only two of the five will be counted as meeting the minimum requirement of twenty obstetrical cases. Group patients together under each separate category (1-27), then list the remaining patients who do not “fit into” categories 1-27.

Obstetrical Categories
1. Breech and Other Fetal Malpresentations
2. Intrapartum Infection (Amnionitis)
3. Puerperal Infection
4. Third Trimester Infection
5. Multifetal Pregnancy
6. Cesarean Hysterectomy
7. Premature Rupture of Fetal Membranes at Term
8. Preterm Premature Rupture of Membranes
9. Preterm Delivery
10. Hypertensive Disorders of Pregnancy (Chronic Hypertension, Preeclampsia, Eclampsia)
11. Second Trimester Spontaneous Abortion
American Board of Obstetrics and Gynecology

12. Cardiovascular and/or Pulmonary Diseases Complicating Pregnancy
13. Renal Diseases and/or Neurological Diseases Complicating Pregnancy
14. Hematological Disease and/or Endocrine Diseases Complicating Pregnancy
15. Infections Complicating Pregnancy
16. Postterm Pregnancy
17. Abnormal Fetal Growth
18. Vaginal Birth after Cesarean Delivery
19. Any Maternal Complication that Delayed Maternal Hospital Discharge by 48 or More Hours
20. Any Neonatal Complication that Delayed Neonatal Hospital Discharge by 48 Hours or More
21. Pregnancy Complicated by Fetal Anomalies
22. Pregnancies Complicated by Human Immunodeficiency Virus Infection (HIV)
23. Primary Cesarean Delivery
24. Repeat Cesarean Delivery
25. Inductions and/or Augmentations of Labor
26. Puerperal Hemorrhage
27. Readmission for Maternal Complication Up to 6 Weeks Postpartum

If, but only if, a candidate cannot acquire the necessary twenty obstetrical cases in the above categories, they may use an 18-month case list and/or select an appropriate number of cases from their senior residency case list.

The ABOG offers a case list collection and reporting software package for the oral examination (e-mail caselist@abog.org or phone 214 871-1619).

4. Cover Sheets
Each patient case list of (a) gynecological (hospitalized and ambulatory) and (b) obstetrical from each hospital, should be verified on the form accompanying the application. On this form, the record librarian or similar other hospital official must submit a statement attesting that (1) the patients listed were cared for by the candidate, and (2) that all of the hospitalized patients dismissed from the candidate's care have been separately listed or reported in the totals reported for the period indicated. If the candidate is submitting an extended-time case list, separate attestations must be obtained for each case list. For cases chosen from the senior residency year, an attestation sheet must be obtained from the candidate's program director or the medical records librarian.

5. Summary Sheet
Using the form provided for this purpose, prepare a summary of all cases for all hospitals combined. If an 18-month case list is submitted, this will require the preparation and submission of a summary sheet for each year, as well as three copies of a combined summary sheet for both years. The same applies if the candidate chooses to submit obstetrical and/or gynecological cases from their senior residency year.

6. Case List Verification and Audit
The list of patients provided by the candidate is subject to independent verification and audit by an agent or employee of the Board. As a condition of candidacy, the candidate agrees to cooperate fully with any audit authorized by the Board, including, but not limited to:

a. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the period for which the lists of patients are required;
b. authorizing access to such hospital or other institutional records as the Board deems necessary, in its absolute discretion, to verify the completeness and accuracy of the patient lists submitted by the candidate;
c. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to the release to the Board of information concerning the patient's condition and treatment.

Any audit undertaken by the Board pursuant to the authority granted by this Section shall be conducted in compliance with the HIPAA Privacy Rule.

Final Approval and Notification of Admission to the Oral Examination
If the examination fee has been paid and the three copies of lists of patients have been submitted and received by August 2, 2004, and are approved by the Board, the candidate will receive an authorization for admission form and hotel reservation information at least 1 month prior to the examination, indicating the day, time, and place to report for the examination. Candidates are advised to keep the Board office informed of their current mailing address.

Ruling Not Admissible
A candidate not admitted to an oral examination may reapply by submitting a new application, paying the examination fee, and meeting the requirements applicable at the time of the reapplication (see "Status").

If the candidate was disqualified because the case lists were judged insufficient for a comprehensive examination, the new case lists should be added to those previously submitted. Thus, the requirement of sufficient numbers, breadth, and depth in the case list makes time in practice the variable and experience the constant.

Reexaminations and Postponement
A candidate who is disqualified or postpones or fails to pass the oral examination must reapply by submitting a written request for a new application form and following the instructions listed in the applicable Bulletin.

Oral Examination Fees
Fees have been computed to cover the costs of examination and administrative expenses. They will not, therefore, be refunded or credited against a future examination. All fees must be paid in United States currency. The candidate's canceled check is to be considered the receipt.

The application fee must be enclosed with each application to take the oral examination. A candidate notified in July of admisability to the oral examination in November, December, January, or February is required to pay the examination fee before being scheduled to take the oral examination. If the examination fee and case list have not been received in the Board office on or before August 2 or if these items, including the late fee, have not been received in the Board office before August 22, the candidate will not be scheduled to take the examination in November, December, January, or at another date, if an extra examination is needed.

No application fees will be credited against a future application or refunded.

Examination fees may be refunded provided candidates inform the Board office in writing of their inability to sit for the examination prior to September 20.

Oral Examination Dates
November 1, 2003

Request application
Deadline for receipt—February 27, 2004

November 1, 2003-February 27, 2004
Application, current medical license, two 2x2 photographs, plus application fee
Deadline for receipt—February 27, 2004
Fee—$710

February 28—April 30, 2004
Application, current medical license, two 2x2 photographs, application fee plus late fee ($290)
Deadline for receipt—April 30, 2004
Fee—$1,000 ($710 plus $290)

May 1—June 14, 2004
Application, current medical license, two 2x2 photographs, application fee plus late fee ($700)
Deadline for receipt—June 14, 2004
Fee—$1,410 ($710 plus $700)

June 14, 2004
No applications accepted after this date

July 2004
Candidates notified to submit properly formatted case lists and examination fee
Deadline for receipt—August 2, 2004
Fee—$825

August 3–23, 2004
Candidates notified by the Board in July to submit their properly formatted case lists and examination fee, which must include a late fee ($290)
Deadline for receipt—August 23, 2004
Fee—$1,115 ($825 plus $290)

August 23, 2004
No case lists or examination fees accepted after this date

November and December 2004, January 2005, and an extra examination, if needed

Oral Examination, ABOG Test Center, 2915 Vine St, Dallas 75204

Monitoring Oral Examinations
All oral examinations conducted at the ABOG Test Center will be monitored by closed-circuit television and sound in order to improve the oral examination process. Recordings will not be maintained by the Board.

Listings of Certified Diplomates
Each year the Board office notifies the American College of Obstetricians and Gynecologists of the names and addresses of the diplomates certified in that year. A list of the names of the most recently certified diplomates also is sent to the American Board of Medical Specialties with the request that they be included in the next issue of the Directory of Certified Obstetrician Gynecologists.

After this effort to assure initial listings of the newly certified diplomates, the Board assumes no responsibility for a diplomate’s listing in subsequent issues of any Directory.

Revocation of Diploma or Certificate
1. All Candidates for Certification, Recertification, and Maintenance of Certification and all physicians holding Diplomate Status must hold an unrestricted license to engage in the practice of medicine in all of the states and territories in which they are licensed, subject to the exceptions hereinafter specified.

a. A physician’s license shall be deemed “restricted” for purposes of this policy if, as a result of final action by a state or other legally constituted medical board (hereinafter “state medical board”), the physician shall have: (1) had his/her license revoked or surrendered his/her license in lieu of revocation;

(2) had his/her license suspended for a specified period of time or until specified conditions have been met and the suspension is not longer in effect;

(3) been placed on probation and the probationary period had not expired;

(4) been made subject to special conditions or requirements which are still in effect (including, but not limited to, supervision, chaperoning during the examination of patients, additional training beyond that required of all physicians for maintenance of licensure) and regardless of whether or not such conditions or requirements are imposed by order of the state medical board or are the result of a voluntary agreement between the physician and the state medical board.

b. Letters of concern or reprimand, not resulting in one of the stipulations which are enumerated in Section I.A of these requirements, shall not be considered a restriction on the physician’s license, even if such letters are made part of the physician’s record. Likewise, a physician who has voluntarily entered into a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a state medical board shall not be considered, for purposes of this policy, to have a restriction on his/her license to practice medicine.

2. Consequences of License Revocation, Restriction, or Surrender

a. Upon receipt of notice that the license of a physician seeking to sit for Initial Certification, Recertification, or Maintenance of Certification has been revoked or restricted, as herein defined, such physician shall be disqualified from sitting for any ABOG Certifying Examination until such restriction has been removed or expires.

b. Upon receipt of notice that a diplomate’s license has been revoked or restricted, as herein defined, the Board has the authority and may, at its discretion, undertake proceedings, consistent with due process to revoke his/her diplomat status. Once revoked, the diplomat status of the physician shall be reinstated only after the revocation or restriction on his/her license has been removed or expires and then only on such terms as the Board deems appropriate, considering, among other things, the period of time the physician has not been able to engage in the unrestricted practice of medicine and his/her specialty.

c. Upon receipt of notice that the license of a candidate or diplomate has been revoked or restricted under an order which nevertheless permits him/her to continue to practice medicine, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not such restriction is of such nature and extent as to preclude consideration for Initial Certification, Recertification, or Maintenance of Certification until the revocation or restriction is removed. In making such determination, the Board must evaluate such restrictions or revocations in accordance with preestablished standards, which are objective and nondiscriminatory and are applied consistently and uniformly.

d. The Board shall require each diplomate or any physician seeking to sit for Initial Certification, Recertification, or Maintenance of Certification to provide the Board with complete information concerning revocation or any and all restrictions placed on his/her license within 60 days after its imposition. Such information shall include, but not be limited to, the identity of the state medical board imposing the restriction, as well as the restriction’s duration, basis, and specific terms and conditions. The Board shall also periodically review the database.
of the Federation of State Medical Boards, as appropriate and when failed, to disclose license restrictions in a timely manner. However, the candidate or diplomate has the affirmative obligation to advise the Board of all revocations or restrictions and to inform the Board when such restrictions or revocations expire or are otherwise removed. Candidates or diplomates who are discovered not to have made timely disclosure shall be required to show cause why their candidate or diplomate status should not be withdrawn, deferred, or otherwise sanctioned and the Board may defer further consideration or reinstatement of diplomate status until such showing is satisfactorily made.

3. Each candidate, when making application, signs an agreement regarding disqualification or revocation of his/her diploma, certificate, or other evidence of qualification for cause. Revocation may occur whenever:
   a. the physician shall not in fact have been eligible to receive the diploma or certificate, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma or certificate;
   b. any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his/her diploma or certificate;
   c. the physician shall have violated the moral or ethical standards of the practice of medicine then accepted by organized medicine in the locality where the diplomate is practicing and, without limitation of the foregoing, the forfeiture, revocation, or suspension of their license to practice medicine, or the expulsion from or suspension from the rights and privileges of membership in a local, regional, or national organization of their professional peers shall be evidence of a violation of such standards of the ethical practice of medicine;
   d. the physician shall fail to comply with the rules and regulations of this Board;
   e. the issuance of or receipt of such diploma, certificate, or other evidence of qualification shall have been contrary to or in violation of the Certificate of Incorporation or the By-laws of this Board; or
   f. the physician shall have violated any of "The Ethical Considerations in the Practice of Obstetrics and Gynecology" currently published by the American College of Obstetricians and Gynecologists and adhered to by the Board.

Upon revocation of any diploma or certificate by this Board as aforesaid, the holder shall return their diploma or certificate and other evidence of qualification to the executive director of the Board and his/her name shall be removed from the list of certified specialists.

Appeals
Appeals from any action of the Board may be initiated by writing to the executive director within 90 days of notification of the action which is being appealed.

Other Considerations

Governmental Services

1. Residency Experience
An applicant, under orders in a hospital conducted by governmental authority, may be credited with time in residency only if that hospital is conducting a residency program in obstetrics-gynecology accredited by the ACGME or by the CRCPSC.

2. Time-in-practice Requirement
A candidate for the oral examination may receive time-in-practice credit for time in government service:
   a. with verification of the duration of active duty;
   b. when practice has involved chiefly the care of obstetrical and gynecological patients;
   c. when the Board has received favorable reports of the candidate's professional activities while in service.

If a candidate for the oral examination has fulfilled a portion of the required obstetrical and gynecological practice as a civilian before entering governmental service, the remainder of the time needed to fulfill the requirement may be made in governmental service.

Emergency Care and Limitation of Practice
Physicians who assume responsibility for the health of male patients for operative or other care will not be regarded as specialists in obstetrics, gynecology, and women's health, except as this practice is related to governmental services, investigation and management of an infectibility problem, diagnosis and treatment of sexually transmitted diseases, provision of family planning services, or care in an emergency. Candidates for certification may, when necessary, participate in general emergency care. What constitutes a satisfactory limitation of practice to the specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, and, to some extent, what is customary in local practices. As a rule, the privileges granted physicians in the practice of obstetrics, gynecology, and women's health in any hospital are the prerogative of that hospital, not of this Board.

Certification in Critical Care
On September 18, 1985, the ABOG, Inc, was authorized to issue certificates in obstetrics and gynecology with added qualification in critical care. The purpose of certifying in critical care is to recognize those obstetricians/gynecologists who through added education and examination have demonstrated added knowledge and skill in the care of critically ill patients.

An individual who meets the requirements will be issued a certificate in obstetrics and gynecology with added qualification in critical care by the ABOG, Inc. Certificates will bear a date limiting their initial validity to 6 years. A program for renewal certificates will be established.

Requirements

The following qualifications are required for applicants for certification.

1. Certified diplomate of the American Board of Obstetrics and Gynecology, Inc.
2. Good standing with the Board.
3. Satisfactory completion of education in critical care of no less than 12 months' full-time duration. This education must be in a program fulfilling the requirements of the American Board of Surgery for surgical critical care or the requirements of the American Board of Anesthesiology for critical care medicine. These requirements also must be acceptable to the ABOG, Inc.
4. The credentials and training of the candidate must be approved by the ABOG, Inc, prior to admission to the examinations in surgical critical care or critical care medicine. Applications must be received at least 6 months prior to the date of the examination.
5. Successful completion of the examination in surgical critical care administered by the American Board of Surgery or the examination in critical care medicine administered by the American Board of Anesthesiology.
Application Procedure

1. A candidate intending to make application for certification of added qualification in critical care must notify the Board office at least 6 months prior to the anticipated start of education in critical care. This letter of intent must be accompanied by a nonrefundable registration fee of $415.

2. The Board office of the ABOG must receive an affidavit from the program director of the critical care program attesting to the candidate’s satisfactory completion of the program.

3. Application for certification in critical care must be made at least 6 months prior to the date of examination. The application fee is $825 and must accompany the application.

4. The examination may be taken at the conclusion of the education in critical care contingent upon availability of examination by either the American Board of Surgery or the American Board of Anesthesiology, but the examination must be from the Board that approved the fellowship program where the candidate received education.

5. The Surgery or Anesthesia Board must submit a statement on behalf of the candidate indicating that the candidate is in good standing with the Board.

6. Time spent in a critical care fellowship cannot be used to meet the practice requirements for eligibility to take the principal oral examination in obstetrics and gynecology.

7. All respondents should make application to the executive director of the ABOG, Inc.

A Word of Caution

All correspondence should be sent by a service (such as FedEx, UPS or USPS) that has tracking capability. This is your use for tracking and verifying the receipt of correspondence, applications, and fees sent to ABOG.

Please note that deadlines set by the ABOG are based upon receipt of the information in the Board office. This is too important for candidates not to have a tracking mechanism!

Appendix

"De-identification" of Patient Case Lists

General. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the Department of Health and Human Services has issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions on which health care providers can make available “individually identifiable health information.” Under the HIPAA Privacy Rule, candidates would have to obtain the “prior written knowledgeable consent” of their patients before they could release any information concerning those patients that would permit them to be individually identified. The HIPAA Privacy Rule does, however, permit the release of patient information if the information released does not permit the patient to be individually identified.

The ABOG has determined that it would be substantially impossible for candidates seeking certification to obtain prior written knowledgeable consent from all patients who might be included on the patient case lists that the Board requires for its oral examinations. Accordingly, the patient lists that candidates are required to submit for their oral examinations must be “de-identified,” that is, candidates must exclude from the records they submit to the Board such information as could permit the identification of the patient.

Requirements. The HIPAA Privacy Rule specifically enumerates the categories of information that must be removed from patient case lists in order for such case lists to be “de-identified” and thereby become available for submission to the Board.

1. Section 164.514(a) provides, in pertinent part, as follows: “Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.” [Emphasis added]

2. Section 164.514(b) provides that: “A covered entity (physician/candidate) may determine that health information is not individually identifiable health information only if: **The following identifiers of the individual or of relatives, employers or household members of the individual are removed:**

a. Names

b. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the currently publicly available data from the Bureau of the Census:
   (1) The geographic unit formed by combining all zip codes with the same initial digits contains more than 20,000 people, and
   (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

d. Telephone numbers;

e. Fax numbers;

f. Electronic mail addresses;

g. Social Security numbers;

h. Medical record numbers;

i. Health plan beneficiary numbers;

j. Account numbers;

k. Certificate/license numbers;

l. Vehicle identifiers and serial numbers, including license plate numbers;

m. Device identifiers and serial numbers;

n. Web Universal Resource Locators (URLs);

o. Internet Protocol (IP) and address numbers;

p. Biometric identifiers, including fingerprint and voice prints;

q. Full face photographic images and any comparable images; and

r. Any other unique identifying number, characteristic, or codes; except as permitted by paragraph (C) of this Section.

This means that Candidates, when preparing the patient case lists required by the Board, should not include any of the information specified in Items (a) through (r) above.

3. Finally, Section 164.514(b)(2)(i)&(ii) stipulates that patient information can only be provided to the Board if the “covered entity (physician/candidate) does not have actual knowledge that the information (provided to the Board in the patient case lists) could be used alone or in combination with other information to identify an individual who is the subject of the information.”

Warning

The de-identification of patient case lists does not sanction the omission of any cases involving patients under the candidate’s care that are otherwise required to be reported. The completeness of the candidate’s case list is subject to audit, and the Board has identified and implemented various audit procedures that are consistent with the HIPAA privacy rule. Any effort to use the HIPAA privacy rule to mislead the Board as to the breadth and depth of the candidate’s practice, the numbers of patients, or the outcome of their...
treatment will subject the candidate to disqualification from examination and other discipline as appropriate.

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Governing Rules and Regulations
The Board's Rules and Regulations, which are subject to change from time to time without notice, contain specific provisions concerning eligibility for the examinations administered by the Board; an admission appeals process, which is available under certain circumstances; the application process; the examination processes (initial and renewal); a description of the circumstances under which candidates will be required to reactivate an existing application, or submit a new application, or repeat an examination; a list of occurrences that could lead the Board to revoke a certificate previously issued by it to a diplomate or to place the diplomate on probation; and other matters relating to the Board's examination and certification/maintenance of certification processes. Many, but not all, of those provisions are summarized or described in this document. In the event of any inconsistency between the Board's Rules and Regulations and this document, or any omission from this document of any provision of the Rules and Regulations, the Rules and Regulations shall govern. Copies of the Rules and Regulations are available upon request from the Board's Executive Office.

Certification Requirements
Many physicians write to the Board outlining their training and asking for an estimate of their qualifications and whether further training is required. The Board's requirements, as published herewith, provide this information, and any potential candidate should be able to determine his/her status after studying these requirements. Individual officers or directors of the Board cannot and will not make such determinations. All evaluations of an applicant's status will be made by the Committee on Admissions in accordance with the rules and regulations of the Board, after submission of an application for examination and payment of the registration fee, which must accompany the application.
It is the responsibility of the candidate to seek information concerning the current requirements for certification as an ophthalmologist. The Board does not assume responsibility for notifying a candidate of changing requirements or the impending loss of his/her eligibility to take an examination.

Educational

All applicants must have graduated from an allopathic or osteopathic medical school.

All applicants, both graduates of allopathic or osteopathic medical schools, entering ophthalmology training programs must have completed a postgraduate clinical year (PG-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in Canada approved by the appropriate accrediting body in Canada. The PG-1 year must be composed of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, 6 months of this year must consist of a broad experience in direct patient care. It is a requirement of the Board that the program chair ascertain that an individual has completed an accredited PG-1 year in the United States or in Canada prior to the start of the ophthalmology residency.

In addition to a PG-1 year, all applicants must have satisfactorily completed an entire formal graduated residency training program in ophthalmology of at least 36 months duration (PG-4 or better) in either the United States accredited by the ACGME, or in Canada accredited by the Royal College of Physicians and Surgeons of Canada. No other training, including any form of fellowship, is acceptable.

The applicant's chair is required to verify satisfactory completion of an entire formal graduated ophthalmology residency training program in medical and surgical care of at least 36 months' duration. When a resident's training has been gained in more than one residency program, an interim evaluation must be completed by the first program. The first program may not be able to verify all competencies. It is the responsibility of the second program to obtain the interim evaluation from the first program. The second program, in its Satisfactory Completion document, must evaluate all competencies, taking into account any deficiencies noted in the interim evaluation by the preceding program(s). Less than 6 months' service in an accredited program is not acceptable as a part of the required training in ophthalmology. The chair's verification form(s) cannot be submitted to the Board until the applicant has completed the entire residency training program.

If a program is disapproved or withdrawn during the course of a resident's training, he/she must complete the remaining required number of months of training in another accredited program.

Only those applicants who have completed their PGY-1 and entire ophthalmology training program, PGY-4 or beyond, by August 1 are eligible to apply for the Written Qualifying Examination given in the spring of the following year.

Licensure

Graduates of United States and Canadian Medical Schools

A person shall be eligible to apply for and to take any examination administered by the Board only if, as of the date of application and at all times throughout certification, the person has a valid and unrestricted license to practice medicine in the United States, its territories, or Canadian province in which the person's practice of medicine is regularly conducted and in each other place in which the person practices or has practiced medicine and has an expired license. Applicant must notify the Board of any action taken by state medical board within 60 days of such action. The definitions of restricted license and the exceptions to these definitions are described in the Board's Rules and Regulations. Individuals in the military will meet the valid and unrestricted licensing condition if they are on full time active duty as a physician at a military installation in any branch of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents. Information concerning the Board's Rules and Regulations with respect to definitions of an invalid or restricted license is available upon request from the Board's Executive Office.

Other Medical Graduates

An applicant may have graduated from a medical school of a country other than the United States or Canada. Graduates of international medical schools must have a valid and unrestricted license to practice medicine (as defined above and in the Rules and Regulations of the Board); they are also required to have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

Applications

An applicant who wishes to be examined by the Board shall complete, sign, and file with the executive director an application on the official form then in use by the Board. The application shall be considered complete only when all supporting data required by the application, including the chair's verification form, are also filed with the executive director. Applications can be obtained from the chairs of accredited residency programs or from the office of the Board and from the ABO Web site at www.abop.org.

Written Examination Deadline

If an applicant wishes to be considered for a Written Qualifying Examination to be conducted in a particular year, his/her application and all supporting data, including supporting data furnished directly by others with respect to the applicant, must be postmarked between March 1 and August 1, except for the chair's verification form which must be postmarked on or before October 1 of the calendar year immediately preceding the calendar year in which the Written Qualifying Examination is to be conducted. By paying a late fee the deadline for postmarking the completed application may be extended from August 1 to September 1. No other exceptions to, or extensions of, these requirements will be made for any reason. The dates of future examinations can be found on the Internet at www.abop.org.

An applicant who does not receive notification from the Board office by January 15 of the acceptance or rejection of his/her application must contact the Board office in writing to inquire about the status of the application. Failure to contact the Board office in writing by February 15 will result in such applicant's removal from the examination roster.

If a completed application and all required supporting data are not timely postmarked the application will be valid and the application fee shall be returned. It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. Caution: If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

The application shall be accompanied by a check payable to the Board for the application fee. In addition to checks, the Board accepts Visa and MasterCard as payment for all Board fees. No
application will be considered to be complete until the fee and all required supporting data, including a copy of current registration to practice medicine and two recent photographs for identification at the Written Qualifying Examination and the Oral Examination, have been received by the executive director.

The application form contains a pledge that explains the prohibitions regarding improper conduct before, during and after examinations. Candidates must certify that the information they provide in their applications is true and accurate. If (1) any misrepresentation is discovered in the application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examinations, (2) any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the Board in order to obtain a right, privilege, or benefit not usually granted by the Board to similarly situated candidates, or (3) any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of answer sheets, or otherwise, the candidate in question shall be given written notice of the charges and an opportunity to respond in accordance with the procedures set forth in the Rules and Regulations of the Board. If the Board determines that a violation has occurred, the Board may permanently bar the person(s) involved in the violation from all future examinations, invalidate the results of prior examinations taken by the person(s), withhold or revoke the certificate of the person(s), or take other appropriate action. If sanctions are imposed pursuant to the Rules and Regulations of the Board, the Board may notify legitimately interested third parties of its action.

When the Board determines that irregular behavior has occurred during an examination, the Board will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. Nevertheless, in some instances the evidence of irregularity, though sufficiently strong to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

The examination booklets used in the Written Qualifying Examination and the illustrative materials and questions asked in the Oral Examination are copyrighted as the sole property of the Board and must not be removed by the candidate from the test area or reproduced in any way. Any reproduction, in whole or in part, of the Written test booklet or Oral Examination materials and questions is a federal offense and also may subject the candidate to the sanctions listed above. No notes, textbooks, other reference materials, scratch paper, or recording devices may be taken into either the Written or the Oral Examinations.

Written Qualifying Examination
In order to qualify for an Oral Examination, each candidate must pass a Written Qualifying Examination. The Written Qualifying Examination consists of 250 multiple-choice questions. The purpose of the Written Qualifying Examination is to evaluate the breadth and depth of the basic science and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology. Candidates who successfully complete the Written Qualifying Examination will be further evaluated in an Oral Examination.

Aspects of the Candidate's Ability that are Tested:
• recall of information
• understanding and application of basic knowledge
• relation of pathogenesis to disease process
• evaluation of clinical data
• utilization of diagnostic and therapeutic procedures
• anticipation and recognition of complications
• ethics of ophthalmic practice

Topics Covered Include:
1. optics, visual physiology, and correction of refractive errors
2. retina, vitreous, and uvea
3. neuro-ophthalmology
4. pediatric ophthalmology
5. external disease and cornea
6. glaucoma, cataract, and anterior segment
7. plastic surgery and orbital diseases
8. ophthalmic pathology

The Written Qualifying Examination is given simultaneously in designated cities in the United States in the spring of each year.

Oral Examination
Upon successful completion of the Written Qualifying Examination candidates will be sent specific instructions for registration for the Oral Examination. A check payable to the Board for the amount then in effect for the Oral Examination must accompany the completed registration form and be forwarded to the Board office within the appropriate time frame. In addition to checks, the Board accepts Visa and MasterCard as payment for all Board fees.

Oral Examination Schedule
It has been the custom of the Board to hold two oral examinations a year with candidates who have passed the Spring Written Qualifying Examination. These candidates are assigned either to a group taking the Oral Examinations in the fall of that year or to a group taking the Oral Examinations in the spring of the following year.

Candidates who pass the April 2004 Written Qualifying Examination will be assigned to either the Fall 2004 oral or the Spring 2005 oral. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined.

Oral Examination Subjects
The Oral Examination will cover the subjects listed and described in the following paragraphs. All examinations are given by appointment within a half-day period utilizing a panel system. Information about the examination procedures and scheduling is sent to all candidates after they have been registered for the Oral Examination. The Oral Examination emphasis will be placed upon the following:

I. Data Acquisition
Recognition by the candidate of depicted abnormalities and diseases that affect the eye, ocular adnexa, and the visual pathways. Candidates will be asked for historical information and examination data that might be obtained on a patient with a particular condition depicted or described.

II. Diagnosis
The ability of candidates to synthesize historical and physical examination information, along with the appropriate laboratory data, to arrive at correct diagnoses and differential diagnoses.

III. Treatment
Candidates will be expected to provide a reasonable and appropriate plan for medical and/or surgical management of patients with the conditions depicted or described and be able to discuss the prognosis and/or therapeutic complications for the particular condition.

The examination will include developmental, dystrophic, degenerative, inflammatory, infectious, toxic, traumatic, neoplastic, and
vascular diseases affecting the eye and its surrounding structures, including but not limited to the following information:

Candidates should be familiar with the basic principles of physical and geometrical optics and the operation of standard optical instruments. They should understand the essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, and color vision. They should know the various forms of ametropia, principles and techniques of refraction, principles of lens design, and methods of correction of ametropia including spectacles, contact lenses, intraocular lenses, and keratorefractive surgery.

Candidates should be familiar with the methods for prescribing protective lenses, absorbptive lenses, and aids for low vision.

Candidates should be familiar with diseases affecting the eye of infants and children and associated systemic abnormalities. Candidates should understand the anatomy, pathology and physiology of the neuro-muscular mechanisms subserving ocular motility and binocular vision.

Candidates should be familiar with the methods of examination for detection and assessment of sensory and ocular motor disorders. They should also know the clinical features, differential diagnosis, natural course and management of the various types of comitant and noncomitant deviations. They should be familiar with the principles and complications of surgery upon the extraocular muscles.

Candidates should know the anatomy of the orbit and the neuro-anatomy of the afferent and efferent visual systems. They should understand the principles and techniques of various diagnostic procedures and be able to interpret visual field testing, visually evoked responses, ultrasonography, conventional X-ray imaging, CT scanning, and magnetic resonance imaging.

Candidates should be familiar with the clinical features, pathology, differential diagnosis, and management of disorders of the orbit, visual pathways, oculomotor system, and pupillomotor pathways, including the indications for, principles of, and complications of orbital surgery.

Candidates should understand the anatomy, embryology, physiology, and pathology of the structures comprising the lacrimal system, lids, cornea, conjunctiva, and sclera. They will be expected to discuss conditions affecting these structures and provide an appropriate differential diagnosis.

Candidates should also be able to describe and discuss medical and surgical treatment for diseases and abnormalities involving these tissues, including indications for and complications of surgery.

Candidates should know the anatomy, embryology, physiology, and pathology of abnormalities and diseases of the cornea, anterior chamber angle, iris, ciliary body, and lens.

Candidates are expected to discuss conditions affecting these structures and those to be considered in their differential diagnosis. They should also be able to describe and provide indications for medical and surgical therapy directed toward alleviating or curing these conditions.

Candidates should know the anatomy, embryology, physiology, and pathology of abnormalities and diseases of the vitreous, retina, choroid, and posterior sclera.

Candidates are expected to discuss conditions affecting these structures and those to be considered in their differential diagnosis. They should also be able to describe and provide indications for medical and surgical therapy directed toward alleviating or curing these conditions.

Candidates are expected to discuss medical ethics and professionalism in the care of ophthalmological patients.

Reactivation

Written Qualifying Examination

A candidate shall be required to reactivate his/her application for approval and submit an additional application fee under the following circumstances that relate to the Written Qualifying Examination:

1. if a candidate fails to take the Written Qualifying Examination within 24 months after notice has been sent to him/her that his/her application has been accepted;
2. if a candidate does not repeat the Written Qualifying Examination within 24 months after failing;
3. if a candidate receives two consecutive failures on a Written Qualifying Examination on the same application.

Oral Examination

The grading process of the oral examination is an overall pass/fail grade. The Board requires that each candidate be examined in six separate subsections of the oral examination. A percent correct is calculated for each subsection and these six scores are averaged to arrive at a total score. Failure to achieve the necessary overall passing score requires that an individual repeat the entire six subsections of the oral examination. Additional information on grading is specified in the "Rules for Grading" which are sent to all candidates at the time of their Oral Examination registration.

A candidate shall be required to reactivate his/her application for approval, submit an additional application fee, and pass another Written Qualifying Examination before being admitted to the Oral Examination under the following circumstances:

1. if a candidate does not take the Oral Examination within 24 months after notice has been sent to the candidate that he/she has passed the Written Qualifying Examination;
2. if a candidate who is eligible to do so fails to repeat the Oral Examination within 24 months after failing such examination;
3. if the candidate does not pass the entire examination in three attempts.

Reactivation Procedure

In order to reactivate an application the following actions must be completed by the postmarked August 1 registration deadline:

- file a new application
- remit the current fee
- submit a copy of a current valid and unrestricted license to practice medicine in the United States, its territories, or a Canadian province
- provide letters of endorsement from two American Board of Ophthalmology-certified ophthalmologists in the community in which the applicant practices

Certification

A candidate who successfully passes both the Written Qualifying and Oral Examinations within the required time limitations herein above set forth, as determined by the Board in its sole discretion, shall be entitled to receive a certificate without further consideration of his/her qualifications by the Board. Physicians who have received the certificate are diplomates of the Board.

Duration of Certification

Certificates issued by the Board after July 1, 1992, are valid for a period of 10 years. Thereafter, a diplomat will be required to satisfactorily complete a designated renewal program every 10 years in order to extend the validity of his/her certificate. Certificates issued prior to July 1, 1992, are valid during the diplomat's lifetime. Diplomates who hold a lifetime certificate are also eligible to participate in the maintenance of certification process.

1190 Graduate Medical Education Directory 2004-2005
Maintenance of Certification

The American Board of Ophthalmology is expanding its current recertification process to include elements that promote a commitment to lifelong learning and practice improvement. It is now referred to as Maintenance of Certification (MOC).

Background

Maintenance of Certification is meant to assure that members of the profession continue their education, keep current in information and skills, and practice in a contemporary and safe manner. It expects that the continuing educational experience has been assimilated and it documents the assimilation by testing. It expects the updated knowledge to be applied in practice. It may also assess whether or not the practice reflects a caring attitude toward patients and ethical behavior appropriate to a profession. The result should be a higher level for the profession as a whole than might have occurred without time-limited certificates and the maintenance of certification process.

Guiding Principles

Primary Purpose. The primary purpose of the American Board of Ophthalmology's MOC process is to promote optimum delivery of competent care by Board-certified members of the ophthalmic profession. It does this by determining that diplomates are current in information, skills and practice, through satisfactory completion of continuing medical education requirements, a knowledge assessment examination, and a practice assessment.

The process is designed to act as an incentive to all in the profession. The intent is that all who are willing and able will achieve certificate renewal. Opportunity for remediation, rather than exclusion from certification, is the mechanism for elevating those who have slipped below the standard of their peers.

1. Flexibility by practice. The process is designed to acknowledge that individual practitioners differ in the types of patients they serve, the diagnostic problems that present to them, and the therapeutic methods required by the population they serve. The process offers some flexibility to suit the nature of individual practices.

2. Sequential process. The process of maintaining intellectual and professional qualities is continual. The educational and the assessment requirements can be satisfied over a period of time with completed items accumulated until the requirement is satisfied, with opportunity to repeat and strive for improvement in any element that is not accomplished satisfactorily at first.

3. Time for remediation. Standards need to be sufficiently high that they are meaningful, and thus satisfactory completion might not be achieved on first attempt. Opportunities for reevaluation must be available after sufficient time for remediation.

Requirements

All certificates issued in 1992 and thereafter expire December 31 of the tenth year after the date of issuance. During that period, the applicant must satisfactorily complete the maintenance of certification process in order to obtain certificate renewal, which shall be similarly time-limited in its validity. All evaluations of an applicant's status will be made by the Committee on Admissions in accordance with the Rules and Regulations of the Board, after submission of an application for examination and payment of the renewal fee, which must accompany the application.

Additionally, it is the responsibility of the applicant to seek information concerning the current requirements for certificate renewal. The Board does not assume responsibility for notifying an applicant of changing requirements or the impending loss of his/her eligibility to take an examination. The application filing period runs from January through June 1 of each year. The requirements for maintaining certification are as follows:

Eligibility

Certification. The individual must hold a time-limited certificate issued by the American Board of Ophthalmology in 1992 or thereafter. Requirements for maintaining certification can be achieved before or after the expiration date of the time-limited certificate. Renewal is for 10 years from the expiration of the previous certificate or 10 years from the date of completion of the requirements, whichever is later.

Diplomates who hold a lifetime certificate are also eligible to participate in the maintenance of certification process. The duration of the maintenance of certification process for lifetime certificate holders is identical to that offered to holders of time-limited certificates. Lifetime certificate holders who pass the renewal process are entitled to retain their lifetime certificates. Lifetime certificate holders who fail to pass the renewal process are also entitled to retain their lifetime certificates.

Licensure. The American Board of Ophthalmology's general requirement regarding licensure states that as of the date of application and at all times throughout certification the applicant must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories, or Canadian province in which the applicant's practice of medicine is regularly conducted. The applicant's license(s) to practice medicine is not and ceases to be "valid and unrestricted" if the applicant's license to practice medicine, or the conduct of the applicant's practice of medicine, is in any manner and to any extent whatsoever revoked, conditioned, suspended, limited, qualified, subjected to the terms of probation, or restricted by, or surrendered by the applicant during the pendency of or in order to terminate any investigation or proceeding regarding the applicant's license or practice of medicine before a court, department, board, or administrative agency. Applicant must notify the Board of any action taken by state medical board within 60 days of such action. The definitions of restricted license and the exceptions to these definitions are described in the Board's Rules and Regulations.

Individuals in the Military

Individuals in the military will meet the valid and unrestricted licensing condition if they are on full-time active duty as a physician at an Installation of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents.

Individuals Practicing Outside the United States, its Territories, or Canadian Province

The American Board of Ophthalmology's general requirement regarding licensure for ophthalmologists practicing outside of the United States, its territories, or Canadian territory and who wish to undergo maintenance of certification when it is due states that applicants must:

- maintain a current valid and unrestricted license to practice medicine in the United States, its territories, or Canadian province as of the date of application and at all times throughout the renewal process; and
- submit to the Board, at the time of application, a current valid medical license in the jurisdiction in which they currently practice.

Renewed certificates will expire 10 years from the date of completion of the renewal process or 10 years from the expiration date of the previous certificate, whichever is later.
**Agreement for Maintenance of Certification.** During the renewal process, the candidate must sign a statement affirming commitment to practice in an ethical manner. This can be found on the application's "Agreement for Maintenance of Certification."

This statement also affirms that diplomates taking the certificate renewal process are bound by the American Board of Ophthalmology's Honor Code. This binds a diplomate to take certain components of the Knowledge Assessment and the Practice Assessment on his/her own. Diplomates are not permitted to receive or share information concerning certificate renewal written or office practice review examinations. Diplomates may not retain any examination material, copy any questions, or make any notes regarding the content of the examinations. Any attempts to collate this material by memory following the examinations will be considered the same as copying the content. Any violation of these rules will be grounds for disqualification from all future examinations, and thus prevent any future certificate renewal by the American Board of Ophthalmology.

**Application Information**

An applicant who wishes to renew his/her certificate by the Board shall complete, sign, and file with the executive director an application on the official form then in use by the Board. All applications shall be accompanied by a check payable to the Board for the application fee then in effect. In addition to checks, the Board accepts Visa and MasterCard as payment for all Board fees. No application will be considered to be complete until the fee and all required supporting data have been received by the executive director. Applications can be obtained from the Board office and from the ABO Web site at www.abop.org.

**Application Deadlines**

The application filing period runs from January through June 1 each year. Since the Knowledge and Practice Assessment components for the maintenance of certification process can be accomplished within 2 years (this includes time for remediation, if necessary), all eligible certificate holders will be notified 3 years prior to expiration of their certificates that they may make application. Ultimately, it is the applicant's responsibility to obtain an application. The renewal process is designed to be completed in 3 years, to include the initial application filing year, followed by 2 years to complete the Knowledge Assessment and the Practice Assessment.

If a completed application and all required supporting data are not timely postmarked, the application will not be valid and the application fee shall be returned. However, by paying a late fee the deadline for postmarking the completed application may be extended from June 1 to July 1. No other exceptions to, or extensions of, these requirements will be made for any reason. It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. Caution: If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

The dates of future examinations can be found on the ABO Web site at www.abop.org.

An applicant who does not receive notification from the Board office by December 15 of the acceptance or rejection of his/her application must contact the Board office in writing to inquire about the status of the application. Failure to contact the Board office in writing by January 15 in such a case will result in a 1-year delay in considering a diplomate's application.

**Educational Requirements**

A diplomate must obtain 300 Category 1 Continuing Medical Education (CME) credits from an ACCME-approved institution since the date of time-limited certification. At least 150 of the required CME credits must be obtained within 6 years prior to certificate renewal. It is recommended that a diplomate obtain at least 30 CME hours per year. The CME requirement for time-limited certificate holders who do not successfully complete the process within the 10-year period will increase by 30 credits per year until renewal is successfully completed.

At least 80% of the Category 1 CME credits must be relevant to the practice of ophthalmology; three CME credits must be in ethics; and the remainder of the CME credit hours can be in general medicine. A CME tracking form will be enclosed with applications in order for a diplomate to itemize and submit the following information: name, sponsor, and location and dates of the CME courses completed. While a list of CME credits to date is required for application, it is not necessary to complete CME requirements at the time application is made. CME credits will be counted up until the date of successful completion of the renewal process. It will not be necessary to submit original certificates of CME attendance to the Board; however, the Board does reserve the right to request this documentation as proof of CME completion.

**Knowledge Assessment**

The MOC written examination is currently a take-home test; however, the renewal process is subject to change consistent with a principle of continual improvement of both process and content. The written examination is anticipated to change to a proctored, computerized examination by 2006. The Board will publish all changes to the process in its newsletter.

A written examination is required as an encouragement to utilize continuing education resources of quality, as an encouragement for self-study, and as a verification of the effectiveness of these educational endeavors. The examination concentrates on, but is not limited to, clinically relevant new information disseminated in clinical journals and educational media during the preceding decade. The examination consists of two parts: a general examination required of all examinees and a spectrum of practice-specific modules from which the examinee selects one. This annually administered general and modular test is currently an "open book," multiple choice question test mailed to candidates to be taken during the 2-month time period of February 1 through March 31. The applicant must take and pass both the general and modular components of the written exam. The written exam may be taken annually as often as needed, until passed. If an applicant wishes to be considered for the written exam to be conducted in a particular year, his/her application and all supporting data must be approved on or before June 1 to be eligible for the following year's written examination.

To satisfy this knowledge assessment requirement, the applicant must satisfactorily pass this examination before achieving certificate renewal. If an applicant fails the examinations, the examination may be repeated as often as required.

**Practice Assessment**

The Practice Assessment requirement for maintaining certification is the Office Record Review (ORR). The purpose of the ORR is to sample patient records of maintenance of certification applicants to assess their conformance to certain standards of practice and to contribute to the enhanced quality of ophthalmic practice. The ORR consists of 32 ophthalmic diagnoses, which include standards of care and practice patterns related to each diagnosis. Each applicant will have a total of 15 patient records (5 records each from three module choices) reviewed for the ORR through corresponding answer sheets in order to assess the proper history, diagnosis,
treatment, and management. Diplomates can review the ORR modules in their entirety at www.abop.org.

The applicant will have 1 month to complete and return all ORR answer sheets. The ORR is offered twice yearly during January and July. If an applicant wishes to be considered for the January ORR, a registration form with all supporting data must be received in the Board office postmarked on or before November 1 of the calendar year immediately preceding the January Review. Likewise, if an applicant wishes to be considered for the July ORR, a registration form with all supporting data must be received in the Board office postmarked on or before May 1 immediately preceding the July Review.

Time Frame

Time-limited certificate holders must successfully complete the maintenance of certification process prior to the expiration date listed on his/her original certificate in order to maintain Board certification. Applicants who fail to renew his/her time-limited certificate prior to the expiration date listed on his/her certificate will lose his/her Board-certified status until the process is successfully completed. The process is designed to be completed in 3 years, to include the initial application filing year, followed by 2 years to complete a Knowledge Assessment Examination and the Practice Assessment. (This allows time for remediation, if necessary.) Thus, all approved applications are valid for 3 years. An applicant may take the Knowledge Assessment Examinations annually, and an applicant may take the Practice Assessment twice a year in January and July. An applicant may change the Knowledge Assessment Examination pathway he/she chooses annually. If an applicant fails either the Knowledge Assessment Examination or the Practice Assessment, he/she is subject to a re-registration fee for each. If an applicant fails to become recertified during the 3 years his/her application is valid, that applicant must reapply and any Knowledge Assessment Examination or Practice Assessment successfully completed during that time will become null and void.

Synopsis of Recertification

Along with eligibility requirements, completion of requirements in each of these four areas is necessary:

1. Licensure: The American Board of Ophthalmology’s general requirement regarding licensure states that as of the date of application and at all times throughout certification the applicant must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories, or Canadian province in which the applicant’s practice of medicine is regularly conducted.

2. Continuing Medical Education: An applicant must obtain 300 Category 1 ACCME-approved credit hours, to include three credits in ethics. See above for more information.

3. Knowledge Assessment: MOC written examination is required.

4. Practice Assessment: An Office Record Review is required.

Board Policies

Applicant Disclosure Obligations

At the time a person submits an application to the Board and at all times thereafter, the person shall have a continuing obligation to disclose promptly to the Board the existence or occurrence of any circumstances causing the person to fail to satisfy the foregoing condition of eligibility to apply for and take any examination administered by the Board. A person submitting an application to the Board shall inform the Board on, or in a written submission accompanying, the person’s application or in a written submission to the Board before taking any examination administered by the Board, as the case may be, if the person’s license to practice medicine in the United States, its territories, or Canadian province has previously been surrendered or not renewed upon its expiration or if the person is practicing medicine or seeking to practice medicine in the United States, its territories, or Canadian province has previously been revoked, restricted, conditioned, suspended, limited, qualified, or subject to the terms of probation.

Disabilities

The American Board of Ophthalmology complies with the Americans with Disabilities Act (ADA) to mitigate the effects of the disability on the testing activity. To accommodate individuals with disabilities the Board will make reasonable modifications to its examinations that do not fundamentally alter the requirements of the examination or the measurement of the skills or knowledge the Board examinations are intended to test. A candidate for Board certification/maintenance of certification who believes that he or she is disabled within the meaning of the ADA, and who requests an examination under nonstandard conditions, shall specify on (or in a supplement submitted with) the application form the existence, the specific nature, and the extent of his/her disability and the specific modification requested. The candidate shall also submit either with the timely filed application, or no later than 30 days after the deadline for applying for a particular examination, all independent documentary evidence substantiating the individual’s disabilities.

Documentation includes, but is not limited to:

- Name, address, telephone number, and qualifications of each expert who provides a report documenting the individual’s disabilities.
- Dates and locations of all assessments performed and included in the documentation.
- Copies of evaluation reports with scores or ratings for each standard instrument or assessment method used. The Board requires that this documentation be no more than 3 years old.
- A full description of any nonstandard instruments and assessment methods used to determine the disabilities and diagnoses.
- Any diagnoses of the individual’s disabilities using standard nomenclature, ie., International Classification of Diseases (ICD), American Psychiatric Association Diagnostic and Statistical Manual (DSM).
- A description of the individual’s functional limitations due to any disabilities.
- Reports of any past accommodations on examinations the individual received because of the disabilities.

The ABO will verify the documentation of the disability and reserves the right to have the individual independently evaluated at its own expense.

Examination Fees

Applications shall be accompanied by a check payable to the Board for the application fee then in effect. The ABO also accepts Visa and MasterCard as payment for all Board fees.

The fees for examinations shall be established annually by the Board of Directors on the basis of the actual and anticipated costs of the Board in the examination of candidates and the administration of its business. The directors of the Board serve without compensation except for reimbursement of expenses.

To find out the current fees for the Board examinations, contact the Board office or visit the Board Web site at www.abop.org.

Mailing Procedures

It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. Caution: If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will
be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

Refund Policy
When a candidate registers for an examination, significant costs are incurred by the American Board of Ophthalmology. Therefore, to keep costs down for all candidates, fees for examinations are nonrefundable, regardless of the reason. However, in case of cancellation, 50% of the examination fee will be applied to the subsequent examination, if taken within the 2-year time limit for an active application. In addition, all application fees include a $300 nonrefundable administrative fee.

Cancellation of Examination
If the American Board of Ophthalmology is unable to administer or complete the administration of a Written or Oral Examination at the scheduled date, time, and location due to circumstances beyond the Board's control, the examination may be cancelled in the sole discretion of the Board, and if the examination is cancelled, the Board is not responsible for any expense an affected candidate may have incurred in connection with the cancelled examination or for any expense the candidate may incur in connection with any substitute examination.

Results of Examinations
Within a reasonable time after completion of the Written, Oral, and/or Maintenance of Certification Examinations, the candidate shall be notified by the executive director as to the results thereof. The decision of the Board as to these results shall be final and conclusive. Grades are not subject to appeal. Because such is the case, individual directors of the Board or associate examiners should not be contacted about specific examination results. To preserve confidentiality, results of an examination will not be given over the telephone, facsimile, or computer.

AMA Physician's Recognition Award
The American Medical Association (AMA) allows 25 hours to be claimed toward an AMA Physician's Recognition Award (PRA) for specialty board certification and recertification. PRA applications may be obtained from the AMA via telephone at 312 464-4668; fax 312 464-4567; or on the Internet at www.ama-assn.org/go/cme.

Disciplinary Sanctions
The Board shall have the authority to impose disciplinary sanctions upon a candidate or a diplomate for any of the following reasons: 1. violation of rules and regulations of the Board relating to the Written Qualifying, Oral, and Recertification Examinations and applications to take the examinations; 2. substantial misstatement or omission of a material fact to the Board in an application or in any other information submitted to the Board; 3. presenting or distributing, or aiding or assisting another person(s) to present or distribute, a forged document or other written instrument purporting to have been issued by or under the authority of the Board to evidence that a candidate, diplomate, or any other person(s) is currently or was previously certified by the Board when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, that a candidate, diplomate, or any other person(s) is currently or was previously certified by the Board, when that is not the case; 4. any license of the person to practice medicine is not, or ceases to be, a valid and unrestricted license to practice medicine within the meaning set forth in the Rules and Regulations of the Board; 5. issuance of a certificate contrary to or in violation of the rules and regulations of the Board; 6. ineligibility of the person to whom the certificate was issued to receive the certificate; 7. engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor, or staff.

Statements of Eligibility
The Board does not issue statements of "eligibility" for its examinations. The only information the Board will divulge is whether a physician is or is not certified. Inquiries to the Board by outside agencies about the certification status of physicians who have inactive applications or who hold lapsed certificates will be answered by stating that said physician is not Board certified.

The American Board of Ophthalmology charges a $35 fee for each formal verification of a physician's certification.

American Board of Medical Specialties
The American Board of Medical Specialties (ABMS) was established in 1933 to serve in an advisory capacity to the American specialty boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The American Board of Ophthalmology is officially recognized by the ABMS, and contributes an annual fee of $2,000 in addition to a per capita fee for each new diplomate certified, as do all other medical specialty boards, to the American Board of Medical Specialties in support of the activities of ABMS.

The American Board of Ophthalmology provides an annual listing of new Diplomates for inclusion in the Official ABMS Directory of Board Certified Medical Specialists and the ABMS Medical Specialists Plus CD-ROM, published by Elsevier Science and the American Board of Medical Specialties, which are used by credentialing organizations. Each diplomate will be contacted directly by Elsevier Science (Reed Elsevier Publishing) to update biographical information each year. This listing is cost free.

Associates
All Board directors and associates, whether examiners or members of special committees, are informed by the Board that they shall not promote, or permit others to promote, his/her participation in commercial or educational activities (domestic or foreign) under circumstances that exploit, or might be perceived to exploit, his/her familiarity with examinations administered by the American Board of Ophthalmology or otherwise might be perceived to compromise the integrity of those examinations. All computerized educational endeavors should be monitored so that this material does not compromise the Board and the valued role of our Associate Examiners. It is advisable that Associates ascertain in writing an agreement stating that their educational material will not be published or marketed in any way that could jeopardize their relationship with the Board. In addition, Board directors and associates may not exploit their association with the ABO through communications to the public or through self-promotional items. It is, however, acceptable to include a factual reference on a curriculum vitae.

1194 Graduate Medical Education Directory 2004-2005
American Board of Orthopaedic Surgery

400 Silver Cedar Ct
Chapel Hill, NC 27514
919 929-7103
919 942-8988 Fax
www.abos.org

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(The criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Orthopaedic Surgery [ABOS] to ascertain whether the information below is current.)

I. Introduction

A. Definition
Orthopaedic surgery is the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.

B. Purpose
The ABOS was founded in 1994 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interest of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the Board reviews the credentials and practices of voluntary candidates and issues certificates as appropriate. It defines minimum educational requirements in the specialty, stimulates graduate medical education and continuing medical education, and aids in the evaluation of educational facilities and programs.

The Board does not confer any rights on its diplomats, nor does it purport to direct licensed physicians in any way in the conduct of their professional duties or lives. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization or for staff privileges at any hospital.

C. Directors
The directors of the ABOS are elected from diplomates of the Board who are nominated by the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgeons. They serve without salary.

D. Organization
Directors of the Board elect a president, president-elect, secretary, and treasurer annually. An executive director, who is a diplomate, serves as an ex officio director of the Board. The president appoints directors to serve on standing committees on credentials, examinations, finance, graduate education, and research. Other committees may be formed as deemed necessary. The Board holds regularly scheduled meetings yearly.

E. Directory
A current directory of certified orthopaedic surgeons is maintained by the Board. The names of diplomates also appear in the Official ABMS Directory of Board Certified Medical Specialists, published by the American Board of Medical Specialties.

II. Orthopaedic Surgery Education

The goal of orthopaedic education is to prepare orthopaedic residents to be competent and ethical practitioners of orthopaedic surgery. In fulfillment of this goal, applicants for certification must have received through orthopaedic residency
A. education in the entire field of orthopaedic surgery, including inpatient and outpatient diagnosis and care as well as operative and nonoperative management and rehabilitation;
B. the opportunity to develop, through experience, the necessary cognitive, technical, interpersonal, teaching, and research skills;
C. the opportunity to create new knowledge and to become skilled in the critical evaluation of information;
D. education in the recognition and management of basic medical and surgical problems;
E. an evaluation of ethical performance.

Orthopaedic residency program accreditation is conducted by the Residency Review Committee for Orthopaedic Surgery (RRC). This committee functions autonomously under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The RRC has a total of 10 members, three representing each of its three sponsoring organizations—the American Board of Orthopaedic Surgery, Council on Medical Education of the American Medical Association, and American Academy of Orthopaedic Surgeons—and a resident member. The RRC evaluates orthopaedic residency programs with regard to number of residents, training, program organization, educational experience, and institutional responsibility. It makes recommendations to the ACGME, which is responsible for the acts of accreditation for all RRCs. Individual questions regarding qualifications for eventual board certification are addressed by the ABOS, whereas program accreditation questions are addressed by the RRC for Orthopaedic Surgery.

III. Minimum Educational Requirements for Board Certification

The Board has established the following minimum educational requirements for certification. These requirements should not be interpreted as restricting programs to minimum standards.

Throughout these rules, the term "accredited" denotes approval by the ACGME.

A. Time Requirements
1. Five years (60 months) of accredited postdoctoral residency are required.
2. Prior to July 1, 2000, 4 of these years (48 months) must be served in a program whose curriculum is determined by the director of an accredited orthopaedic surgery residency. Three of these years (36 months) must be served in an accredited orthopaedic
surgery residency program. One year (12 months) may be served in an accredited graduate medical program whose educational content is determined by the director of an accredited orthopaedic surgery residency program.

Beginning on July 1, 2000, 1 year (12 months) must be served in an accredited graduate medical education program whose curriculum fulfills the content requirements for the graduate year 1 (PGY-1) (see B.1, below) and is determined or approved by the director of an accredited orthopaedic surgery residency program. An additional 4 years (48 months) must be served in an accredited orthopaedic surgery residency program whose curriculum is determined by the director of the accredited orthopaedic surgery residency.

3. Each program may provide individual sick and vacation times for:
   a. a minimum of 6 months of structured education in surgery to beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Program Requirements for Residency Education in Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the Board on the Record of Residency Assignment form.
   b. a maximum of 3 months of orthopaedic surgery.
   c. An additional 4 years (48 months) must be served in an approved position in programs accredited by the ACGME.

B. Content Requirements

1. Requirements for PGY-1
   Prior to July 1, 2000, a minimum of 9 months during the PGY-1 must be based in clinical services other than orthopaedics. This requirement may be fulfilled by a year of accredited residency in any broad-based program involving patient care.

   Beginning on July 1, 2000, the residency program director should be responsible for the design, implementation, and oversight of the PGY-1. The PGY-1 must include:
   a. a minimum of 6 months of structured education in surgery to include multisystem trauma, plastic surgery/burn care, intensive care, and vascular surgery;
   b. a minimum of 1 month of structured education in at least three of the following—emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation;
   c. a maximum of 3 months of orthopaedic surgery.

2. Orthopaedic requirements beyond the PGY-1
   a. Minimum distribution. Orthopaedic education must be broadly representative of the entire field of orthopaedic surgery. The minimum distribution of educational experience must include:
      1. 12 months of adult orthopaedics;
      2. 12 months of fractures/trauma;
      3. 6 months of children's orthopaedics;
      4. 6 months of basic science and/or clinical specialties.
   b. Scope. Orthopaedic education must provide experience with all of the following:
      1. Children's orthopaedics. The educational experience in children's orthopaedics must be obtained either in an accredited position in the specific residency program in which the resident is enrolled or in a children's hospital in an assigned accredited residency position.
      2. Anatomic areas. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; the entire spine, including intervertebral discs; and the bony pelvis.
      3. Acute and chronic care. Diagnosis and care, both operative and nonoperative, of acute trauma (including athletic injuries), infectious disease, neurovascular impairment, and chronic orthopaedic problems including reconstructive surgery, neuromuscular disease, metabolic bone disease, benign and malignant tumors, and rehabilitation.
      4. Related clinical subjects. Musculoskeletal imaging procedures, use and interpretation of clinical laboratory tests, proctectics, orthotics, physical modalities and exercises, and neurological and rheumatological disorders.

   c. Options. Twelve months of the 4 required years under the direction of the orthopaedic surgery residency program director may be spent on services consisting partially or entirely of:
      1. additional experience in general adult or children's orthopaedics or fractures/trauma;
      2. an orthopaedic clinical specialty;
      3. orthopaedics-related research;
      4. experience in an accredited graduate medical education program whose educational content is preapproved by the director of the orthopaedic surgery residency program.

C. Accreditation Requirements

1. The educational experience in orthopaedic surgery obtained in the United States must be in an approved position in programs accredited by the RRC for Orthopaedic Surgery and by the ACGME.

   All other clinical education obtained in the United States must be in programs accredited by the ACGME and the appropriate RRC. The Graduate Medical Education Directory, published annually by the American Medical Association, 515 N State St, Chicago, IL 60610, lists accredited rotations of 6 months or longer.

2. During the 5 years of accredited residency, a total period of no more than 6 months may be served in unaccredited institutions.

3. Credit for time spent in residency education will be granted only for the period during which the residency program is accredited, and only for time served in an approved position within an accredited program.

4. If an orthopaedic residency program has its accreditation withdrawn by the RRC for Orthopaedic Surgery and the ACGME, no educational credit will be granted past the effective date of withdrawal of accreditation.

5. Educational experience obtained in Canada must be on services approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) and must extend over a minimum of 5 years. The content requirements outlined in III.B must be met.

6. The Board does not grant credit for foreign educational experience, other than as permitted in 2 and 5, above. Also see IV.E.

7. The term "fellow" is not synonymous with the term "resident" for the purpose of obtaining Board credit for educational experience. A resident is an individual enrolled in an approved position in an accredited educational program.

D. Achievement Requirements

1. The director of the program providing general graduate medical education must certify the satisfactory completion of that segment of education.
2. In orthopaedic surgery residency programs, the program director must certify the satisfactory completion of each rotation for which credit is awarded. (See III.F, below.)

3. The program director responsible for the final year of the resident's education must certify that the resident has achieved a satisfactory level of competence and is qualified for the certifying process. This would include sufficient and consistently demonstrated acquisition of medical knowledge with the ability to appropriately apply knowledge to patient care, interpersonal skills and effective qualities needed by an orthopaedic surgeon, manual capabilities, ethics, and professionalism.

4. The certification referred to in 2 and 3, above, must be made on the appropriate Record of Residency Assignment form.

5. Medical practice activity outside of residency duties must not be allowed to interfere with the educational experience. Residents may not engage in such activities without the specific prior approval of the program director. Approval must be based on the judgment that rotations are being completed without compromise and that the circumstances of the resident warrant such activity.

E. Continuity Requirements
The resident should have progressively increasing patient care responsibility. A part-time or piecemeal approach to residency requirements is discouraged. The final 24 months of orthopaedic residency education must be obtained in a single orthopaedic residency program unless prior approval of the Credentials Committee is obtained.

F. Documentation Requirements
1. For orthopaedic education obtained in the United States, the program director must provide the Board with yearly documentation during the residency. Each June, program directors will receive by e-mail necessary information to complete each resident's Record of Residency Assignment (RRA) form. Completed RRA forms must be signed by the program director, and submitted to the Board office.

2. The Record of Residency Assignment forms are to be completed for each resident as follows:
   a. Form 1 will be submitted the year the resident enters the program.
   b. Form 1-A must be submitted at the end of the academic year for each PGY-1 resident.
   c. Form 2-A must be submitted at the end of the academic year for each PGY-2 through PGY-5 resident.
   d. Form 3 must be submitted on each resident who graduates or leaves the program prematurely.

3. The original, signed forms are due in the Board office within 30 days of completion of the academic year. Part I examination results for candidates who take the examination in the same year they complete their residencies will not be mailed either to the candidates or to the program directors until the forms have been received in the Board office.

4. When a resident leaves a program prematurely, the program director must notify the Board office in writing within 30 days. The letter must record the reasons for leaving and confirm credit granted for rotations during the academic year in which the resident left. At the end of the academic year, Form 2-A and Form 3 must be completed.

5. Before a resident enters a new program, the new program director must obtain copies of the resident's Record of Residency Assignment forms from the Board office and review them thoroughly in order to develop an appropriate individual program that will meet the minimum educational requirements and include progressively increasing responsibility.

IV. Requirements for Taking the Certifying Examinations
The certifying examination is divided into two parts. Part I is a written examination, which may be taken at any time after the completion of the educational requirements. Part II is an oral examination, which may be taken after passing Part I, completion of the 22-month practice requirement, evaluation of the applicant's practice, and admission to the examination. A candidate must pass both parts of the certifying examination to be certified.

After taking and passing the written examination, candidates have 5 years to take or retake the oral examination. Candidates who do not pass the oral examination within those 5 years must retake and repass the written examination before applying to take the oral examination. Time spent in fellowship education after passing Part I will not count as a part of the 5-year time limit.

An applicant seeking certification by the ABOS must satisfy the educational requirements that were in effect when he/she first enrolled in an accredited orthopaedic residency. For all other requirements, an applicant must meet the specifications in effect at the time of application.

A. Educational Requirements
1. An applicant must satisfactorily complete and document the minimum educational requirements in effect when he/she first enrolled in an accredited orthopaedic residency.

2. Upon successful completion of 64 of the 60 months of required education and on the recommendation of the program director, a candidate may apply to take Part I of the examination.

3. In order to be admitted to the examination, the candidate must complete the full 60 months of required education.

4. An applicant who has received orthopaedic surgery residency education in Canada must have fulfilled the requirements of the ABOS and must have passed the qualifying examination in orthopaedic surgery of the RCPSC before applying for either part of the Board's certifying examination.

B. License Requirement
Applicants who are in practice at the time they apply for Part I and all applicants for Part II must either possess a full and unrestricted license to practice medicine in the United States or Canada or be engaged in full-time practice in the US federal government, for which licensure is not required. An applicant will be rendered ineligible for any part of the certifying examination by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country due to a violation of a medical practice act or other statute or governmental regulation; to disciplinary action by any medical licensing authority; by entry into a consent order; or by voluntary surrender while under investigation or suspension of license. Entry into and successful participation in a nondisciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify an applicant from taking a certification examination.

C. Board Eligible Status
Effective July 1, 1996, the Board will recognize those candidates who have successfully completed Part I and are awaiting to take Part II as being "Board eligible." The limit of Board eligibility is the 5 years candidates have to take or retake the oral examination (Part II) after passing Part I. Candidates who do not pass the oral examination (Part II) within those 5 years will lose their Board-eligible status. (See Section IV.)
D. Practice Requirements

1. The applicant must be continuously and actively engaged in the practice of operative orthopaedic surgery other than as a resident or fellow (or equivalent) for at least 22 full months immediately prior to the Part II examination. An applicant must have started practice and been granted hospital admitting and surgical privileges on or before September 1, 2001, in order to qualify for the Part II exam. An applicant who interrupts the 22 months of practice with a fellowship can count the months of practice that preceded the fellowship as part of the 22-month requirement.

2. The applicant must be in one practice location for a minimum of 12 consecutive months during the required 22-month period. A change in location, type of hospital practice, or practice association may result in deferment. The practice must be located in the United States or its territories, Canada, or a US service installation.

3. The practice must include hospital admitting and surgical privileges (temporary privileges acceptable) for the 22 full months immediately prior to the Part II examination (excluding fellowship time as described in D.1. above) and continue through the date of the examination. The practice must allow independent decision-making in matters of patient care.

4. The applicant must demonstrate professional competence and adherence to acceptable ethical and professional standards. The applicant should not publicize himself or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner. It is the responsibility of the applicant to provide documentation that he/she is an ethical and competent practitioner.

5. A reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of an applicant’s surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the applicant’s practice has stabilized sufficiently for it to be evaluated.

6. An applicant in the United States uniformed services may satisfy the practice requirement if assigned as an orthopaedic surgeon for at least 22 full months prior to the date of the Part II examination, meaning that the applicant must have started practice on or before September 1, 2001. The applicant must submit a letter from his or her immediate supervisor evaluating his or her capability in the practice of orthopaedic surgery, as well as any other documentation the Credentials Committee may require to demonstrate professional competence and adherence to acceptable ethical and professional standards.

7. Evaluation of Applicant:
   a. Individuals who do not engage in active orthopaedic surgery cannot be adequately evaluated for the Part II examination and will not be certified.
   b. Qualifications for taking the Part II examination will be determined by the Credentials Committee after review of the application, letters of recommendation, and other relevant information.
   c. It is the responsibility of the applicant to provide the information on which the Credentials Committee bases its evaluation of the qualifications of the applicant. This responsibility extends to information that the Credentials Committee requests from other persons. If the Credentials Committee does not receive requested information from the applicant, a program director, a reference, a hospital representative, or another source, the Board will notify the applicant and defer the decision on admission to the examination until the information has been received. The applicant may be required to authorize release of peer review information to the Board.
   d. Representatives of the Board may visit the site of an applicant’s practice if the Credentials Committee believes that this is necessary for adequate evaluation of the applicant’s work.

E. Distinguished Scholar Pathway

An orthopaedic surgeon who received his or her graduate medical education outside of the United States or Canada and does not meet the education requirements of Section III.A. above, but who is engaged in full-time academic practice, may apply and qualify to sit for the certifying examination upon the recommendation of the Credentials Committee and approval of the Board. To be considered for qualification, the applicant must satisfy all the requirements to sit for the Part I and Part II certification examinations, respectively, as specified in the Board’s Rules and Procedures, except the education requirements of Section III.A. and, in addition, satisfy the following requirements:

1. Provide documentation of satisfactory completion of an orthopaedic surgery residency program outside the United States or Canada, including a signed attestation by the program director and institution;

2. Provide documentation of having successfully passed the applicable certification examination in the applicant’s country of education and prior practice;

3. Be in full-time academic practice and be a member of the teaching faculty of an academic institution with an ACGME-accredited orthopaedic surgery residency program;

4. Been in active practice of orthopaedic surgery in the United States for at least 5 years;

5. Provide a curriculum vitae detailing comprehensive professional accomplishments, and having achieved the rank of associate professor;

6. Provide at least three references attesting to the applicant’s exceptional academic and scholarly qualifications, including at least two references from Board-certified academic orthopaedic surgeons not affiliated with the applicant’s academic institution or residency program.

V. Impaired Physicians

A. Chemical Dependency

An applicant for either part of the certifying examinations who, within 5 years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a nondisciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority, will be required to present evidence to the Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the Board, that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.

B. Mental and Physical Condition

Applicants for either part of the certifying examination who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required, as part of their demonstration that they meet the practice requirements in IV.D., to
present medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the Board that the impairment does not compromise their ability to render safe and effective care to their patients. This documentation must accompany the completed application form.

VI. Procedure for Application for Part I and Part II of the Certifying Examinations

A. Application Dates and Requests
1. The dates, locations, and application deadlines for Part I and Part II of the certifying examination are announced in the Journal of Bone and Joint Surgery. They are also listed on the Board's Web site: www.abos.org. Examination dates may be changed at the discretion of the Board. Confirmation of published examination dates can be obtained from the Board's office.
2. To apply for either Part I or Part II of the certifying examination, go to the Board Web site at www.abos.org and follow the directions from there. Printed applications are no longer available.

B. Application Submission and Deadlines

Part I
The postmark and electronic submission deadline for all required documents for application (those submitted electronically and those required to be mailed in) is March 1 of the year of the examination. These include:
1. Electronic submission of a completed application
2. Paper submission to the Board office of:
   • the printed signature page(s)
   • other required documents (if applicable)
   • a nonrefundable examination fee of $825 in US funds
Both steps must be completed by the deadline, March 1.

Part II
The postmarked and electronic submission deadline for all required documents for application, those submitted electronically and those required to be mailed in, is October 31 of the year preceding the examination. These include:
1. Electronic submission of a completed application
2. Paper submission to the Board office of:
   • the printed signature page signed in three places
   • signed and notarized hospital/surgery center letters
   • a nonrefundable application and credentialing fee of $800 in US funds
Both steps must be completed by the deadline, October 31.

Late or incomplete applications
If the application is not submitted, or if any of the required documents are not postmarked by the deadline for Part I or Part II of the certifying examination, the application will not be accepted and the received documents will be returned along with the fee check.

a. If a Part I applicant wishes to submit the application and required documents by the late deadline of March 31, the examination fee of $825 and a nonrefundable late fee of $250 must be enclosed.

b. If a Part II applicant wishes to submit the application and required documents by the late deadline of November 30, the nonrefundable application and credentialing fee of $800 and a nonrefundable late fee of $250 must be enclosed.

C. Notifying the Board of Application Changes
1. It is the responsibility of all applicants to notify the Board office of any change of address, practice association, or hospital affiliation.
2. If a Part II applicant changes practice location or practice association or acquires new hospital staff affiliations, new references will be solicited by the Board.
3. An applicant is also required to notify the Board of the denial of any request for hospital privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges; of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency that would result in the restriction, suspension, or probation of the applicant's license or any right associated with the practice of medicine, including the entry into a nondisciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the applicable medical licensing authority or on a voluntary basis.

D. Notifying the Applicant of Examination Admission
1. For Part I, the applicant will receive examination information, an assigned examination number, and an admission card not later than 30 days prior to the examination date.
2. For Part II, the decision of the Credentials Committee is mailed to the applicant not later than 60 days prior to the examination date.

E. Fees
1. For Part I, the nonrefundable examination fee of $825 must be submitted with the application form.
2. For Part II:
   a. The nonrefundable application and credentialing fee of $800 must be submitted with the application form.
   b. The candidate must also submit an examination fee of $800 on or before the date specified in the letter of notification of admission to the examination. This fee will be forfeited if the candidate fails to appear for the examination or cancels after being scheduled.
3. There will be a $50 charge levied for any application or examination fee check that is returned not paid by the Board's bank.
4. The fees paid to the American Board of Orthopaedic Surgery, Inc are not tax deductible as a charitable contribution, but may be deductible under some other provision of the Internal Revenue Service code.

F. Practice-Based Oral Examination
The Part II examination is practice based. The purpose of the practice-based examination is to evaluate a candidate's own practice as broadly as possible. This exercise will be conducted much as rounds or conferences are during residency, with the candidate presenting his/her cases and responding to the examiner's questions and comments. Applicants are urged to attend to details and follow procedures carefully and exactly to ensure admission to the examination.

1. Case Collection: Cases are collected in a program accessible through the ABOS Web site using the applicant's unique password and user ID. Each applicant will receive his/her password and user ID when logging in to apply for Part II on the Web site. This case collection program must be used to compile the case list that is submitted to the Board.

The applicant is to collect all operative cases, including same-day surgery, for which he/she was the responsible operating surgeon for 6 consecutive months beginning July 1 of the year before the Part II examination. If time is taken off during those 6 months, the starting point for the collection period must be
backed up by the amount of time missed. For example, case collection for an applicant who took a 2-week vacation in August would begin in mid June.

All cases must be collected from each hospital and/surgery center at which the applicant has operated during the 6-month period. If the applicant did no cases during the case collection period, this fact must be verified by a letter from the hospital and/surgery center. The letter(s) must be sent to the Board office along with the case lists. It is understood, as stated in the Practice Requirements (IV.D), that the applicant during this period has been actively engaged in the practice of operative, orthopaedic surgery with independence decision making in matters of patient care. The case list must reflect this and must demonstrate ample cases to allow selection of material for the oral examination.

Once all cases have been entered the applicant will print the case lists. No changes can be made to the case lists after this is done. Two sets of case lists will automatically be printed. One set will show patient identification numbers and will be for the candidate's and medical records department's use only. For HIPAA compliance, the second set, which will be submitted to the Board will not include patient identifiers. Both will have computer-assigned case numbers for cross-reference. Once the medical records director has verified the lists, he/she will certify the list that will be submitted to the Board. His/her signature must then be notarized.

2. Case Submission: By January 31 of the year of the Part II examination, the applicant must submit to the Board:
   a. The complete printed case list (set without patient ID) for the required 6-month period. Each hospital list must be stapled separately and have the required signatures and notarization. Before mailing the applicant should make three copies of the complete case list as the copies the applicant must bring to the examination must be of these printed and certified lists. (The candidate will keep the list with patient ID for reference when they get their list of selected cases).
   b. For each hospital or surgery center where no cases were performed, a letter stating that no cases were performed there during the 6-month period.
   c. This information must be sent to the Board office by registered mail or courier of applicant's choice (ie, Federal Express, Express Mail, certified mail, etc) to ABOS, Part II Exam, 400 Silver Cedar Ct, Chapel Hill, NC 27514. Case lists must be postmarked by January 31 of the year of the examination. The Board office will not verify receipt of case lists.

3. Case Selection: The Board will select 12 cases from the applicant's 6-month case list(s). The list of 12 cases selected by the Board will be sent to the candidate in mid May. From the list of 12, the applicant will then select ten cases to bring to the examination for detailed presentation.

4. Exam Materials/Preparation: Once the candidate has received the list of the 12 cases selected by the Board, he or she must gather all of the following to bring to the examination:
   a. Three copies of the list of 12 selected cases.
   b. Three copies of the case list summary sheet.
   c. Three copies of the complication list.
   d. Three copies of the applicant's complete case list that was submitted to the Board in January.
   e. Images (including x-rays) for the 10 cases selected by the candidate—the pertinent preoperative, intra- or immediate post-operative, and most recent follow-up x-rays for each case selected by the candidate for presentation. Before the examination begins, x-rays should be arranged in order of presentation and clearly marked in terms of date pre- and postoperative. Pertinent images in CT and MRI panels must also be marked. The candidate must bring hard copies of all image studies even if his/her institution uses a digital image system.
   f. Three copies of notes for the 10 cases selected by the applicant—this includes admission and discharge notes, operative notes, office notes, and any other patient chart material that will aid in case presentation. All records must be unaltered copies of the original materials.
   g. Video prints or photographic prints for arthroscopy cases selected that show the initial lesion(s) and the lesion(s) after treatment. (Do not bring videotapes.)
   h. For selected cases with complications, images (including x-rays) pertinent to the complication and its treatment and three copies of any consultation report(s).

All materials for the examination must be in English. All materials required to be brought to the examination, including all records, notes, and images, must be in their original form. Materials must not be altered or changed in any respect for presentation except as listed in 1 and 2 below:

1. Because the examination is to be anonymous the candidate should remove his or her name from written material brought to the examination, including the 6-month case list(s), the complication sheet, the board's list of 12 selected cases, and the case list summary sheet.
2. To comply with the new HIPAA Privacy Rule, the candidate should remove personally identifiable patient information from all materials brought for presentation at the examination. These include patient ID numbers, account numbers, names (initials are okay), addresses, phone numbers, fax numbers, e-mail addresses, Social Security numbers, health plan beneficiary numbers, birth month/day/year (year is okay), full face photographs and comparable images, and any other unique identifiers.

Failure to bring sufficient materials for the 10 selected cases to enable the examiners to evaluate the cases may result in the disqualification of the candidate, termination of his participation in the examination, or the withholding of scores.

Although the examiners will concentrate on cases brought for presentation, they may also ask questions pertaining to a candidate's case lists or practice. The candidate should not be concerned if all material brought to the examination is not covered. Discussion may focus on one area or candidate and examiners may become involved in a few cases in such detail that time will not allow presentation of all patients. The candidate will not be penalized for this during grading.

Applicants who have questions about materials and procedures for the practice-based oral portion of the Part II examination should call or write the Board office well before the exam. Failure to comply with the steps outlined may invalidate an examination.

VII. Falsified Information and Irregular Behavior

A. If it is determined that an applicant has falsified information on the application form, case list, or the materials submitted in connection with the cases presented for oral examination or has failed to provide material information, the applicant's case list or the materials submitted will not be considered for either part of the examination not already passed and the applicant must wait 3 years before being allowed to file a new application.

B. Examination applicants should understand that the following may be sufficient cause to bar them from future examinations, terminate participation in the examination, invalidate the results of an examination, withhold or revoke scores or certificates, or take other appropriate action:
1. The giving or receiving of aid in the examination, as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.
2. The unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after the examination.
3. The offering of any benefit to any agent of the Board in return for any right, privilege, or benefit that is not usually granted by the Board to other similarly situated candidates or persons.
4. The engaging in irregular behavior in connection with the administration of the examination.

C. The following are examples of behavior considered to be irregular and that may be cause for invalidation of the examination or imposition of a penalty:
1. Referring to books, notes, or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.
2. Any transfer of information or signals between candidates during the test. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period, including bathroom breaks.
3. Any appearance of looking at the answer sheet or the examination booklet of another candidate during the examination.
4. Allowing another candidate to view one’s answer sheet or examination booklet or otherwise assisting another candidate in the examination.
5. Taking any examination material outside the examination room. All examination materials are the property of the Board and must be left in the room at the end of the examination.
6. Breaking of the seal on the examination booklet before being told to do so and/or recording answers on the answer sheet after being told to stop.

D. Applicants should also understand that the Board may or may not require a candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate’s personal involvement in such activities.

VIII. Credentials Decisions

A. Determining Admission to Examinations
1. The Credentials Committee meets at least once each year to consider applications for the examinations. At this meeting, a decision about each applicant will be made either to approve admission to the next examination, to deny admission, or to defer decision pending further evaluation.
2. A decision approving admission to an examination applies only until the next available examination and does not carry over from one examination until the next. A new application is required for each examination.

B. Deferral of Admission Decision
A decision on an applicant's admission to either Part I or Part II of the examination may be deferred if information received by the Credentials Committee is insufficient for the Committee to make a judgment and/or warrants further investigation. Typically, the committee will defer such a decision for 1 year to gain further information. If information is still insufficient, the decision will be deferred for a second year to enable representatives of the Board to conduct a site visit as described in IV.D.7.d. A deferral of not more than 2 consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless an applicant has been denied admission or has been deferred for more than 2 consecutive years.

C. Appeal of Admission Decision
An applicant denied admission to the examination or deferred for more than 2 years will be informed of the basis for such action and may request a hearing by an appeals committee of the ABOS. (See XII.)

IX. Certificates and Certificate Renewal

A. Awarding Certificates
The ABOS awards a certificate to a candidate who specializes in orthopaedic surgery, has met the educational requirements of the Board, has demonstrated competence in orthopaedic surgery and adherence to ethical and professional standards, and has passed both parts of the certifying examination. Certificates awarded after 1985 are valid for 10 years. This portion of the Board's responsibility is discharged by issuance of a certificate to an individual found qualified as of the date of certification.

B. Certificate Revocation
At its discretion, the Board may revoke a certificate for due causes, including, but not limited to the following:
1. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the Board or any committee thereof prior to examination or at the time of issuance of the certificate, as the case may be.
2. The diplomate made an intentional and material misrepresentation or withheld information in the application to either the examination or in any other representation to the Board or any committee thereof.
3. The diplomate made a misrepresentation to the Board or any third party as to his/her status as a diplomate of the Board.
4. The diplomate engaged in irregular behavior in connection with an examination of the Board (as described under Irregular Behavior, above), whether or not such practice had an effect on the performance of the candidate on an examination.
5. The diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.
6. There has been a limitation, suspension, or termination of any right of the diplomate associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act, or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.
A diplomate may appeal the revocation of his/her certificates pursuant to the procedures set forth in Section XII.

C. Certificate Reinstatement
Should the circumstances that justified revocation or surrender of the diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance, using the same standard applied to other applicants for certification.

D. Certificate Renewal
Diplomates are encouraged to renew their credentials periodically through the Board's recertification process. Information about recertification options can be obtained from the Board office or Web site, www.abos.org.
X. Unsuccessful Candidates

Unsuccessful Part I candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.1.)

Unsuccessful Part II candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.2 and VIII.) Candidates who do not pass Part II within 5 years (as measured in Section IV) of passing Part I must retake and repass Part I before applying to take Part II.

XI. Program Accreditation

Institutions offering orthopaedic education must meet the Institutional and Program Requirements of the ACGME and the RRC for Orthopaedic Surgery as stated in the Graduate Medical Education Directory. (See III.C.)

A. RRC for Orthopaedic Surgery

Program accreditation is issued by the RRC for Orthopaedic Surgery, an autonomous committee composed of three representatives from each of the three sponsoring organizations: the ABOS, the Council on Medical Education of the American Medical Association, and the American Academy of Orthopaedic Surgeons. In evaluating orthopaedic residency programs, the RRC considers the number of residents, training period, program organization, educational experience, and institutional responsibility. The committee meets twice yearly.

B. Changes in Accreditation

Programs seeking changes in accredited positions or institutional affiliations can obtain information and application forms from the secretary of the RRC for Orthopaedic Surgery at the ACGME, 515 N State St, Chicago, IL 60610. Completed forms are to be returned to the secretary at the above address.

C. Program Surveys

Programs applying for accreditation or changes in accreditation will be surveyed at the earliest feasible date by a specialist site visitor or by a field representative for the ACGME. A report of the survey is submitted to the RRC for Orthopaedic Surgery for evaluation and official action. The RRC makes a determination regarding the accreditation of the program under authority delegated by the ACGME, and it notifies the program director and the sponsoring institutions.

D. Number of Residents

The total number of residents assigned to any orthopaedic residency program and the number at each level of education must have prior approval by the RRC for Orthopaedic Surgery.

XII. Appeals Procedure

A. An individual who has received an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the ABOS within 60 days of the date such ruling was mailed to him or her. Exception: The decisions by the Examinations Committee that a candidate has failed either part of the certifying examination may be appealed only in the manner and to the extent provided in G and H, below.

Decisions by the Credentials Committee that an applicant's admission to either Part I or Part II of the examination has been deferred is not viewed by the Board as an adverse action, and no appeal of the decision is permitted unless an applicant has been denied admission or has been deferred for more than 2 consecutive years.

B. Upon receipt of a notice of appeal, the concerned Board committee shall consider any information submitted therewith by the individual in support of his/her appeal and make such further investigation as it deems appropriate. If the committee then decides in a manner favorable to the individual, it shall so notify the individual. If the committee does not so determine, it shall notify the individual and the president of the ABOS.

C. The individual shall then have the right to an appeals hearing to decide whether the determination of the concerned Board committee shall be confirmed, modified, or overruled in accordance with the hearing process described in this appeals procedure.

1. The president of the ABOS shall appoint an ad hoc appeals committee consisting of three directors of the Board who did not participate in making the determination being appealed, one of whom shall be designated by the president as chairman of the appeals committee.

2. In the event that the subject matter of the appeal involves complex issues of fact or issues not solely dependent upon medical, surgical, or professional standards, the president of the ABOS, at his/her sole discretion, may appoint a hearing officer to conduct the appeals hearing and to submit a full written report and a recommended decision to the ad hoc appeals committee. The hearing officer appointed at the discretion of the president shall be an impartial physician, lawyer, or other professional.

3. The chairman of the appeals committee shall convene a hearing before the appeals committee or the hearing officer, if one is appointed, within a reasonable time after their respective appointments, but not less than 90 days after the appointment of the appeals committee and the hearing officer, whichever is later.

D. Prior to the Hearing

1. The concerned Board committee shall provide the executive director with such written information concerning its decision as it deems appropriate; a list of witnesses, if any, whom it expects to call to testify; copies of any written material that it considered in making the determination appealed (but only if it intends to present such material at the hearing); and a list of information and documents the individual is required to produce at the hearing. This material, together with written notice stating the time and place of the hearing, shall be sent to the individual by the executive director not less than 30 days prior to the hearing. Not less than 7 days prior to the hearing, the concerned Board committee shall provide the executive director and the individual with copies of any written reports, affidavits, or statements of experts that the concerned Board committee intends to present at the hearing.

2. Not less than 7 days prior to the hearing, the individual shall provide the executive director and the concerned Board committee with such written information concerning his/her position as he/she deems appropriate; a list of witnesses, if any, whom he/she expects to call to testify; and copies of any written reports, affidavits, or statements of experts that he/she intends to present at the hearing.

3. The executive director shall submit the written material referred to in this section D to the members of the appeals committee or to the hearing officer, if one has been appointed, prior to the hearing. Copies of this material must also be submitted to the individual and to the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.

E. The hearing, whether conducted before the appeals committee or a hearing officer, shall be a hearing de novo. The concerned Board committee and the individual shall have the right to
present all relevant information and evidence in support of their respective positions, and neither the concerned Board committee nor the individual shall be limited to the information and evidence considered by the concerned Board committee in making its original determination or its reconsideration of the original decision.

1. The concerned Board committee shall have the burden of proving at the hearing that the determination being appealed should be confirmed. The standard of proof to be applied by the appeals committee and the hearing officer in deciding whether the information and evidence presented at the hearing is sufficient to warrant confirmation of the determination being appealed is by the preponderance or greater weight of the evidence.

2. At the hearing, the concerned Board committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in D.1. The committee may call, examine, and cross-examine witnesses.

3. The individual shall have the right to be represented at the hearing by legal counsel or any person of his/her choice. He/she may present such relevant information and evidence as he/she deems appropriate in support of his/her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as required in D.2 shall be grounds for upholding and confirming the determinations of the concerned Board committee. The individual may call, examine, and cross-examine witnesses.

4. The individual and the concerned Board committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one half the cost of its preparation.

F. After the Conclusion of the Hearing

1. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a written report based on the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified, or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within 10 days after receipt of the report. The opposing party shall then have 10 days to file its response to such objections with the appeals committee.

2. The appeals committee shall make its decisions following the hearing. If the hearing has been conducted before a hearing officer, the appeals committee will first receive the written report and recommendations of the hearing officer and the objections and responses filed thereto by the parties. If a majority of the members of the appeals committee determine, on the basis of the information and evidence presented, including, when applicable, the report and recommendations of the hearing officer, that the determination of the concerned Board committee should be confirmed or modified, the appeals committee shall so declare. If a majority determines that the concerned Board committee's determination should be overruled, the appeals committee shall so declare. The appeals committee shall inform the individual and the concerned Board committee of its decision in writing within a reasonable time following the hearing, explaining the basis for its judgment. The decision of the appeals committee shall be final and binding.

G. A candidate who believes that the Part II examination was administered in an unfair or inaccurate manner or that one or more of his/her oral examiners was acquainted with him or her or was not impartial may immediately, upon completion of the examination, request that he/she be reexamined. The request shall be made to the chairman of the Oral Examinations Committee and reviewed by the president and the secretary. If, after discussing the matter with the candidate and making such other investigation as they may deem appropriate, a majority of the president, the secretary, and the chairman of the Oral Examinations Committee determine that reasonable grounds exist for the candidate's request, he/she shall be immediately reexamined by another panel of oral examiners. In such event, the first oral examination will be disregarded and only the candidate's performance on the reexamination shall be considered in determining his/her score on the examination.

H. A candidate who fails the Part I examination may request in writing that his/her examination be rescored by hand to verify the accuracy of the results as reported to him or her. Such a request is to be made within 60 days of his/her being notified of the results of the examination. The request must be accompanied by a check for $100 payable to the ABOS to cover the cost of hand scoring. There shall be no further appeal of a failure on the Part I examination.
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Important Dates

August 1, 2003 Written Exam application due. To avoid late fees, the envelope must be postmarked August 10 or before, and all required items must be enclosed with the application including the $3,050 fee
Operative Experience Report data uploaded to ABO to Web site and printouts due from all residents and new applicants

August 11-20, 2003 Written Exam applications postmarked between these dates (inclusive) accepted with $200 late fee

August 20, 2003 Written Exam applications postmarked after this date not accepted

September 2, 2003 Applicants notified of acceptance for Written Exam

September 8, 2003 OTE applications mailed and available on ABOto Web site

April 23, 2004 Written Exam

October 24, 2003 OTE Applications Due

Oct 25-Nov 7, 2003 OTE applications postmarked between these dates (inclusive) accepted with $50 late fee

March 6, 2004 Otolaryngology Training Examination

August 1, 2003 Applications for 2004 Written Exam become available
April 24-25, 2004 Oral Exam for qualifying candidates from 2004 Written Exam

Objectives

The objectives of the ABOto are:

1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request board certification.
2. To determine which candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of otolaryngologist-head and neck surgeons.

The ABOto certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

History

The American Board of Otolaryngology was founded and incorporated in 1924, and is the second oldest of the 24 member boards of the American Board of Medical Specialties (ABMS). The Board is a nonprofit corporation, and the directors and examiners, with the exception of the executive vice president and the examination chairman, receive no compensation.

Founding members included two representatives from each of the following specialty organizations: the American Laryngological Association, American Otological Society, American Laryngological, Rhinological and Otological Society, American Academy of Ophthalmology and Otolaryngology, and Section on Laryngology, Otolaryngology and Rhinology of the American Medical Association. This group of 10 founding members, delegated authority by the above organizations, was established as the ABOto.


The ABOto office is located in Houston, Texas, and is separate and distinct from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) in Alexandria, Virginia, which is the specialty's largest membership organization.

Definition of a Certified Specialist in this Field of Medicine

An otolaryngologist-head and neck surgeon is a physician who has been prepared by an accredited residency program to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, the respiratory and upper alimentary systems, and related structures of the head and neck. The required 5 years of postgraduate specialty training must include 1 year of general surgery and 4 years of otolaryngology-head and neck surgery in an ACGME-accredited residency program.
The otorhinolaryngologist-head and neck surgeon should have command of the core knowledge and understanding of:

- The basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses; and allergy/immunology, endocrinology and neurology as they relate to the head and neck;
- The clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems. Head and neck oncology and facial plastic and reconstructive surgery are fundamental areas of expertise.

[Note: This definition is printed in Which Medical Specialist For You, a publication of the American Board of Medical Specialties.]

Board Eligibility and Status Inquiries
The ABOto does not recognize or use the term "Board eligible." The Board states whether an individual is certified, is not certified, or is in the process of being examined (i.e., between written and oral examinations).

Examination
The ABOto certification process consists of two phases: a written qualifying examination and an oral certifying examination.

All candidates must take a written examination, which is offered in the fall of each year. Candidates who do not achieve the qualifying score fail the exam and are not eligible to take the oral examination. They may retake the written exam in a subsequent year.

Candidates who meet or exceed the qualifying score must then successfully complete an oral examination, which is offered in the spring of each year, in order to become certified. Qualified candidates are given three consecutive opportunities to take the oral exam. If a passing score is not achieved after three exam cycles, the candidate must reapply to take the written exam and must again achieve a qualifying score in order to be permitted to retake the oral exam.

Written and oral examination scores are not combined. An individual must successfully complete both the written and oral exam in order to be certified. A certificate is granted by the ABOto to a candidate who has met all the requirements and has satisfactorily passed its exams.

Requests for an appeal regarding a certification decision must be postmarked within 40 days of the date exam results are postmarked at the ABOto office. A copy of the Appeals Policy as related to the certification process is available upon request.

Training Requirements
Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the Graduate Medical Education Directory, published by the AMA.

Individuals who entered otolaryngology-head and neck surgery training July 1, 2000, or thereafter must satisfactorily complete a minimum of 5 years of training, as specified below, in an ACGME-approved program(s):

At least 1 year of general surgical training. It is preferred that the general surgical residency be taken prior to otolaryngologic training, but it may not be taken after otolaryngologic training.

At least 4 years of residency training in otolaryngology-head and neck surgery. This training must involve increasing responsibility each year and must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.

All residency training must be completed in a manner acceptable to the director of that residency program.

Leaves of Absence
Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local rules. The total of such leaves may not exceed 1 year. If a longer leave of absence is granted in any year, the required period of graduate medical education may be extended accordingly.

Foreign Training
An applicant who entered otolaryngologic training in the United Kingdom or the Republic of Ireland prior to July 1, 2000, in a program accredited by the Specialist Advisory Committee, and who received a certificate of accreditation in otolaryngology from the Joint Committee on Higher Surgical Training in the United Kingdom or the Republic of Ireland may be considered for examination.

An applicant who entered otolaryngologic training under the New Zealand program after January 1, 1984, but before July 1, 2000, and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

An applicant who entered otolaryngologic training under the Australian program after January 1, 1986, but before July 1, 2000, and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

Individuals who entered otolaryngologic training in Canadian programs prior to July 1, 2000, may be considered for examination.

Prerequisite Requirements
1. Resident Registry
All residents must be registered with the ABOto during the first year of otolaryngology training in order to subsequently apply to take the certification examination.

A New Resident Form must be filed for each new resident by the program director by June 1 of the first year of otolaryngology-head and neck surgery training. The form must be signed by both the program director and the resident.

New residents then receive instructions on the procedure and deadline for submitting an official medical school transcript and verification of previous training (see Section 2 below).

The program director subsequently submits a Resident Evaluation Form for each returning resident by July 10 of each year. It must be noted whether the previous year was successfully completed, and the form must be signed by both the program director and the resident.

Resident Evaluation Forms become part of the individual's ABOto file and are a prerequisite for application for the certification examination. Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline for submission will be assessed a $200 late fee.

2. Transcript and Surgical Verification
The resident must be a graduate of a medical school approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association, and must request that their medical
school send an official transcript to the ABOto by November 1 of the first year of otolaryngology training. The transcript must show the degree and date conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.

The resident must also submit a Verification of Surgery/Verification of Additional Residencies Form to the ABOto by November 1 of the first year of otolaryngology training. Residents not meeting the November 1 deadline for submission of transcripts and surgery forms will be assessed a $200 late fee.

3. Operative Experience Report (OER)
All residents maintain a log of their surgical procedures on the ABOto Web site during otolaryngology-head and neck surgery training. A record is created at the ABOto office for each new resident, and a password is sent to the resident in early September.

Throughout the year, each resident maintains a record of his or her surgical procedures using the OER Program. All residents upload data to the ABOto by July 10 of each year. A printout, signed by the resident and the program director, is also submitted by July 10.

Residents who complete a full year of research between years of otolaryngology training and who perform no surgical cases during that year need not submit data for that year. However, a letter must be submitted by July 10 explaining this.

Data form individual reports is transferred to a master database for review by the Credentials Committee.

A fee of $200 is charged for data and/or printouts not received by the July 10 deadline.

Completion and return of OER data annually is a prerequisite for application for the certification examination.

Credit may not be granted by the ABOto for any year of training for which OER data is not recorded.

4. Transfers
A resident wishing to transfer from one residency program to another must notify the ABOto in writing at least 6 weeks prior to the date of transfer and must explain the circumstances of the proposed transfer.

Letters from the current and prospective directors of training must also be submitted:

- The letter from the current program director must verify the exact amount of training successfully completed in the program.
- The letter from the prospective program director must verify that sufficient residency positions, accredited by the RRC of the ACGME, exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOto for certification.

Failure to comply with the transfer requirements may result in loss of eligibility to participate in the ABOto certification process.

Application for Examination
There is no required time interval between completion of the residency program and making application for examination. However, all residency training must be successfully completed before the date of the examination in any given year.

Application materials for the written examination in any given year become available April 10 on the ABOto Web site at www.aboto.org and must be completed and returned (postmarked) by July 10 of that year. The application consists of the following:

- 1. Resident Registry Evaluations, submitted annually by the program director.
- 2. An official medical school transcript, submitted directly to the ABOto by the institution, by November 1 of the first year of otolaryngology training. The transcript must show the date the degree was conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.
- 3. Verification of surgery training and additional residencies, if applicable, submitted by November 1 of the first year of otolaryngology training.
- 4. Application Form, signed by the program director and the program chair.
- 5. If more than one otolaryngology program was attended, a Verification of Otolaryngology Residency Form must be signed by the previous program director, attesting to satisfactory completion of training in that program.
- 6. Verification of all licenses to practice medicine, showing non-restricted status and date of expiration. All applicants must submit evidence of medical licensure, with the following exceptions:
  a. Individuals who have completed residency training but who will enter a fellowship program utilizing an institutional license must submit a statement from the program director as evidence of this fact.
  b. Individuals who have completed residency training but will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
- 7. Operative Experience Report (data and printout), which lists procedures assisted in and performed by the applicant during otolaryngology residency.
- 8. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of, the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board-certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant’s training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant’s moral and ethical standing, qualifications, or abilities.
- 9. Applications are approved by the Credentials Committee in August, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.
- 10. Applications are valid for one written exam and three oral exams. At the conclusion of this period, or upon failure of the written exam, the application expires, and the individual is required to submit new forms.
- 11. The ABOto maintains the full, legal name of the applicant for its records. If, at any time after submission of the application, the legal name of the applicant changes due to marriage, divorce, or other circumstances, the applicant must provide copies of the official documentation of the change. It is not possible to maintain two names (ie, a legal name and a professional name) for any one individual. At the time of any examination, the name on the official identification (ie, driver’s license or passport) must match the name on record at the ABOto.

Applicants with Disabilities
The ABOto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, the ABOto will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABOto’s policy regarding accommodation so that his/her special needs can be met in a timely manner.
Current documentation of the disability must accompany the application.

Fees

1. General Information
   a. Fees are not refundable, nor can they be "held over" to a subsequent exam.
   b. All fees must be paid in US funds, drawn on a US bank. Applicants residing outside the United States must submit payment by International Money Order.
   c. Fees must be paid in full by the stated deadlines. Applications without payment will not be processed.
   d. A fee of $500 will be charged for any application or portion thereof postmarked between July 11 and July 20 (inclusive). Applications postmarked after July 20 are not accepted.
   e. A fee of $25 will be charged for any check returned by the bank for insufficient funds.
   f. A fee of $250 will be charged for any application or portion thereof postmarked between July 11 and July 20 (inclusive). Applications postmarked after July 20 are not accepted.
   g. Fees are subject to change at the discretion of the Board.

2. New Applicants
   a. The examination fee of $8,060 is due with the application by August 1.
   b. Individuals who become candidates for the oral examination (by achieving the qualifying score on the written examination) take their first oral examination at no additional cost.
   c. Candidates are given three consecutive opportunities to take the oral examination. A fee of $1,600 will be charged for the second and/or third oral examination.

3. Reapplicants
   a. If an individual fails the written examination, or if a passing score is not achieved after three oral examinations, the individual must reapply to take the written examination, and the current examination fee must accompany the reapplication form.
   b. Individuals who again become oral candidates follow the same procedure and pay the same fees as outlined in paragraphs two and three of the "New Applicants" section above.

Purpose of Examination

The purpose of the examination is to determine the candidate’s knowledge, skill, and understanding in the following categories:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology, and neurology as they relate to the head and neck
2. Diagnosis and diagnostic methods including audiologic and vestibular assessments, electrophysiologic techniques, and other related laboratory procedures for diseases and disorders of the ears, the respiratory and upper alimentary systems, and the head and neck
3. Therapeutic and diagnostic radiology, including the interpretation of medical imaging techniques relevant to the head, neck, and thorax, including the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus
4. Diagnostic evaluation and management of congenital anomalies, allergy, trauma, and other diseases in the regions and systems mentioned above
5. The cognitive management, including operative intervention with its preoperative and postoperative care, of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including:
   - temporal bone surgery
   - paranasal sinus and nasal surgery
   - skull-base surgery
   - maxillofacial surgery including the orbits, jaws, and facial skeleton
   - aesthetic, plastic and reconstructive surgery of the face, head, and neck
   - surgery of the thyroid, parathyroid, pituitary, and salivary glands
   - head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms
   - endoscopy, both diagnostic and therapeutic
   - surgery of the lymphatic tissues of the head and neck

6. The habilitation and rehabilitation techniques and procedures pertaining to respiration, deglutition, chemoreception, balance, speech, and hearing

7. The current literature, especially pertaining to the areas listed above

8. Research methodology

   In order to assist otolaryngology program directors in evaluating their programs, the Board reports each applicant’s examination results to the director of the program in which the applicant completed his/her senior resident year.

Examination Procedure

The Board vigorously enforces the highest standards of honesty and integrity in its examination processes. Accordingly, the following are considered a breach of ABOto policy and are forbidden, and may be sufficient cause for the ABOto to terminate an applicant’s participation in the examination, to invalidate the results of the examination, to withhold an applicant’s score or certificate, to bar an applicant permanently from all future examinations, to revoke a certificate, or to take other appropriate action:

1. Falsification of the application or the submission of any falsified documents to the ABOto;
2. The giving or receiving of aid in the examination, including but not limited to copying answers from another candidate or permitting one’s answers to be copied, as evidenced by observation at the time of the examination or by statistical analysis afterward;
3. The offer of any financial or other benefit to any director, officer, employee, proctor, or other agent or representative of the ABOto in return for any right, privilege, or benefit which is not usually granted by the ABOto to other similarly situated candidates or persons;
4. The unauthorized possession, reproduction, recording, discussion, or disclosure of any material, including but not limited to written, oral, or OTE examination questions or answers before, during, or after the examination.

Proctors are required to report any suspected irregularity during an examination. A candidate may be moved to a more isolated area or his/her participation in the examination may be terminated. Additionally, the ABOto may undertake statistical studies of a candidate’s answers compared with the answers of other participants in the examination to provide evidence that would support or fail to support a suspected irregularity. If, in the opinion of the ABOto, there exists a probability that an irregularity occurred, the ABOto will afford the suspected individual(s) procedural due process in order to assure fairness in the determination as to whether an irregularity occurred.
The ABOto will not report scores or grant certification on the basis of scores which it determines to be invalid, and reserves the right to take whatever legal action is indicated with regard to violation of ABOto copyright or examination violations.

**Certification, Rejection, and Revocation**

(from The Bylaws, Article VI)

The Board may issue an appropriate certificate of qualification in otolaryngology (or in a subdivision thereof) to those who show themselves worthy of such certification according to the requirements of training, experience and demonstrated competence as stated in the current *Booklet of Information* of the Board.

All certificates issued by this Board are the property of the Board, and they are issued pursuant to the rules and regulations as outlined in the current *Booklet of Information* of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate if the Board shall determine that the person involved:

a. did not possess the required qualifications and other requirements or is not eligible for examination, whether or not such deficiency was known to the Board or any member thereof, or could have been ascertained by the Board prior to examination or at the time of the issuance of a certificate as the case may be;

b. made a material misstatement or withheld information in his/her application or any other representation to the Board or any Committee thereof, whether intentional or unintentional;

c. has been convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;

d. had a license to practice medicine revoked or shall have been disciplined or censured by any court or other body having proper jurisdiction or authority because of any act or omission arising from the practice of medicine;

e. has neglected to maintain the degree of competency in the practice of the specialty of otolaryngology, as established by the Board, and shall refuse to submit to reexamination by the Board.

If the Board determines to withhold or revoke any certificate for any reason set forth above, the person affected thereby shall be given written notice of the reasons thereof. If circumstances warrant, the Board may require any physician so certified to appear before the Board of Directors, before any one or more of them, or before an individual designated by the Board upon not less than 20 days written notice, and to show cause at that time and place specified in the notice why the certificate may not be revoked on any one of the grounds specified in such notice. If such a hearing is convened, the physician may bring to this hearing persons or documents in defense of any action. Failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Directors, shall constitute cause for revocation of the certificate. The Board of Directors of the American Board of Otolaryngology shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the grounds for withholding or revocation of any certificate issued by the Board. Any such action or determination by the Board shall be regarded as final.

**Maintenance of Certification**

Individuals certified in 2002 and thereafter receive 10-year time limited certificates. Revalidation will be accomplished by satisfactory completion of the ABOto Maintenance of Certification Process, which meets the guidelines established by the American Board of Medical Specialties.

1. **Professional Standing**

   Participants in the Maintenance of Certification process must:

   a. hold a valid certificate issued by the American Board of Otolaryngology;

   b. hold a valid, unrestricted license to practice medicine in all locations where licensed, as defined by ABOto policy;

   c. hold privileges to practice otolaryngology-head and neck surgery in hospitals or surgical centers accredited by the Joint Commission on the Accreditation of Health Care Organizations or AAAHC, or must provide a letter of explanation why this requirement cannot be met;

   d. participate in the Professional Associates Rating (PAR) system to confirm ethical and humanistic qualities. Forms are distributed by the participant to local contemporaries who respond to a series of questions and return forms to the ABOto.

2. **Lifelong Learning and Self-Assessment**

   a. Participants in the Maintenance of Certification process are required to complete 60 hours of ACCME-approved Category I continuing medical education every 2 years as evidence of lifelong learning. Periodic audits will be conducted by the ABOto to assure compliance. It is the responsibility of the individual diplomate to maintain the CME record.

   b. Participation in the AOAOINSP Home Study Course is a recommended form of participation in lifelong learning with periodic self-assessment.

3. **Cognitive Expertise**

   a. The Scope of Knowledge Study is the definition of the content for the specialty and will be used for the development of the revalidation examination, which will be conducted in a secure, proctored environment and will be subject to psychometric and statistical analysis.

   b. Candidates will be required to complete a core component examination, which includes knowledge fundamental to the practice of otolaryngology-head and neck surgery, as well as knowledge of practice environment issues such as quality assurance, safety, regulations, ethics of practice professionalism, legal and reimbursement issues, and one module, to be selected by the candidate, that focuses on a specific area. The exact modules are yet to be determined.

4. **Evaluation of Performance in Practice**

   This area remains under development.

5. **Forms and Fees**

   a. Participants must complete a brief form and submit a fee of $200 annually to remain current in the Maintenance of Certification process. A penalty fee of $200 will be assessed for late submissions, and nonparticipation may result in default of the Maintenance of Certification process.

**Otolaryngology Training Examination**

1. **Statement of Purpose**

   The Otolaryngology Training Exam (OTE) is intended to be used as an educational instrument to assist individuals in evaluating their educational progress as compared with others of the same level of expertise or training.

   As such, it is inappropriate for program directors to use the aggregate performance of their residents when evaluating the strengths and weaknesses of their educational program. It is inappropriate for program directors to use this measure of resident performance as the sole form of assessment when evaluating residents for advancement.
2. Examination
   • The OTE is a closed-book, proctored, timed examination offered once a year to all interested practitioners and residents in the specialty.
   • More than 100 test centers administer the exam annually throughout the US, Canada, and limited locations outside North America.
   • Any resident, practicing otolaryngologist-head and neck surgeon, or other interested physician may register for the OTE.
   • Test scores are confidential for practitioners; resident scores are reported to training programs.

3. Applications
The OTE application form is mailed to all ACGME programs. Others who wish to participate may download a copy of the application from the ABOto Web site at www.aboto.org. The application becomes available September 1 of each year.

4. Deadlines and Fees
   • The completed application and registration fee ($280) must be submitted by October 24.
   • A fee of $330 will be charged for any application postmarked between October 25 and November 10 (inclusive).
   • Applications postmarked after November 8 are not accepted.
   • All fees must be paid in US funds, drawn on a US bank. Applicants residing outside the United States must submit payment by International Money Order.

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Policies, Procedures, and Requirements
This document supersedes all previous publication of the ABP concerning its policies, procedures, and requirements for certification. (See ABP Web site for changes made after publication of this document.)
   All candidates for ABP certification are admitted to the examinations at the discretion of the ABP.
   The admission of a candidate to an ABP certifying examination is governed by the policies, procedures, and requirements in effect during the current application period.
   The ABP reserves the right to make changes in its fees, policies, procedures, and requirements at any time, with or without prior notice.

Organizational History
In June 1935, the Section on Pathology and Physiology of the American Medical Association (AMA) and the American Society of Clinical Pathologists (ASCP) appointed committees that together considered the feasibility and desirability of establishing a national certifying board. The joint committee agreed unanimously that such a board should be established and proceeded to draw up bylaws.
In May 1936, the ASCP and the Section on Pathology and Physiology of the AMA accepted the proposed bylaws, authorized the nomination of four members each to the ABP, and suggested incorporation in Michigan. Approval of the ABP was granted by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the AMA.
On July 19, 1936, the ABP met for the first time in Chicago. The original Trustees were Doctors F W Hartman, E B Krumhhaar, H T Karsner, and J J Moore from the Section on Pathology and Physiology of the AMA, and Doctors A H Sanford, F H Lamb, A G Poord, and R R Kracke from the ASCP.
Officers elected were Doctors A H Sanford, president; F H Lamb, vice president; and F W Hartman, secretary-treasurer.

Cooperating Societies of the ABP
   • American Medical Association Section Council on Pathology
   • American Society for Clinical Pathology
   • American Society for Investigative Pathology
   • Association of Directors of Anatomic and Surgical Pathology
   • Association of Pathology Chairs
• College of American Pathologists
• United States and Canadian Academy of Pathology, Inc

Mission and Purpose
The mission of the American Board of Pathology (ABP), as a member of the American Board of Medical Specialties, is to promote the health of the public by advancing the practice and science of pathology. The ABP accomplishes its mission through the following principal activities:
1. Establishing certification standards.
2. Assessing the qualifications of those seeking to practice the specialty of pathology.
3. Conducting voluntary primary and subspecialty certification examinations and awarding certificates to successful candidates.
4. Encouraging the maintenance of certification of those practicing pathology.
5. Participating in the review of pathology training programs and supporting the directors and trainees of these programs.
6. Maintaining communication with pathology and other medical organizations, with its diplomates, and with others as appropriate.
7. Encouraging the study of pathology.
8. Maintaining a registry of its diplomates.

The ABP does not seek special privileges for its diplomates, nor does it:
1. Confer an academic degree.
2. Confer a legal qualification or license to practice pathology.
3. Define hospital privileges.
4. Define the scope of specialty practice.
5. Delineate who may or may not engage in the practice of pathology.

Certification by the ABP
The ABP seeks to improve the quality of training and practice of pathology by continual review of the program requirements of graduate training in conjunction with the Residency Review Committee for Pathology (RRC) and by improving and perfecting the entire certification process. In this way, the ABP serves the public, the profession, and the individual physician.

I. Certification in Anatomic Pathology, Clinical Pathology, or Combined Anatomic Pathology and Clinical Pathology
The granting of a certificate to a physician by the ABP denotes that the pathologist is a physician who:
A. Successfully completed a graduate medical education program in pathology approved by the RRC and accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) and
B. Has been endorsed by the pathology training program director and recommended by other pathologists familiar with the candidate's competence and
C. Has successfully completed a voluntary evaluation process designed and administered by the ABP to assure the public and colleagues that, at the time of certification, the pathologist had knowledge, skills, and other abilities that the ABP deems important for the practice of pathology.

II. Subspecialty Certification
Pathology is a broad discipline; therefore, it is appropriate that some certified pathologists seek greater knowledge and expertise in one of the component areas of pathology. Presently, the ABP issues subspecialty certificates in blood banking/transfusion medicine, chemical pathology, cytopathology, forensic pathology, hematology, medical microbiology, neuropathology, pediatric pathology, and, in conjunction with the American Board of Dermatology (ABD), subspecialty certification in dermatopathology and, in conjunction with the American Board of Medical Genetics (ABMG), subspecialty certification in molecular genetic pathology.

Certification in a subspecialty requires additional training and an additional examination. Pathologists with subspecialty certification may choose to limit their activities entirely or in part to a specific area of competence or they may place special emphasis on it in their practices. The achievement of subspecialty certification does not reflect on the ability of other pathologists to practice in that area.

III. Maintenance of Certification
It is the position of the ABP that continuing medical education and practice experience are required to maintain general and subspecialty knowledge after successful completion of the certification process. (See Time-Limited Certificates and Voluntary Recertification and Maintenance of Certification)

Requirements for Certification
All applications for certification are evaluated by the Credentials Committee of the ABP. The evaluation process requires consideration of the following:
I. Professional Education
II. Medical Licensure
III. Training
IV. The Credentialing Year
V. Examination

I. Professional Education
A candidate must have graduated from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, an osteopathic college of medicine accredited by the Bureau of Professional Education of the American Osteopathic Association, or a medical school outside the United States or Canada acceptable to the ABP.

A graduate of a medical school outside the United States or Canada must submit with the application a notarized copy of the medical school diploma, along with an English translation, showing the medical degree and the date that it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable.

II. Medical Licensure
The candidate must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy issued by one of the licensing agencies of the United States or Canada.

A candidate or diplomate must notify the ABP in writing within 30 days of any revocation, suspension, or limitation of his or her license or right to practice by any licensing agency in the United States or Canada, or the voluntary surrender of such a license or right in connection with any disciplinary action or consent decree, and provide the ABP all relevant documentation relating to such action, including any administrative complaints or decisions, consent decrees, or settlement agreements. Failure to report such an action may result in the denial of certification or the revocation of any and all certificates issued by the ABP, as applicable. (See Revocation of Certificate)

III. Pathology Training Requirements
To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through one of the
following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only, and clinical pathology only. A variety of subspecialty certificates is offered. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.

Only pathology training taken in the United States or, in certain circumstances, in Canada is acceptable toward meeting the ABP requirements. The training must be in programs that have been inspected and accredited by the ACGME or the RCPSC or specifically approved by the ABP. Verification of the candidate's qualifications by the pathology training program director is required. The program director has the opportunity to observe the candidate's performance over the course of training and the responsibility to evaluate the candidate's overall educational advancement. Therefore, the pathology training program director is asked to verify to the ABP that the training has been appropriate and successfully completed and that the candidate is ready to take the certifying examinations. The ABP solicits written evaluations of the candidate's performance from the pathology training program director(s) and from other persons acceptable to the ABP for such evaluation. This evaluation is a critical factor considered by the ABP in determining the candidate's qualification for examination and certification.

A. Primary Certification

In addition to accredited pathology training, applicants for primary certification must meet the 1-full-year credentialing requirement as defined in Section IV, The Credentialing Year. However, residents who began pathology training in 2002 or later will not have a credentialing year requirement.

1. Training. The candidate must satisfactorily complete pathology training in a program accredited by the ACGME or the RCPSC as follows:

a. Combined Anatomic Pathology and Clinical Pathology (AP/CP) Certification

Four full years of full-time, approved training in an accredited APCP-4 program that includes at least 18 months of structured training in anatomic pathology and 18 months of structured training in clinical pathology, and either an additional 12 months of full-time, continued training in anatomic pathology and/or clinical pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined 4-year accredited AP/CP training program.

b. Anatomic Pathology (AP) Certification

1. Three full years of full-time, approved training in anatomic pathology in an accredited APCP-4 program that includes at least 24 months of structured training in anatomic pathology, and either an additional 12 months of full-time, continued training in anatomic pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined accredited training program.

2. Primary certification in clinical pathology and 2 full years of full-time, approved training in anatomic pathology in an accredited APCP-4 or AP-3 program, with at least 18 months of structured training in anatomic pathology. Six months may be full-time, approved training in a subspecialty area of anatomic pathology as part of the defined accredited training program.

c. Clinical Pathology (CP) Certification

1. Three full years of full-time, approved training in clinical pathology in an accredited APCP-4 program that includes at least 24 months of structured training in clinical pathology, and either an additional 12 months of full-time, continued training in clinical pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined accredited training program.

2. Primary certification in anatomic pathology and 2 full years of full-time, approved training in clinical pathology in an accredited APCP-4 program, with at least 18 months of structured training in clinical pathology. Six months may be full-time, approved training in a subspecialty area of clinical pathology as part of the defined accredited training program.

2. Advanced Pathology Training Credit Mechanisms. Under special circumstances, advanced credit may be applied by the mechanisms described hereafter. Advanced credit is any medically relevant, post-baccalaureate, 12-month experience that is not approved by the ACGME for training in pathology and is relevant to the education of pathologists as determined by the ABP and can be applied to satisfy the flexible year in pathology. The acceptance of advanced credits as substitutes for pathology training toward primary certification is not automatic and is evaluated on an individual basis. Advanced credit is given only for activities that have occurred in either the United States or Canada. The total combined period of advanced pathology training credit allowed for in paragraphs a and b in this section (III.A.2) will not exceed 12 months and can be applied only to the flexible year of required pathology training necessary for certification in AP/CP, AP, or CP.

Advanced credit cannot be applied to combined primary and subspecialty certification requirements. (See Section III.C, Combined Primary and Subspecialty Certification) To avoid any misunderstanding, potential applicants should communicate with the ABP after sufficient time in a training program to ascertain if credit may be acceptable. The pathology training program director will be asked to assess the proposal and to provide a recommendation as to the amount of credit that the director believes the candidate should receive. The recommendation should be made only after the pathology training program director has observed the performance of the applicant.

The Advanced Credit/Credentialing Requirement Evaluation form should not be submitted if the applicant will be applying for primary certification within 12 months. In addition, if the training or research experience clearly satisfies the requirements listed in Section III.A.2, Advanced Pathology Training Credit Mechanisms, or in Section IV, The Credentialing Year, this form should not be submitted. The information requested on this form is also requested on the application for primary certification.

The ABP will notify the director of the pathology training program of such potential credit. Prior to the candidate's admission to the certifying examination, the director of the final year of training must certify that the candidate is fully qualified to sit for the examination.

a. For residents entering pathology training programs on or after July 1, 2003, credit for a PhD degree will not be granted. For residents who entered pathology training programs before July 1, 2003, the following remains in effect: Candidates holding a PhD degree in a special discipline of pathology or a basic science related to pathology may, under certain circumstances, obtain pathology training credit. The evaluation and granting of the amount of training credit will depend on an assessment by the ABP regarding relevance of the field of study to anatomic pathology or clinical pathology.

b. For residents entering pathology training programs on or after July 1, 2003, the ABP will grant up to 6 months of research credit for primary certification. The research must be done during the 4-year pathology training program and with the approval of the program director.

For residents who entered pathology training programs before July 1, 2003, the following remains in effect: Research
with a direct application to the practice of anatomic pathology or clinical pathology and not leading to an advanced degree may be considered for credit not to exceed 12 months in combination with other advanced credits. The research must be full-time, and the applicant must be able to demonstrate active participation in the generation of the hypothesis and development of the protocol. No credit is given for research employment as a technician or technologist. The ABP encourages research and believes that candidates should carry on investigation, teaching, and the publication of scientific papers during primary training.

3. Post-Pathology-Course Fellowship and Student Fellowship Training During Medical School—Criteria for Acceptance. For students entering post-pathology-course fellowships on or after July 1, 2003, the ABP will not offer qualification credit for successful completion of such programs.

For those who began post-pathology-course fellowships prior to July 1, 2003, the following remains in effect: Under certain circumstances, candidates may receive advanced pathology training credit toward the primary certification requirements for post-pathology-course fellowship training or research in pathology. Such credit is not given toward the requirements for subspecialty certification or combined primary/subspecialty certification. The credit is assessed on an individual basis. Granted credit will be assigned only to the flexible year of required primary training. Credit will not be given toward the required 18 months of structured anatomic pathology training or the required 18 months of structured clinical pathology training necessary to qualify for combined anatomic and clinical pathology certification.

If the ABP has approved the fellowship program and has been informed of the candidate's successful completion, an application for advanced credit should not be submitted.

Advanced credit toward single certification in anatomic pathology or single certification in clinical pathology will be given toward only the flexible year of required pathology training and not toward the 24 months of required structured training.

The guidelines for acceptable post-pathology-course fellowship training for credit are:

a. The fellow must have fully and satisfactorily completed the medical school year in which the pathology course is taught.

b. The fellow must not receive credit for fellowship activities toward the requirements for graduation from medical school.

c. Training must be full-time in a department of pathology that has a fully accredited pathology training program.

d. Training must be validated by the director of the student fellowship program and be approved as an acceptable experience by the director of the accredited pathology training program in which the candidate is registered.

e. No credit is given for electives or for courses that are part of the medical school curriculum.

f. Training must be under the direction of the director of the pathology training program or the chair of the department of pathology.

g. A description of proposed activities, responsibilities, and assignments for anatomic pathology, clinical pathology, and research must be available and on file prior to the beginning of the fellowship. If a formal institutional program exists, a copy should be filed with the ABP.

h. A validation and evaluation report must be submitted on completion of the fellowship by the pathology training program director or chair of the department of pathology if the fellow is seeking credit toward certification requirements.

4. Interval of Training. A candidate for primary certification who has not been declared qualified for examination within 5 years after the end of the required pathology training must have successfully completed 1 year of additional pathology training (ie, 1 year in AP and 1 year in CP for AP/CP certification) in a program accredited for such training by the ACGME or RCPSC.

A candidate for subspecialty certification who has not been declared qualified for examination within 5 years after the end of the required training must have successfully completed 1 year of additional subspecialty training in a program accredited for such training by the ACGME.

The additional training must have occurred during the 5-year period immediately preceding the final filing date for submission of the application.

B. Subspecialty Certification

Candidates may seek certification in only one subspecialty at a time. All candidates applying for subspecialty certification must hold a primary certificate from the ABP or, where indicated, from another member medical specialty board of The American Board of Medical Specialties (ABMS).

Credit is not given for pathology training taken outside of the United States, nor is credit given for subspecialty training that was part of the training program for the primary examination in AP and/or CP.

No advanced credit will be given toward the requirements for subspecialty certification by the mechanisms described in Section III.A.2, Advanced Pathology Training Credit Mechanisms.

1. Blood Banking/Transfusion Medicine (BB/TM)

a. For applicants who are certified in anatomic pathology and clinical pathology, clinical pathology only, or have a primary certificate plus a subspecialty certificate in hematology from another member medical specialty board of the ABMS: 1 full year of additional training in blood banking/transfusion medicine in a program accredited for such training by the ACGME.

b. For candidates of The American Board of Pathology: 1 full year of additional training in blood banking/transfusion medicine in a program accredited for such training by the ACGME.

c. For applicants, other than those described in la or lb, who are certified by another member medical specialty board of the ABMS: 2 years, full time, in blood banking/transfusion medicine, including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in blood banking/transfusion medicine acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

d. For candidates seeking combined certification in clinical pathology and blood banking/transfusion medicine, see Section III.C, Combined Primary and Subspecialty Certification.

2. Chemical Pathology (Chem P)

a. For applicants who are certified in anatomic pathology and clinical pathology or clinical pathology only: 1 full year of additional training in chemical pathology in a program accredited for such training by the ACGME.

b. For applicants, other than those described in 2a, who are certified by another member medical specialty board of the ABMS: 2 full years of full-time training in chemical pathology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in chemical pathology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

c. For applicants seeking combined certification in clinical pathology and chemical pathology, see Section III.C, Combined Primary and Subspecialty Certification.

3. Cytopathology (CYP)
a. For applicants who are certified in anatomic pathology or combined anatomic and clinical pathology: 1 full year of full-time supervised training in cytopathology in a program accredited for such training by the ACGME.

b. For applicants seeking combined certification in anatomic pathology and cytopathology, see Section III.C, Combined Primary and Subspecialty Certification.

4. Dermatopathology (DP)
Certification in dermatopathology is a joint and equal function of the ABP and the American Board of Dermatology (ABD). Such function relates to qualifications of candidates, standards of examinations, and the form of the certificate.

All candidates applying for certification must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in the United States or Canada.

a. Prerequisites
The ABP and the ABD will qualify candidates for examination for certification in dermatopathology who:
1. Are certified by the ABP and the ABD.
2. Are certified by the ABP (anatomic pathology or combined anatomic pathology and clinical pathology) or the ABD and have completed at least 1 year of training in dermatopathology in a program accredited for such training by the ACGME. This additional training must be taken after the candidate has met the full training requirements for certification in pathology or dermatology.

b. Training
Training programs in dermatopathology are a joint and equal function of departments of pathology and dermatology. The pathologist applicant must spend half of the required training time in clinical dermatology.

5. Forensic Pathology (FP)
For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only: 1 full year of additional supervised training in forensic pathology in a program accredited for such training by the ACGME.

b. For applicants seeking combined certification in anatomic pathology and forensic pathology, see Section III.C, Combined Primary and Subspecialty Certification.

6. Hematology (HEM)
For applicants who are certified in anatomic pathology and clinical pathology, anatomic pathology only, or have a primary certificate plus a subspecialty certificate in hematology from another member medical specialty board of the ABMS: 1 full year of additional supervised training in hematology (pathology) in a program accredited for such training by the ACGME.

b. For applicants, other than those described in 7a, who are certified by another member medical specialty board of the ABMS: 2 full years of full-time training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in medical microbiology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

b. For applicants who are certified in anatomic pathology or combined anatomic and clinical pathology: 1 full year of additional supervised training in pediatric pathology in a program accredited for such training by the ACGME.

b. For applicants seeking combined certification in clinical pathology and medical microbiology, see Section III.C, Combined Primary and Subspecialty Certification.

8. Molecular Genetic Pathology (MGP)
Certification in molecular genetic pathology is a joint and equal function of the American Board of Medical Genetics (ABMG) and the ABP. Such function relates to qualifications of candidates, standards of examination, and the form of the certificate.

All candidates applying for certification must be physicians and hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in the United States or Canada.

a. Are diplomates of the ABMG or the ABP and

b. Document MGP practice of at least 25% full-time experience within each of the immediately preceding 5 years or 100% experience over the immediately preceding 2 years to the satisfaction of the ABMG and the ABP and

c. Submit a completed application that includes a logbook of 150 cases from the time period in b and a completed supplemental information form.

The by-experience pathway will end in 2006, 5 years after ACGME began accreditation of MGP training programs. Unaccredited training in MGP will count as experience.

9. Neuropathology (NP)
For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only: 2 full years of additional supervised training in neuropathology in a program accredited for such training by the ACGME.

b. For applicants who are certified in clinical pathology or are certified by another member medical specialty board of the ABMS:
1. One full year of approved training in anatomic pathology in a program accredited for such training by the ACGME and
2. Two full years of additional supervised training in neuropathology in a program accredited for such training by the ACGME.

b. For applicants seeking combined certification in anatomic pathology and neuropathology, see Section III.C, Combined Primary and Subspecialty Certification.

10. Pediatric Pathology (PP)
For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only from the ABP or any other board of the American Board of Medical Specialties (ABMS): 1 full year of additional supervised training in pediatric pathology in a program accredited for such training by the ACGME.

b. The pediatric pathology training or experience should occur after the completion of the full training requirements necessary to qualify for certification in AP/CP or AP.

C. Combined Primary and Subspecialty Certification
Under certain circumstances, subspecialty training may be combined with the primary training requirements, permitting a
candidate to qualify for a combined certificate. Applicants for combined certification must also meet the additional credentialing year requirement. (See Section IV, The Credentialing Year.) However, residents beginning pathology training in 2002 or later will not have a credentialing year requirement.

Advanced credit will not be given toward the requirements for combined certification (involving primary training and subspecialty training) by the mechanisms described in Section III.A.2, Advanced Pathology Training Credit Mechanisms.

The acceptable combinations of certification and required training are:

1. Anatomic Pathology and Cytopathology—3 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 1 full year of approved training in cytopathology in a program accredited for such training by the ACGME.

2. Anatomic Pathology and Forensic Pathology—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME, 1 full year of approved training in forensic pathology in a program accredited for such training by the ACGME, and 1 additional year of approved training in another area of pathology such as neuropathology, toxicology, or chemical pathology.

3. Anatomic Pathology and Hematology—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 2 full years of approved training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in hematology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

4. Anatomic Pathology and Medical Microbiology—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 2 full years of approved training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in medical microbiology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

5. Anatomic Pathology and Neuropathology—2 full years of approved training in anatomic pathology and 2 full years of approved training in neuropathology in a program accredited for such training by the ACGME with adequate experience in diagnostic neuropathology.

6. Clinical Pathology and Subspecialty Certification—3 full years of approved training in clinical pathology in a program accredited for such training by the ACGME and 1 full year of approved subspecialty training in blood banking/transfusion medicine, chemical pathology, hematology, or medical microbiology in a program accredited for such training by the ACGME, as defined in Section III.B, Subspecialty Certification or 2 full years of approved training in clinical pathology and 2 years, full time, in blood banking/transfusion medicine, chemical pathology, hematology, or medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in the subspecialty acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

IV. The Credentialing Year

Residents beginning pathology training in 2002 or later will not have a credentialing year requirement. All other residents will be expected to satisfy the credentialing year requirement as follows:

The 12-month credentialing year requirement is in addition to the required pathology training and can be satisfied only after the candidate has obtained the medical degree (see B1). The Advanced Credit/Credentialing Requirement Evaluation form should not be submitted if the applicant will be applying for primary certification within 12 months. In addition, if the training or research experience clearly satisfies the requirements listed in Section III.A.2, Advanced Pathology Training Credit Mechanisms, or in Section IV, The Credentialing Year, this form should not be submitted. The information requested on this form is also requested on the application for primary certification.

The requirement can be met by:

A. One full year of full-time, approved graduate medical education in a transitional year training program or in a clinical area of medicine such as internal medicine, surgery, obstetrics and gynecology, pediatrics, emergency medicine, or family practice, or

B. One full year of full-time research in pathology or in another clinical discipline, provided that the research was done in the United States or Canada and has clearly defined clinical implications. The guidelines for acceptance of research activity are:

1. The research activity must have taken place (a) as part of a combined degree program in which the candidate obtains both a recognized medical degree and a doctoral degree in medical sciences without reference to sequence, or (b) after the candidate has obtained a recognized medical degree.

2. The candidate must have had a clearly defined investigator role in the research program.

3. The research must have directly involved patients, or materials obtained from patients, or techniques that can be applied directly to the diagnosis of human disease or to the understanding of the basic mechanisms of disease.

4. Credit for research activity completed prior to entering a pathology training program must be approved by the director of the pathology training program and the ABP. Such research must have occurred in an institution in the United States or Canada.

or

C. One year of training in one of the recognized subspecialty fields of pathology that includes clinical correlation and patient contact. (This year cannot be used to meet the requirements for both the credentialing year and subspecialty certification.)

or

D. The satisfactory completion of 1 full year of a combination of clinical training, clinical research, or subspecialty pathology training in addition to the required pathology training necessary to qualify for certification in anatomic pathology and clinical pathology, anatomic pathology, or clinical pathology. The pathology training program director is responsible for defining and justifying this year to the ABP. The ABP recommends that for applicants meeting the credentialing year requirement by combinations of pathways A, B, and C, the periods of activity be at least 4 months in duration wherever possible.

E. Under certain circumstances, clinical training taken outside the United States and Canada may be acceptable toward meeting the ABP credentialing year requirement of clinical training, provided that the following criteria are fully met and validated:

1. Clinical training taken after the candidate obtained a medical degree acceptable to the ABP.

2. Satisfactory completion of 1 full year of full-time training in clinical medicine in a multidisciplinary training program (internship) or in a training program in internal medicine, pediatric medicine, general surgery, or obstetrics and gynecology.

3. Documentation from the training institution that the program in question has been inspected and accredited for graduate medical education.
4. Indication from the director of the clinical training program that the candidate was registered in the program, completed the training satisfactorily, and was the physician of record in the diagnosis and treatment of patients throughout the full 12 months.

5. Recommendation from the pathology training program director in regard to the person's request.

The acceptability of clinical training toward meeting the ABP requirements is assessed on an individual basis, and it is imperative that an opinion be obtained from the ABP well in advance of the submission of an application for certification. The amount of advanced credit for clinical training outside of the United States and Canada toward the ABP requirements for certification cannot exceed a total of 12 months.

It is the responsibility of the person seeking credit to ensure that all validating items for these criteria are submitted to the ABP for consideration. No assessment of possible credit will be given until all validating and reference information has been received.

V. Examination

The final step is passing an objective written and practical examination designed to evaluate the candidate's factual knowledge of pathology and to assess practical problem solving skills, interpretive skills, and diagnostic abilities.

Application for Examination

Requests for application forms must be made in writing to the ABP. Completed original application forms should be returned with the required credentials and the application-examination fee. An application cannot be given consideration unless it is accompanied by the application-examination fee.

Reporting of Results

Coinciding with the accreditation visit from the ACGME, each pathology training program director will receive a report of the examination performance of graduates of that training program. Cumulative information will be made available to the RRC for use in the evaluation of program accreditation.

Fees

The application-examination fee schedule for 2003 is as follows:

<table>
<thead>
<tr>
<th>Examinations given before July 15, 2003</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomic pathology only</td>
<td>$1,200</td>
</tr>
<tr>
<td>Clinical pathology only</td>
<td>$1,200</td>
</tr>
<tr>
<td>Anatomic pathology portion of combined AP/CP</td>
<td>$1,200</td>
</tr>
<tr>
<td>Clinical pathology portion of combined AP/CP</td>
<td>$1,200</td>
</tr>
<tr>
<td>Anatomic pathology portion of combined AP/subspecialty</td>
<td>$1,200</td>
</tr>
<tr>
<td>Clinical pathology portion of combined CP/subspecialty</td>
<td>$1,200</td>
</tr>
<tr>
<td>Combined anatomic pathology and clinical pathology</td>
<td>$2,200</td>
</tr>
<tr>
<td>Subspecialty only</td>
<td>$1,800</td>
</tr>
<tr>
<td>Subspecialty portion of combined AP/subspecialty</td>
<td>$1,800</td>
</tr>
<tr>
<td>Subspecialty portion of combined CP/subspecialty</td>
<td>$1,800</td>
</tr>
<tr>
<td>Anatomic pathology or clinical pathology combined with subspecialty</td>
<td>$2,200</td>
</tr>
</tbody>
</table>

(For this fee to apply, the application must be for the combined examination as explained in Section III.C, Combined Primary and Subspecialty Certification. In addition, the examinations must be taken in sequence as offered, AP or CP examination first and the subspecialty examination the next time offered.)

Examinations given after July 15, 2003

| Fee |
|----------------------------------------|-----|
| $1,800 |
| $1,800 |
| $1,800 |
| $1,800 |
| $1,800 |

Vacation, Maternity, and Other Leave

Each institution sponsoring a pathology training program should develop individual sick, vacation, and other leave policies for the resident. However, 1 year of approved training credit toward ABP certification requirements must be 52 weeks in duration and must include at least 48 weeks of full-time pathology training. Furthermore, unused vacation and other leave time may not be accumulated to reduce the overall duration of training.

Irregular Behavior

In the interest of protecting the integrity of the ABP and its certification examinations, the following irregular behaviors may be sufficient to bar a person from qualification, terminate participation in an examination, invalidate the results of a candidate's examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABP:

1. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of candidates' answers; or
2. The unauthorized possession, reproduction, or disclosure of any ABP examination-related materials, including, but not limited to, examination questions or answers, before, during, or after the examination; or
3. The offering of any benefit to any agent of the ABP in return for any right, privilege, or benefit that is not usually granted by the ABP to other similarly situated candidates or persons; or
4. Possession of notes, books, or any other examination aid in the vicinity of the examination room; or
5. The engaging in irregular behavior in connection with the administration of the examination, including but not limited to:
   a. Referring to notes, books, or any other examination aid at any time during the examination, including breaks; and
   b. Transferring or receiving information relating to the contents or answers of the examination to or from another candidate or
a third party before, during, or after the examination. This prohibition includes any transfer of information between a candidate and another person at any time during the examination, including breaks, and any reconstruction of examination questions and answers and the transfer of information concerning the same after the examination.

In addition, the ABP may withhold a candidate's scores and require that the candidate retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of the candidate's personal involvement in such activities.

**Qualification Period for Examination**

The ABP does not recognize or use the term "board eligible" and does not issue statements concerning "board eligibility." An applicant is declared qualified for examination only after an application has been received and approved by the Credentials Committee.

- Candidates who have been qualified for a primary examination will be permitted to sit for the examination during a period of 3 years after being declared qualified to take the examination.
- Candidates who have been qualified for a subspecialty examination given every year will be permitted to sit for the examination during a period of 3 years after being declared qualified to take the examination.
- Candidates who have been qualified for a subspecialty examination given every other year will have three opportunities to sit for the subspecialty examination.

At any time after declaring a candidate qualified for examination, the Credentials Committee, at its discretion, may withdraw such qualification or, as a condition, may require satisfaction by the candidate of specified conditions. In the exercise of its discretion under this regulation, the Credentials Committee shall be entitled to act without reason assigned.

If it is determined that a candidate has (a) falsified information or has withheld material information in connection with his or her application or in any other representation to the ABP or any committee thereof, including, but not limited to an applicant's failure to report any revocation or suspension of, or limitation to, his or her license as required in Section II, Medical Licensure; (b) misrepresented to any third party his or her status as a diplomate of the ABP; and/or (c) engaged in irregular behavior, the candidate will not be approved for the certifying examination and will be ineligible for a period of up to 3 years before being permitted to file a new application.

**Unsuccessful Candidates**

Once the initial period of primary or subspecialty qualification has terminated, candidates who have been unsuccessful in any of the certification examinations may apply for one additional period of qualification based on satisfactory experience in the field of pathology in question. This will be granted on submission of appropriate and acceptable documentation of 2 years of full-time experience in the area in which the candidate was unsuccessful, or candidates may apply for one additional period of qualification based on satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area in which the candidate was unsuccessful.

Candidates who continue to be unsuccessful in certification examinations may apply for an additional period of qualification, which may be granted only to those who submit evidence of satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area in which the candidate was unsuccessful.

**Candidates Qualified for Combined Certification Who Are Successful in Only One of the Examinations**

Candidates who are qualified for combined anatomic pathology and clinical pathology must pass both examinations to receive a combined certificate.

Candidates successful in only one of the primary examinations during the initial period of qualification have the option to request the ABP to award a single certificate in the primary area in which they were successful. This option must be exercised within 2 years of expiration of the initial period of qualification. This option is available only within this timeframe.

To exercise this option, candidates must complete the application for single certification, which is available on written request. Original applications and any subsequent training will be evaluated with reference to single certificate requirements. All of the requirements for a single certificate must be satisfied as listed in the current Booklet of Information.

Training used to satisfy the requirements for a single certificate may not be used subsequently to obtain additional certification. Candidates will be expected to satisfy existing requirements for the other primary certificate at the time of application.

Candidates who are qualified for combined primary and subspecialty certification must pass both examinations to receive a combined certificate.

Candidates successful in the primary examination (AP or CP) but not in the subspecialty examination may apply for the awarding of a single primary certificate (as above).

Candidates successful in the subspecialty examination but not in the primary examination are not eligible for the awarding of a subspecialty certificate. Those candidates must not identify themselves as having subspecialty certification.

**Examination Dates**

All examinations are computer based. Spring primary examinations will be administered at three computer examination sites. Fall primary examinations and all subspecialty examinations will be administered at the ABP Examination Center in Tampa, Florida. Fall primary examinations will be available only to candidates who have been unsuccessful in a previous ABP primary examination. The following is the schedule for forthcoming examinations:

**Anatomic Pathology and Clinical Pathology Examinations**

The Spring 2003 primary examinations will begin on Monday, June 16, 2003, and will continue until all qualified, registered candidates have been examined.

Candidates applying for the primary certification examinations must complete their training by July 1 of the year of application.

The Fall 2003 primary examinations will begin on Monday, October 13, 2003, and will continue until all qualified, registered candidates have been examined.

The Fall primary examination will be available only to qualified candidates who were unsuccessful in previous examinations. This examination is not and will not be available to candidates seeking qualification for the first time.

**Subspecialty Examinations**

The subspecialty examinations in chemical pathology, medical microbiology, molecular genetic pathology, neuropathology, and pediatric pathology are given every 2 years.

- **2003**
  - Blood Banking/Transfusion Medicine—September 2, 2003
  - Chemical Pathology—September 4, 2003
  - Cytopathology—September 8, 2003
  - Dermatopathology—September 24, 2003
Forensic Pathology—September 15, 2003
Hematology—September 29, 2003
Molecular Genetic Pathology—September 22, 2003
Medical Microbiology—September 4, 2003
Neuropathology—September 11, 2003
Pediatric Pathology—September 18, 2003

Depending on the number of candidates, it may be necessary to give certain subspecialty examinations on multiple days. In that case, each candidate will be notified of his or her examination date at least 6 weeks prior to the examination date listed.

Final Filing and Cutoff Dates
The final filing dates for receipt of applications or registrations are as follows:
• January 15 for Spring primary examinations
• August 1 for Fall primary examinations (previously unsuccessful candidates only)
• June 1 for the molecular genetic pathology examination
• May 1 for other subspecialty examinations

If the candidate cancels an appearance for the examination after these dates or does not appear for the examination, the entire application examination fee is forfeited.

Examination Date and Location Assignments
Candidates for the primary certification examination will have 4 weeks from notification of their assignment to accept. Candidates may request a transfer to a future examination period, in which case the entire examination fee will be applied to that examination. There will be a $100 fee assessed for any additional transfer of examination dates. There is no opportunity to change the assignment within a given examination period. If the ABP is not notified within the 4-week period, the assignment will stand.

Issuance of Certificate
On passing the appropriate examination(s), a candidate will be issued a certificate by the ABP in those fields of pathology for which the ABP accepted the credentials. Thus, a candidate who is qualified for the combined examination in anatomic pathology and clinical pathology, having fulfilled the minimum pathology requirement of 48 months and the credentialing year requirement of 12 months, will receive a certificate only after both parts (anatomic pathology and clinical pathology) of the examination have been passed.

Candidates qualified for examination in anatomic pathology or clinical pathology and a subspecialty area of pathology on the basis of the required training in each area will receive a certificate only after each of the examinations has been passed.

A candidate who has fulfilled all the prerequisites, including the minimum requirement of 36 months of approved training in anatomic pathology only or clinical pathology only, and the credentialing year activity, will receive a certificate after passing the examination in anatomic pathology or clinical pathology.

Candidates qualified for combined AP/CP who pass only the AP portion or the CP portion of the examination may request an application for consideration of awarding a single certificate. Consideration will be given only to candidates who meet the requirements for the single certificate. For additional information on the awarding of single certificates, please contact the ABP.

The ABP does not issue duplicate certificates unless a certificate is lost or destroyed. In that case, the diplomate must request the duplicate certificate in writing, stating the reason for replacement of the original certificate. A fee of $50 must accompany the written request.

Revocation of Certificate
At its discretion, the ABP may revoke or suspend a certificate for due cause, including, but not limited to:

a. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the ABP or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be; or
b. The diplomate made a material misstatement or withheld information in the application or in any other representation to the ABP or any committee thereof, whether intentional or unintentional; or
c. The diplomate engaged in irregular behavior in connection with an examination of the ABP (as described under Irregular Behavior), whether or not such practice had an effect on his or her performance on an examination; or
d. The diplomate was convicted by a court of competent jurisdiction of a felony or of a misdemeanor that involves moral turpitude and that in the opinion of the ABP, has a material relationship to the practice of medicine; or
e. The diplomate made a misrepresentation to the ABP or any third party as to his or her status as a diplomate of the ABP; or
f. The ABP receives information that an adverse licensure action has been taken against a candidate or diplomate. For purposes of this policy, “adverse licensure action” shall mean a final action by one of the licensing agencies of the United States or Canada which revokes, suspends, or limits (including the imposition of any requirement of probation, surveillance, supervision, or review) any license or right associated with the practice of medicine issued by one of the licensing agencies of the United States or Canada and which resulted from or is based on misconduct involving patient care and/or ethical practice; or the voluntary surrender of a license or associated right in connection with or in lieu of any disciplinary action by, or consent decree or settlement agreement with, one of the licensing agencies of the United States or Canada.

A diplomate may appeal a revocation of certificate pursuant to the ABP Appeals Procedure set forth herein.

Update of the ABP Certificate
The ABP will permit its diplomates to retake the examination in the area of pathology in which they are already certified for the purpose of updating their certificate(s). The application-examination fee and the passing requirements are the same as for initial candidates. Successful candidates will be issued new, currently dated certificates.

Time-Limited Certificates
All certificates issued by the ABP after January 1, 2006, will be valid for 10 years. Diplomates may enter a maintenance of certification (MOC) process January 1 of the year following certification. If a diplomate is successful in the MOC process, a new certificate will be issued. If a diplomate does not successfully complete all requirements of the MOC process, the diplomate’s certificate will expire 10 years after issuance and he or she will not be listed as a diplomate.

Voluntary Recertification
To enable diplomates to demonstrate maintenance of competence in the practice of pathology, the ABP offers a voluntary process of maintenance of certification. For additional information on this process, please request the ABP booklet on recertification (maintenance of certification).
Maintenance of Certification
This process is under active discussion by the ABP and the Cooperating Societies of the ABP and, although the details are incomplete at this time, the program will be based on four components:
1. Evidence of professional standing, and
2. Evidence of commitment for lifelong learning and involvement in periodic self-assessment (self-learning), and
3. Evidence of cognitive expertise, and

Verification of Certification
Requests for written verification of a pathologist's certification should be made in writing and must include enough information to identify the pathologist in question. Requests must include a check for $25 made payable to The American Board of Pathology.

The American Board of Pathology (ABP) routinely provides the American Board of Medical Specialties (ABMS) with a listing of diplomates including their full name, Social Security Number (for internal use only), birth date, year of awarding of professional degree, current address, type of certification, and date awarded for inclusion in the ABMS Unified Database. Publication of such a database for use by the public is mandated by the Bylaws of the ABMS and agreed to by each of the Member Boards of the ABMS. To fulfill this mandate, ABMS publishes this information online at www.abms.org for the public, in the directory called The Official Directory of Board Certified Medical Specialists, recognized as the official source of certification information, and to various approved organizations for verification of certification status.

This information will also be released to cooperating societies of the ABP (ADASP, ACP, ASIP, ASCP, CAP, and USCAP) and upon request to any recognized pathology society.

Diplomates have the option to restrict the address information that ABMS releases to include only the city and state and not the street address.

Limitation of Subspeciality Certificates
As a condition of admission to an examination for subspecialty certification, an individual holding two or more subspecialty certificates (formerly special competence, special qualification, and/or added qualification) must surrender a sufficient number of certificates to reduce their number to one. If the individual fails the examination and the period of board qualification terminates, the surrendered certificate(s) will be restored.

Candidates With Disabilities
1. Policy. The ABP will provide qualified candidates with documented disabilities reasonable accommodations in the administration of its examinations, including auxiliary aids and services, where appropriate, that do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test or result in an undue burden.
2. Documentation of Disability. Candidates requesting accommodation due to a disability must provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability. Such documentation should include a specific diagnosis of the disability and include medical records or other documentation of the diagnosis of the disability by an appropriate medical professional. The ABP reserves the right to verify the disability and to request additional documentation as necessary. All required documentation acceptable to the ABP must be received no later than the application deadline.
3. Type of Accommodation. Candidates requesting accommodation must identify the type of accommodation requested. The ABP, however, will determine the type of accommodation to be made for a candidate with a verified disability. Accommodations that fundamentally alter the measurement of skills or knowledge the examination is intended to test will not be offered.
4. Application Deadline. Candidates requesting accommodations are urged to contact the ABP as far in advance of the examination as possible. Requests for accommodation and documentation of disability must be received no later than the application deadline.

Appeals Procedure
1. An individual who has received an unfavorable ruling from the ABP or a committee of the ABP may appeal such determination by mailing a notice of appeal to the office of the ABP within 60 days of the date such ruling was mailed to him/her, except that a decision that a candidate has failed a certifying examination may be appealed only in the manner and to the extent provided in Paragraph 11.
2. On receipt of a notice of appeal, the applicable ABP committee shall invite the individual to submit in writing such information as the individual feels appropriate in support of the appeal. The committee may make such further investigation as it deems appropriate and may request the individual to submit additional information. The committee, acting on all the information before it, shall reconsider the unfavorable ruling and report its decision to the individual and the president of the ABP. Any notice of unfavorable action shall specify the grounds for the action and inform the individual that he/she may request a hearing before an appeals committee of the ABP by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.
3. On receipt of a request for a hearing, the executive vice president shall inform the president of the ABP, who shall appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose determination is being appealed. The chairperson of the ad hoc committee shall convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with legal and/or other representative to present such information deemed appropriate in support of the individual's position.
4. Not less than 30 days prior to the hearing, the executive vice president shall send written notice stating the time and place of the hearing and provide the individual copies of any written material and a list of any witnesses that the concerned committee intends to present at the hearing. The executive vice president shall also specify any information and documents the individual is required to produce at the hearing. Not less than 7 days prior to the hearing, the concerned ABP committee shall provide the executive vice president and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABP committee intends to present at the hearing.
5. Not less than 7 days prior to the hearing, the individual shall provide the executive vice president with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statement of experts he or she intends to present at the hearing.
6. The executive vice president shall submit the written material referred to in Paragraphs 4 and 5 to the members of the Appeals Committee prior to the hearing.
7. At the hearing, the concerned ABP committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the
right to present any information or evidence not previously provided as required in Paragraphs 4 and 5. The committee may call, examine, and cross-examine witnesses.

8. The individual shall have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in Paragraphs 4 and 5. The failure of the individual to produce information or documents requested by the concerned ABP committee as required in Paragraph 4 shall be grounds for upholding and confirming the determination of the concerned ABP committee.

9. The individual and the concerned ABP committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.

10. The decision of the Appeals Committee will be by vote of a majority of the committee members based on the information presented at the hearing. The committee may affirm, modify, or overrule the decision of the ABP committee. The Appeals Committee shall inform the candidate, the concerned committee, and the president of the ABP in writing of its decision and the reasons therefore within a reasonable time of the hearing. The decision of the Appeals Committee shall be final and binding.

11. A candidate who fails a certifying examination may request that the examination be rescored to verify the accuracy of the results as reported. Such request must be made in writing to the executive vice president of the ABP within 90 days of the date of mailing of the results of the examination to the candidate and must be accompanied by a fee of $50 per certifying examination or part thereof. There shall be no further appeal from failure of an examination.

**Test Development And Advisory Committees**

Since 1971 the ABP has established test committees for the various areas of pathology. The committees consist of ABP Trustees, as well as other pathologists and physicians who are recognized experts in the various disciplines. In 2001 the role of these committees was expanded to include not only a test development function but also an advisory function for the Board. The current non-Trustee members of the test development and advisory committees are:

**Anatomic Pathology**

Paul L Auclair, DDS  
John V Collin, MD  
James L Connolly, MD  
Jonathan Epstein, MD  
Joel Greenson, MD  
Richard Kempson, MD  
Stacy E Mills, MD  
Samuel A Yousem, MD

**Blood Banking/Transfusion Medicine**

Karaon Benson, MD  
S Breamndan Moore, MD  
Susan D Roseff, MD  
Toby L Simon, MD  
Ronald G Strauss, MD  
James R Stubbs, MD

**Chemical Pathology**

Jay Bock, MD, PhD  
Susan A Fuhrman, MD  
Joan H Howanitz, MD  
Michael J Keiner, MD  
Frederick L Kiechle, MD, PhD  

**Clinical Pathology**

John P Anhalt, MD  
Edward R Ashwood, MD  
David Chou, MD  
Nora V Hirschler, MD  
C Darrell Jennings, MD  
Ronald Lepoff, MD  
Elizabeth M Van Cott, MD  
Jeffrey S Warren, MD  

**Cytopathology**

Diane D Davey, MD  
Richard M DeMay, MD  
Barbara S Ducatman, MD  
Lester J Layfield, MD  
Celeste N Powers, MD  
Mary K Sidawy, MD

**Dermatopathology (Includes ABP and ABMG appointees)**

Evan R Farmer, MD  
Anta C Gilliam, MD  
E L Frank Glass, MD  
Earl J Ghose, MD  
Sahine S Kohler, MD  
Ronald P Rapini, MD  
Glynis A Scott, MD  
Mary S Stone, MD  
Clifton R White, Jr, MD

**Forensic Pathology**

Michael D Bell, MD  
Mark A Flomenbaum, MD, PhD  
Karen L Gunson, MD  
John D Howard, MD  
Donald R Jason, MD  
Mary J Jumbelic, MD

**Hematology**

Michael J Borowitz, MD  
Russell K Brynes, MD  
Fred R Dee, MD  
Louis M Fink, MD  
Jonathan L Miller, MD  
Steven H Swerdlov, MD

**Medical Microbiology/Medical Parasitology**

Karen C Carroll, MD  
Nancy E Cornish, MD  
Thomas E Davis, MD  
Ann Marie Nelson, MD  
Lance R Peterson, MD  
John C Steele, MD  
James Versalovic, MD

**Molecular Genetic Pathology (Includes ABP and ABMG appointees)**

Peter H Byers, MD  
Frederick R Bieber, PhD  
Angela Caliendo, MD, PhD  
Wayne W Grody, MD  
Debra G Leonard, MD, PhD  
Ronald C McGinnv, MD  

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S Breamndan Moore, MD  
Susan D Roseff, MD  
Toby L Simon, MD  
Ronald G Strauss, MD  
James R Stubbs, MD

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Susan A Fuhrman, MD  
Joan H Howanitz, MD  
Michael J Keiner, MD  
Frederick L Kiechle, MD, PhD  

**Clinical Pathology**

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Edward R Ashwood, MD  
David Chou, MD  
Nora V Hirschler, MD  
C Darrell Jennings, MD  
Ronald Lepoff, MD  
Elizabeth M Van Cott, MD  
Jeffrey S Warren, MD  

**Cytopathology**

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Richard M DeMay, MD  
Barbara S Ducatman, MD  
Lester J Layfield, MD  
Celeste N Powers, MD  
Mary K Sidawy, MD

**Dermatopathology (Includes ABP and ABMG appointees)**

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Anta C Gilliam, MD  
E L Frank Glass, MD  
Earl J Ghose, MD  
Sahine S Kohler, MD  
Ronald P Rapini, MD  
Glynis A Scott, MD  
Mary S Stone, MD  
Clifton R White, Jr, MD

**Forensic Pathology**

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Mark A Flomenbaum, MD, PhD  
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John D Howard, MD  
Donald R Jason, MD  
Mary J Jumbelic, MD

**Hematology**

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Russell K Brynes, MD  
Fred R Dee, MD  
Louis M Fink, MD  
Jonathan L Miller, MD  
Steven H Swerdlov, MD

**Medical Microbiology/Medical Parasitology**

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Nancy E Cornish, MD  
Thomas E Davis, MD  
Ann Marie Nelson, MD  
Lance R Peterson, MD  
John C Steele, MD  
James Versalovic, MD

**Molecular Genetic Pathology (Includes ABP and ABMG appointees)**

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Frederick R Bieber, PhD  
Angela Caliendo, MD, PhD  
Wayne W Grody, MD  
Debra G Leonard, MD, PhD  
Ronald C McGinnv, MD
American Board of Pathology

Cynthia C Morton, PhD
Robert L Nussbaum, PhD
Timothy O'Leary, MD, PhD
Cindy Vrechek-Jones, PhD
Karl V Voelkerding, MD

Neuropathology
Dawna Armstrong, MD
Andrew W Bollen, MD
William F Hickey, MD
Roger E McLendon, MD
Joseph E Parisi, MD
Robert L Schelper, MD

Pediatric Pathology
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Milton Finegold, MD
Cynthia G Kaplan, MD
Theodore Pysher, MD
Stephen J Quailman, MD
Beverly B Rogers, MD
Joe C Rutledge, MD

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Dwight K Oxley, MD, Vice Chairperson (ABP)
Evan R Farmer, MD (ABD)
Robert McKenna, MD (ABP)
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Frederick R Bieber, PhD (ABMG)
Robert W McKenna, MD (ABP)
Stuart Schwartz, PhD (ABMG)

Accreditation of Pathology Training Programs

The accreditation of all programs in graduate medical education in the United States is the responsibility of the ACGME. The ACGME’s member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies.

The responsibility for evaluating the quality of residency training programs in pathology is delegated to the RRC for Pathology of the ACGME. Members are appointed by the ACGME on nomination. The committee is also responsible for the preparation of the Program Requirements for Residency Education in Pathology of the Essentials of Accredited Residencies in Graduate Medical Education, as published in the Graduate Medical Education Directory.

Review Process

Staff support of RRC work is provided by the ACGME. This staff includes the secretary of the RRC and the field representatives. The secretary is responsible for the administrative matters pertaining to the RRC and its activities. The field representatives perform the on-site surveys of the residency programs and prepare the survey reports. Prior to the survey visit by the field representative, an application-information form is sent to the sponsoring institution. The program director completes this form in accordance with the instructions provided and presents it to the surveyor at the visit. The surveyor examines the information supplied in the form and collects additional information through interviews with the program director, departmental staff, hospital and/or school administrators, residents, and others pertinent to the program.

The survey report, together with the information received from the program director, is reviewed by the RRC, and a formal written notification of action is sent to the program director and administrator(s) of the institution(s) involved.

Written requests in regard to residency programs in pathology should be sent to:
Steven P Nestler, PhD, Secretary
Residency Review Committee for Pathology
515 N State St, Ste 2000
Chicago, Illinois 60610
312 755-5000
312 755-7498 Fax

For detailed and specific information in regard to the requirements for residency training programs in pathology, consult the Graduate Medical Education Directory.
American Board of Pediatrics

111 Silver Cedar Court
Chapel Hill, NC 27514-1513
919-929-0461
919-929-9255 Fax
E-mail: abpeds@abpeds.org
www.abp.org

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(The following information is subject to change. The American Board of Pediatrics [ABP] reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. All applicants are advised to consult the ABP to ascertain whether any changes have been made, especially before undertaking any variations in training.)

2004 Examinations Schedule
Neurodevelopmental Disabilities	Tuesday, March 30, 2004
Sports Medicine	Friday, July 9, Saturday, July 10, Saturday, July 17 (candidate chooses date through ABFP)
Cardiology	Monday, August 16, 2004
Critical Care Medicine	Monday, August 16, 2004
Pulmonology	Monday, August 16, 2004
General Pediatrics	Monday and Tuesday, October 18-19, 2004
Developmental-
Behavioral Pediatrics	Monday, November 15, 2004
Emergency Medicine	Monday, November 15, 2004
Hematology-Oncology	Monday, November 15, 2004
Rheumatology	Monday, November 15, 2004
Medical Toxicology	Saturday, November 6, 2004

The cost of certification in general pediatrics and the pediatric subspecialties is payable only in United States (US) dollars. The American Board of Pediatrics (ABP) reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. It is the applicant's responsibility to be aware of and to meet all deadlines.

Please address all inquiries concerning examination applications to:
The American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514-1513
919-929-0461
919-929-9255 Fax
E-mail: abpeds@abpeds.org
www.abp.org

Purpose of Certification
The purpose of certification by the American Board of Pediatrics (ABP) is to provide assurance to the public and the medical profession that a certified pediatrician has successfully completed an accredited educational program and an evaluation, including an examination, and possesses the knowledge, skills, and experience requisite to the provision of high quality care in pediatrics.

Definition of Pediatrics and a Pediatrician
The ABP, in conjunction with the American Academy of Pediatrics, has developed the following definition of pediatrics and a pediatrician:

Pediatrics is the specialty of medical science concerned with the physical, emotional, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

Pediatrics is a discipline that deals with biological, social and environmental influences on the developing child and with the impact of disease and dysfunction on development. Children differ from adults anatomically, physiologically, immunologically, psychologically, developmentally, and metabolically.

The pediatrician understands this constantly changing functional status of his or her patients incident to growth and development and the consequent changing standards of "normal" for age. A pediatrician is a medical specialist who is primarily concerned with the health, welfare, and development of children and is uniquely qualified for these endeavors by virtue of interest and initial training. Maintenance of these competencies is achieved by experience, training, continuous education, self-assessment, and practice improvement.

A pediatrician is able to define accurately the child's health status as well as to serve as a consultant and to make use of other specialists as consultants. Because the child's welfare is heavily dependent on the home and family, the pediatrician supports efforts to create a nurturing environment. Such support includes education about healthful living and anticipatory guidance for both patients and parents.

A pediatrician participates at the community level in preventing or solving problems in child health care and publicly advocates the causes of children.

General Examination Admission Requirements
An applicant (throughout the document the term "candidate" will be synonymous with "applicant") requesting admission to a certifying examination must meet the following general requirements:

Graduation from Medical School
The applicant must be a graduate of a medical school that has been accredited by the Liaison Committee on Medical Education (LCME) in the United States, by the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or by the American Osteopathic Association (AOA) in the United States. [Note: The training requirements for individuals who graduated from medical school before July 1, 1978, are different from these requirements. Such applicants should contact the ABP for details.] An applicant who is a graduate of a medical school outside the United States or Canada that cannot be accredited by the LCME, RCPSC, or AOA but
is listed by the World Health Organization may apply for the examination if he or she has a standard certificate either from the Educational Commission for Foreign Medical Graduates (ECFMG) or the Medical Council of Canada.

The graduate of a foreign medical school must submit a photocopy of the medical school diploma showing the medical degree and the date it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable.

**Training Requirements**

The applicant must complete 3 years of pediatric training in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) on the advice of the Residency Review Committee for Pediatrics (RRC) [Note: Hereafter, accreditation will refer to accreditation by the RRC] or in programs in Canada accredited by the RCPSC. The ABP recognizes and defines these three levels of pediatric training (PL-1 through PL-3) as follows:

**PL-1**
The first postgraduate year in general comprehensive pediatric training in an accredited program.

**PL-2**
The second postgraduate year, following PL-1, in general comprehensive pediatric training in an accredited program, but with increased responsibility for patient care and for the supervision of junior house staff and medical students.

**PL-3**
The third postgraduate year, following PL-2, in general comprehensive pediatric training in an accredited program, but with increasing responsibility for patient care and supervision of junior house staff and medical students.

The training curriculum must be compatible with the Program Requirements for Residency Education in Pediatrics, which are published annually in the *Graduate Medical Education Directory*. During this period of training, the applicant is expected to assume progressive responsibility for the care of patients. Supervisory experience must be an integral part of the total 3-year program; the last 24 months of training must include 5 months of direct supervisory responsibility in general pediatrics. The ABP requires program directors to verify satisfactory completion of training and to evaluate the acceptability of the applicant as a practitioner of pediatrics.

**License Requirement**

Applicants requesting admission to a certifying examination must have a valid, current, unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada or unrestricted privileges to practice medicine in the United States Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement. The date for receipt of the copy will be announced in the application materials.

Foreign nationals practicing abroad may be exempted from this policy upon presentation of proof of licensure equivalency in the country in which they reside. Candidates who are not yet practicing abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada.

The license requirement for the general pediatric certifying examination may be waived if, during the academic year of the examination, the applicant is in pediatric subspecialty training, nonpediatric specialty training, or is serving as a chief resident (PL-4) in a state, province, or district in which the medical licensing board does not require an unrestricted license. In order to obtain a waiver, the program director of that training must submit written confirmation of the applicant's training to the ABP by the announced date in the application materials. New applicants must submit a copy of a valid, current medical license by October 1, 2004. A candidate who is re-registering for the examination must submit a copy of his or her license by June 15, 2004.

If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied. If an applicant is not accepted to take the ABP certifying examination, the examination fee will be refunded. Neither the processing and evaluation fee nor the penalty fee is refundable. An applicant who does not meet the October 1, 2004, deadline for licensure will have his or her application disapproved and will not receive a refund of the examination fee. If the applicant takes the certifying examination, but did not meet the licensure deadline, the examination will be invalidated and all fees will be forfeited. If the applicant wishes to pursue certification in the future, he or she will be required to complete a new application and submit the full fee again.

**Credit for Training in Accredited Programs Other Than Pediatrics**

A physician transferring to pediatric residency training from another accredited residency (e.g., family practice, internal medicine, transitional year) must correspond with the ABP to determine whether partial credit may be awarded for this training. Requests for credit must be submitted either by the candidate or the pediatric residency program director before the candidate enters pediatric residency training.

**Credit for Pediatric Training in Nonaccredited Programs**

The ABP has established requirements for a physician who has had at least 5 years of general comprehensive pediatric training in programs not accredited by the RRC or RCPSC (i.e, international training or training in accredited osteopathic programs in the United States) who wishes to apply for a waiver of training. The interested physician, department chair, or program director must write to the ABP before training begins to receive approval for credit for this training.

The individual must provide documentation of the successful completion of at least 3 years of general pediatric residency training that includes the actual beginning and ending dates of the training and that is signed by the residency program director. The individual must also provide a copy of his/her medical school diploma and ECFMG certificate. Suggested training for those who receive a waiver of training under this policy is available on the ABP Web site, www.abp.org. Upon review and confirmation by the ABP of this information, the individual may have 1 year of accredited training waived. A full year at the PL-3 level must be completed and, additionally, a year at the PL-1 or PL-2 level or a training combination at both of those levels. (The training must be completed in general pediatrics; subspecialty training may not be substituted.) The director of the residency program that the individual enters will decide at what level the individual may begin residency and whether the 1 year of waived training will be accepted by the program. Individuals should investigate the license requirements in the state they wish to seek permanent licensure to ensure they meet the requirements if they choose to shorten pediatric training completed in the United States.

**Absences From Residency Training**

In order to meet the training requirements to apply for certification by the ABP, an individual must train in an accredited program and the program director must certify that the individual has met the training requirements.
The duration of general pediatrics training is 36 months. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (e.g., vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up by additional periods of training. If the program director believes that the candidate is well qualified and has met all training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training may not take more than 1 month of leave per year.

Nonaccredited Training Experience
A fundamental concept of the ABP is that a residency training program should provide for properly organized, progressive responsibility for the care of children. The ABP believes that this can be accomplished through continuity of clinical experience under the supervision of attending physicians who are responsible for the care of these children.

No more than a total of 3 months of the required 3 years of residency training may be taken outside of an accredited pediatrics residency program. These experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident’s performance.

The substitution of a formal graduate or postgraduate school course that does not carry the essential ingredient of responsibility for patient care is inconsistent with this principle. Accordingly, the ABP will not accept such courses in fulfillment of its training requirements in general pediatrics.

Military Service
Military service, unless as a resident in a military training program that is accredited by the RRC, cannot be substituted for training requirements.

Veterans Administration GI Bill Benefit
As of March 1, 2001, the Veterans Administration (VA) has implemented a new benefit for qualified individuals. Under this benefit, qualified individuals may be reimbursed for the cost of initial certification or maintenance of certification (i.e., recertification). See the VA Web site for details of this new benefit (www.gibill.va.gov/Education/LCVets.htm) or view a PDF brochure describing this benefit (www.gibill.va.gov/Education/LNC%20Brochure.pdf).

[Note: This is a benefit offered through the VA. Please do not contact the ABP for application forms for this benefit; all necessary forms and information must be obtained through the VA Web site (www.gibill.va.gov/Education/LCVets.htm).]

Training in Pediatrics/Neurology
A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least 2 years of accredited training in general comprehensive pediatrics and the neurology training necessary to meet the requirements for certification in neurology with special qualifications in child neurology fulfills the training requirements of both the ABP and the ABPN. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Integrated Research Pathway
The Integrated Research Pathway (IRP) was designed to accommodate MD/PhD graduates who would benefit by having the ability to continue ongoing research during their pediatric residency. During the 3 years of general pediatric residency, a maximum of 11 months may be spent in research, with at least 5 months in the PL-3 year and no more than 1 month in the PL-1 year. Individuals must apply for this pathway either before entering an accredited pediatric residency program or during the first 9 months of the PL-1 year. The curricular components of the minimum of 22 months of core clinical pediatrics residency must be fulfilled.

A supervisory review committee must be established by the residency program and the research mentors to ensure that each trainee is meeting the requirements of training and is successfully completing each experience to be continued in the pathway. The general pediatrics program director must provide careful evaluation of clinical training to determine whether the resident is attaining the knowledge and experience necessary to provide independent care of children. A research mentor must oversee the research experiences to ensure that the trainee is accomplishing pathway goals.

To meet the eligibility requirements for certification in general pediatrics, the resident must satisfactorily complete 36 months in the IRP. The pediatric program director must verify that the resident has completed the prescribed training, verify clinical competence, and recommend the individual for the examination. An additional 12 months of pediatric clinical experience must be successfully completed to be eligible to apply for the certifying examination in general pediatrics. This experience must be in an accredited specialty residency or subspecialty fellowship approved by the ABP.

The program director of the additional clinical experience will be asked to verify clinical competence and training. The certifying examination may not be taken until the 3-year IRP and the additional 1 year of clinical training have been completed.

Special Alternative Pathway
The ABP recognizes that occasionally an exceptional candidate should be given special consideration to begin pediatric subspecialty or related training after the completion of the PL-2 year of general comprehensive pediatrics. The duration of the pediatric subspecialty training or related training for the SAP must be 3 years. Guidelines are available on the ABP Web site.

Before the start of the PL-2 year, the department chair or program director must petition that a resident be considered for the Special Alternative Pathway (SAP), indicating that the candidate has superior overall competence. The subspecialty program director must also provide a letter outlining the clinical and research training proposed, including special requirements to be met during the PL-2 and PL-3 years. In addition, such candidates will be required to take a screening examination. The application material and the score on the screening examination will be reviewed by the Credentials Committee. A SAP trainee may take the certifying examination in general pediatrics in the fifth year of training provided that he or she has successfully completed the required 2 years of general pediatrics residency and at least 12 months of clinical rotations in the pediatric subspecialty.

Accreditation of Training Programs
The ABP does not accredit training programs. The ABP approves applicants for admission to its certifying process. Program Requirements for Residency Education in Pediatrics may be found in the Graduate Medical Education Directory or on the ACGME Web site at www.acgme.org. Requests for information regarding accreditation should be addressed to the Director, Residency Review Committee for Pediatrics, 515 North State Street, Chicago, IL 60610, 312 755-5000.
Special Situations
The ABP recognizes that situations may arise that are not explained by the preceding information. The physician should contact the ABP for further information.

Combined Programs

Medicine/Pediatrics Program
A special agreement exists with the American Board of Internal Medicine (ABIM) whereby an applicant may fulfill the training requirements of both the ABP and the ABIM by completing 2 years of accredited training in general comprehensive pediatrics and 2 years of accredited training in general comprehensive internal medicine in an integrated program, reviewed by both boards. Guidelines for combined training have been approved by both the ABP and the ABIM and are available by contacting either board or visiting either Web site at www.abp.org or www.abim.org.

The 4 years must be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABIM. Continuity clinics in each specialty must be provided throughout the 4 years. A list of institutions offering combined programs is published in the Graduate Medical Education Directory. An applicant may not take the certifying examination of the ABP until all 4 years of training have been successfully completed.

Pediatrics/Dermatology Program
A special agreement exists with the American Board of Dermatology (ABD) whereby an applicant may fulfill the training requirements of both the ABP and the ABD by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABD. Guidelines for combined training have been approved by both the ABP and the ABD and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABD. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Pediatrics/Emergency Medicine Program
A special agreement exists with the American Board of Emergency Medicine (ABEM) whereby an applicant may fulfill the training requirements of both the ABP and the ABEM by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABEM. Guidelines for combined training have been approved by both the ABP and the ABEM and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABEM.

An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Pediatrics/Medical Genetics Program
A special agreement exists with the American Board of Medical Genetics (ABMG) whereby an applicant may fulfill the training requirements of both the ABP and the ABMG by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABMG. Guidelines for combined training have been approved by both the ABP and the ABMG and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABMG. An applicant may take the certifying examination of the ABP in the fifth year of training provided that 30 months of required pediatric residency training have been successfully completed.

Pediatrics/Physical Medicine and Rehabilitation Program
A special agreement exists with the American Board of Physical Medicine and Rehabilitation (ABPMR) whereby a physician interested in pediatric rehabilitation can qualify for admission to the certifying examinations of both the ABP and the ABPMR. The integrated residency training can be completed in 5 years in programs accredited by the Residency Review Committees for Pediatrics and Physical Medicine & Rehabilitation. Guidelines for combined training have been approved by both the ABP and the ABPMR and are available by contacting either board or visiting the ABP Web site at www.abp.org. The proposed training in programs must be submitted to the ABP and the ABPMR for approval before a candidate can be accepted into the joint training program. All training should be completed at one academic institution; any deviation must be approved prospectively by both the ABP and the ABPMR. An applicant may take the certifying examination of the ABP in the fifth year of training provided that 30 months of required pediatric residency training have been successfully completed.

Pediatrics/Psychiatry/Child and Adolescent Psychiatry Program
A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant may fulfill the training requirements for certification in pediatrics, psychiatry, and child and adolescent psychiatry by completing joint training in 5 years. Training includes 24 months of general comprehensive pediatrics, 18 months of child and adolescent psychiatry, and 18 months of adult psychiatry. Guidelines for combined training have been approved by the ABP and the ABPN and are available by contacting either board or visiting the ABP Web site at www.abp.org. Physicians pursuing training in these programs may take the certifying examination of the ABP in the full of the fifth year of training, provided that all pediatric training (except continuity clinics) is completed by the date of the examination. Credit for training via this route may be obtained only by training in one of the programs reviewed by both boards. Further information concerning these combined training programs may be obtained by contacting the ABPN.

Tracking and Evaluation
The ABP regards the evaluation of trainee competency as a continuum that begins during training and concludes with the certifying examination following formal training. The ABP believes that the program director(s) and faculty play significant roles in the certification process and are the keys to a responsible system of determining which applicants should be admitted to the certifying examination. The program director is able to provide a meaningful overview of the resident's professional competence, especially in skills such as patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

The ABP tracking and evaluation program is part of the certifying process of the ABP. The program director is required to indicate annually whether each resident's performance is satisfactory, marginal, or unsatisfactory in overall clinical competence and whether the evaluation in professionalism is satisfactory or unsatisfactory.

As illustrated in the following table, all residents must receive a satisfactory rating for overall clinical competence and professionalism in each year of training. In addition, residents must receive a satisfactory rating in each of the components of clinical competence during the final year of required training. It is the resident's responsibility to arrange for any additional training required.
It is the resident's responsibility to arrange for any additional training required.

<table>
<thead>
<tr>
<th>Program Ratings of Clinical Competence</th>
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<tbody>
<tr>
<td>Components and Rating</td>
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<tr>
<td>Overall Clinical Competence*</td>
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<tr>
<td>Satisfactory</td>
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<td>Marginal</td>
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<td>Professionalism</td>
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<td>Satisfactory</td>
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The tracking system also identifies residents who transfer from one program to another or to a new specialty and assures that the new program director recognizes those residents who need remediation. Summary evaluations may be sent to a new training program if a resident transfers.

Verification of Training by Pediatric Program Directors

Program directors will be sent Verification of Clinical Competence (VOCC) forms for residents in their last year of training. The ABP requires the program director to verify the dates and completion of training and to attest: “I certify that the evaluations on the reverse side of this form are an accurate reflection of this physician’s competence as a pediatrician upon completion of residency training.”

Possession of certificates of satisfactory completion of training will not automatically admit the person to the ABP’s certification process. Most training certificates attest to the achievement of a minimal level of competence or to the fulfillment of an employment contract. Program directors are urged not to issue certificates of successful completion of training when the resident is deemed not to have met those standards. Therefore, the program director’s final evaluations on the VOCC form will take precedence over the certificate from the hospital. The ABP must have the program director’s assurance that an applicant meets the standards expected of a certified pediatrician.

Competencies Expected of All Physicians

In completing the VOCC, a program director should keep in mind the definition of a qualified applicant as determined by the ABP. An applicant shall demonstrate the following competencies as they pertain to infants, children, and adolescents:

- Patient Care
  - Gathering essential and accurate information; performing a complete history and physical examination; and ordering appropriate diagnostic studies.
  - Making informed diagnostic and treatment decisions; analyzing and synthesizing information; and knowing one’s limits of knowledge and expertise and when to obtain appropriate consultation.
  - Developing and carrying out patient care management plans; prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort.

Medical Knowledge

- Knowing, critically evaluating, and using current medical information and scientific evidence for patient care.

Interpersonal and Communication Skills

- Demonstrating interpersonal and communication skills that result in effective information exchange and teaming collaboration with patients, their families, and professional associates.

Professionalism

- Demonstrating a commitment to carry out professional responsibilities, adhering to ethical principles, and being sensitive to diversity.

Practice-based Learning and Improvement

- Investigating and evaluating patient care practices, appraising and assimilating scientific evidence, and using that evidence to improve patient management; demonstrating a willingness to learn from errors.

Systems-based Practice

- Practicing quality health care that is cost-effective and advocating for patients within the health care system.

The program director and the applicant must submit a plan for remediation to be reviewed and approved by the ABP. The director of the program where the additional training occurs must complete a separate VOCC form.

At the program director’s recommendation, and at the ABP’s discretion, a period of observation may be required in lieu of additional training for an applicant who receives an unsatisfactory evaluation in professionalism only. A plan for remediation must be submitted for review and approval by the ABP.

Program directors are encouraged to have all residents in their programs take the In-training Examination (ITE). The results of the ITE can provide valuable information for both the resident and the program.

To be compliant with the Program Requirements for Residency Education in Pediatrics established by the ACGME, the program director and the faculty must develop evaluation procedures for assessment of resident performance.

Appeals Process

Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual’s performance.

Information for All Certifying Examinations

1. An applicant must satisfactorily complete all training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

2. After an application has been accepted, the candidate is expected to take the next examination offered. A candidate who withdraws from the examination by the published withdrawal
deadline will be issued a refund of the examination fee. A candidate who withdraws after the published withdrawal deadline will forfeit all fees paid. To register for a future examination, payment of a re-registration fee will be required.

3. If an applicant is not accepted to take the ABP certifying examination, the examination fee will be refunded. Neither the processing and evaluation fee nor the penalty fee is refundable. An applicant who does not meet the October 1, 2004, deadline for licensure will have his or her application disapproved and will not receive a refund of the examination fee. If the applicant takes the certifying examination, but did not meet the licensure deadline, the examination will be invalidated and all fees will be forfeited. If the applicant wishes to pursue certification in the future, he or she will be required to complete a new application and submit the full fee again.

4. The ABP does not sponsor or maintain records about any courses that claim to be review courses in preparation for its certifying examinations, nor does the ABP track continuing medical education credits.

5. The names of certified pediatricians, but not their scores, will be sent to appropriate organizations, directories, and journals.

6. The certificate awarded for passing a certifying examination of the ABP will reflect the candidate's medical degree awarded at the time of graduation from medical school (eg, MD, MBBS, DO, MBChB, MBCh). Degrees awarded either before or after graduation from medical school will not be included on the certificate.

7. The ABP reserves the right to withhold permission for applicants to take its examinations and/or certification in the event of circumstances demonstrating that an applicant is not capable of performing the role of physician and advocate for infants, children, and adolescents. In such instances, the applicant will be notified, and the applicant may appeal the decision to the Credentials Committee of the ABP or the Credentials Committee of the Subboard.

8. For failing candidates who are concerned that their answer sheets were not scored correctly, hand scoring is available for a fee of $60. However, candidates are not encouraged to request this service since neither mechanical nor computer errors have ever been found. Requests should be made in writing accompanied by a check or money order. Hand scoring is available for 11 months following the date of the examination.

9. The validity of the performance of candidates on the certifying examination of the ABP is secured by every means available.

10. The ABP's examinations are copyrighted and administered in secure testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the ABP any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (eg, beepers, pagers, cell phones) into the examination, failing to comply with time limits or instructions, or talking or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.

11. The General Pediatrics Certifying Examination application is available only via the ABP Web site at www.abp.org. First-time applicants and re-registrants may apply during registration periods only. Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

12. Subspecialty applicants must pay the total application fee by using either a VISA or MasterCard credit card or check. For applicants not using US banks, the fee must be paid in US dollars and must be payable through a US bank using a money order, cashier's check, or certified check. The ABP cannot accept electronic transfer of funds from any organization (eg, US military, Western Union).

13. A nonrefundable penalty fee of $240 is required for late registration. Applications will not be accepted after the appropriate postmarked date.

14. Applicants should retain their acknowledgment letters, canceled checks, or credit card statements as proof of payment. No other receipts will be issued.

15. May deadlines set by the ABP are postmark deadlines. If there is a discrepancy between a metered postmark and an official United States Postal Service postmark, the latter will be considered official.

16. All applicants are advised to consult the ABP to ascertain whether any changes have been made, especially before undertaking any variations in training.

17. The ABP reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made.

**2004 General Pediatrics Certifying Examination**

**Registration Dates and Fees**

**New Applicants**

Applicants must pay the total application fee by using either a VISA or MasterCard credit card.

<table>
<thead>
<tr>
<th>Registration Date</th>
<th>Fee</th>
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<tbody>
<tr>
<td>December 1, 2003 - February 28, 2004</td>
<td>$1,260</td>
</tr>
<tr>
<td>Late Registration</td>
<td>February 29, 2004 - April 30, 2004</td>
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<tr>
<td>Processing and Evaluation</td>
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<tr>
<td>Late Registration Fee</td>
<td>$240</td>
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<tr>
<td>Total Late Registration Fee</td>
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</table>

An application submitted by February 28, 2004, must be accompanied by the application fee of $1,260. A nonrefundable penalty fee of $240 is required for applications submitted February 29, 2004, through March 31; thus, the late registration fee is $1,500. New applications cannot be submitted after April 30. New applicants must submit a copy of a valid (current), unrestricted license to practice medicine by October 1, 2004.

**Re-registrants**

Applicants must pay the total application fee by using either a VISA or MasterCard credit card.

<table>
<thead>
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<th>Registration Date</th>
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<tr>
<td>February 16, 2004 - April 30, 2004</td>
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<tr>
<td>Late Registration</td>
<td>May 1, 2004 - May 31, 2004</td>
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<td>Processing and Evaluation</td>
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<td>Examination</td>
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<tr>
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<td>$240</td>
</tr>
<tr>
<td>Total Late Registration Fee</td>
<td>$1,740</td>
</tr>
</tbody>
</table>

Re-registration material submitted on-line by April 30, 2004, will require the re-registration fee of $1,260. Late re-registration begins May 1 and extends through May 31, 2004. A nonrefundable penalty fee of $240 is required for all re-registration material submitted May 1 through May 31; thus, the late registration fee is $1,500. Re-registration material cannot be submitted after May 31.

A candidate who is re-registering for the examination must submit a copy of his/her valid (current), unrestricted license to practice medicine by June 15, 2004.
The General Pediatrics Certifying Examination application is available only via the ABP Web site at www.abp.org. Applicants must meet the training requirements of the ABP, and must receive satisfactory evaluations in all areas of competence by their program director(s). In addition, the license requirement must be met. It is the applicant’s responsibility to be aware of and to meet all deadlines. First-time applicants and re-registrants may apply during registration periods only.

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

Acknowledgment of receipt of the application will be sent promptly. The ABP should be contacted if acknowledgment of receipt is not received within 30 days of submission of the application. Applications submitted by the deadlines will be processed and evaluated, and the ABP will request directors of general pediatric training programs to verify successful completion of training. An applicant who does not receive notification of the acceptance or rejection of his or her application by August 10, 2004, should contact the ABP to inquire about the status of the application.

The certifying examination is given once a year in the fall in a number of locations throughout the United States. The 2004 Certifying Examination in General Pediatrics will be administered on October 18-19, 2004. The examination lasts 2 days. Each day there are two sessions, each of 3 hours’ duration, with a luncheon break between sessions.

The content of the examination for certification is appropriate for the practice of general comprehensive pediatrics. Emphasis is placed on practical aspects; however, good practice is founded on sound scientific knowledge, and the candidate should be prepared to demonstrate an understanding of basic science.

The examination consists of multiple-choice questions. Examples of the types of questions to be used are mailed to registered candidates before the administration of the examination. Some questions included are in the examination for experimental purposes only. These questions will not contribute to the score.

Each candidate’s examination score will be reported to his or her general pediatric program director. Periodically, the ABP conducts research utilizing data it has compiled; the candidate’s anonymity is guaranteed in all such cases.

If an applicant is not accepted to take the ABP certifying examination, the examination fee will be refunded. Neither the processing and evaluation fee nor the penalty fee is refundable. An applicant who does not meet the October 1, 2004, deadline for licensure will have his or her application disapproved and will not receive a refund of the examination fee. If the applicant takes the certifying examination, but did not meet the licensure deadline, the examination will be invalidated and all fees will be forfeited. If the applicant wishes to pursue certification in the future, he or she will be required to complete a new application and submit the full fee again.

After the ABP has accepted an application, the applicant is expected to take the next certifying examination offered. However, an applicant may withdraw by submitting a written notice received no later than August 16, 2004. The applicant will be issued a refund of the examination fee ($905). An applicant whose withdrawal letter is not received by August 16 or who does not appear for the examination will forfeit all fees paid and will be required to submit a re-registration fee before being admitted to a future examination. Re-registration for the next year’s examination will be available on-line at www.abp.org for applicants who have previously been accepted to take the examination.

Certification in the Pediatric Subspecialties
The RRC currently reviews and accredits pediatric subspecialty programs in most of the certified subspecialties. A list of accredited programs is published in the Graduate Medical Education Directory, or may be found at www.acgme.org.

Subspecialty Certificates
The ABP issues a certificate of special qualifications in the following subspecialties:
- Adolescent medicine
- Pediatric cardiology
- Pediatric critical care medicine
- Developmental-behavioral pediatrics
- Pediatric emergency medicine
- Pediatric endocrinology
- Pediatric gastroenterology
- Pediatric hematology-oncology
- Pediatric infectious diseases
- Neonatal-perinatal medicine
- Pediatric nephrology
- Pediatric pulmonology
- Pediatric rheumatology

A certificate of added qualifications in sports medicine is offered by the American Board of Family Practice, the ABP, and the ABP. Further information may be obtained by contacting the ABP.

A certificate of added qualifications in medical toxicology is offered by the ABEM, the ABP, and the American Board of Preventive Medicine. Further information may be obtained by contacting the ABP.

A certificate of added qualifications in neurodevelopmental disabilities is offered by the ABP and the American Board of Psychiatry and Neurology. Further information may be obtained by contacting the ABP.

Subspecialty Fast-tracking
A subspecialty fellow who is believed to have demonstrated meaningful accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD degree or sustained research achievement culminating in the first-authored publication of a research paper in a peer reviewed journal. The subspecialty program director may ask the subboard to waive the research requirements and to reduce the time of subspecialty training by as much as 1 year (“fast-tracking”). This petition must be made either before the beginning of training or during the first year of training. A candidate for this pathway must have completed 3 core years of general pediatrics in an accredited program in the United States or Canada. An individual who enters subspecialty training via the Special Alternative Pathway is not eligible for subspecialty fast-tracking. Furthermore, a subspecialty fellow who receives a waiver by the subboard must complete at least 2 years of training in the subspecialty with at least 1 year of broad-based clinical training.

Training Leading to Dual Pediatric Subspecialty Certification
If an individual is certified in one subspecialty, he or she can become eligible to take another subspecialty examination after 2 years of additional training, of which at least 1 year must be broad-based clinical training. An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a 4-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the
first year of subspecialty training. Guidelines for dual subspecialty training may be obtained from the ABP or can be found on the ABP Web site at www.abp.org.

**Training Leading to Eligibility for Combined Subspecialty Certification**

An individual who has completed internal medicine-pediatrics training should contact the American Board of Internal Medicine and the ABP regarding opportunities for combined training opportunities (ie, training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards, and guidelines are available by contacting either board or visiting the ABP Web site at www.abp.org.

**Subspecialty Examination Admission Requirements**

The applicant must be currently certified in pediatrics by the ABP. An applicant whose time-limited general pediatrics certificate will expire before the examination must complete all requirements for maintenance of certification at least 4 months before the examination date. No credit toward subspecialty qualification will be granted for elective time spent in the subspecialty during the years of general pediatric training.

For candidates for certificates of special qualifications, 3 years of training are required. The program director(s) are required to verify completion of training and to sign a statement indicating whether the candidate is recommended to take the certifying examination. In addition, the program director(s) must verify clinical competence and meaningful accomplishment in research by completing the Verification of Competence form. [Note: The training requirements for candidates who began subspecialty training before January 1, 2002, may differ. Such individuals should contact the ABP or visit the Board's Web site to obtain the eligibility criteria for each subspecialty offered by the ABP.]

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered.

The applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada or unrestricted privileges to practice medicine in the United States Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

A copy of the license may be submitted separately from the initial application, but it must be submitted by the deadline stated in the application packet. A candidate who is re-registering for the examination must submit the license with the re-registration material. If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied.

An applicant who is practicing the subspecialty abroad must provide proof of licensure equivalency in the country in which he or she resides. This information must be submitted by the deadline stated in the application packet. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada.

**2004 Subspecialty Examinations Registration and Fees**

Applications will not be accepted after the appropriate postmarked date.

Pediatric subspecialty examinations will be administered on August 16, 2004, in cardiology, critical care medicine, and pulmonology.

**New Applicants**

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<tr>
<th>Type</th>
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</tr>
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</tr>
<tr>
<td>Regular Registration</td>
<td>December 16, 2003 - February 17, 2004</td>
</tr>
<tr>
<td>Late Registration</td>
<td>February 18, 2004 - March 15, 2004</td>
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**Subspecialty Re-registrant Fees**

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<tr>
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<tr>
<td>Examination</td>
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</table>

Applications for admission to the subspecialty examination may be obtained by contacting the ABP or may be available on-line for first-time applicants. Please check the ABP Web site for information. Application forms are available only during the registration period for that examination.

The examinations last a half-day, have a time limit of 4½ hours, and consist of multiple-choice questions. Examples of the types of questions to be used are mailed to registered candidates before the administration of each examination. A content outline is available on the ABP Web site.

Each candidate's examination score will be reported to the subspecialty program director where training was completed.

The names of those certified are sent to the American Board of Medical Specialties (ABMS) for publication in the Directory of Certified Pediatricians and to various pediatric journals.

**General Criteria for Certification in the Pediatric Subspecialties**

In addition to the training requirements, which are specific to each of the pediatric subspecialties, the following are required of candidates seeking certification in the pediatric subspecialties of adolescent medicine, cardiology, critical care medicine, developmental-behavioral pediatrics, emergency medicine, endocrinology, gastroenterology, hematology-oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. Each candidate must be familiar with specific subspecialty training requirements as well as the policies stated in the current Booklet of Information.

**A. Certification by the American Board of Pediatrics (ABP)**

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the
examination must complete the requirements for maintenance of certification at least 4 months before the examination date.

B. Licensure
An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US armed forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this license requirement upon presentation of proof of licensure equivalency in the country in which he or she resides.

Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Verification of Training
An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. [Note: For new subspecialties, alternatives to the usual training requirements, such as practice experience, will be acceptable as criteria for admission to the examination. Candidates should refer to the specific subspecialty eligibility criteria for details.] The role of the program director in the certification process is to verify completion of training and to sign the following statement on the Verification of Competence Form:

"I certify that the above-named applicant has demonstrated the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, and interpersonal skills and is judged to be fully prepared for independent responsibility as a pediatric subspecialist; to my knowledge, he/she has moral and ethical integrity. The applicant is recommended for examination."

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the pediatric subspecialty examination. If an applicant has not attained the appropriate knowledge and skills, the program director should sign Statements B1 or B2 on the Verification of Competence form. By signing either statement, the program director is recommending that the applicant not be admitted to the certifying examination. Statement B1 is as follows: "I certify that the above-named physician has NOT satisfactorily demonstrated one or more of the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, or interpersonal skills and is NOT judged to be fully prepared for independent responsibility in the subspecialty area indicated above. The applicant is NOT recommended for examination." Statement B2 is as follows: "I certify that in my opinion the above-named applicant lacks moral and ethical integrity and is NOT recommended for the examination at this time." If an applicant's training is not verified or completed, the program director should sign Statements B1 or B2 on the Verification of Competence form.

D. Principles Regarding the Assessment of Meaningful Accomplishment in Research
1. Research experience is an essential part of the training of subspecialists. The general requirements for research in pediatric subspecialties approved by the ACGME for program accreditation must be met as evidence of research experience. These are as follows: "Subspecialty residents must be instructed in the scientific and ethical bases of clinical research, including study design, modeling and methodology, statistical concepts, and data collection and analysis. The institution must provide the support necessary for a subspecialty resident to participate in such scholarly activities.

Research experience must begin in the first year and continue for the entire period of training to allow adequate time for the development of research skills, completion of research projects, and presentation of results to the medical community. Each subspecialty resident must actively participate in the design, conduct, evaluation, and preparation for publication of a clinical or laboratory research project in his/her subspecialty area.

"Subspecialty residents also should have experience and be given guidance in the critical evaluation of pertinent medical literature, the process of grant application, preparation of scientific articles, and medical writing. In addition, they should be required to conduct research seminars and prepare reports of their research activities. These efforts should be reviewed and evaluated by supervising faculty."

2. Additional evidence of meaningful accomplishment in research must be submitted, including one or more of the following: a. First author of a hypothesis driven research paper accepted for publication in a peer-reviewed journal deemed acceptable by the Subboard. A reprint of the paper, or a copy of the letter of acceptance by the journal and a copy of the manuscript, must be submitted. This paper should be a product of the fellowship training.

b. A PhD degree in a field of science. A copy of the degree certificate must be provided.
4. Research should be performed in a laboratory that best suits the applicant. A letter from the journal confirming the receipt of the manuscript must be included as well as a copy of the submitted manuscript.

c. A research progress report (signed by both the applicant and mentor) no more than five pages in length that must include (a) a statement of hypothesis, (b) delineation of methodology, (c) results and analysis, and (d) significance of the research. A research progress report may not be used to meet the requirement if an applicant is more than 2 years beyond completion of fellowship training unless there are extenuating circumstances that may have prevented submission of a manuscript.

The Credentials Committee of each subspecialty will review submitted research accomplishment materials and decide whether the requirement has been met.

3. The program director is responsible for notifying all residents of the research requirements necessary for certification upon entry to the subspecialty training program. Furthermore, in the description of the candidate’s research performance on the Verification of Competence Form, the program director must provide a description of the experiences on which the acceptable evidence of meaningful research is based.

4. Research should be performed in a laboratory that best suits the candidate’s interests. For example, the ABP is strongly supportive of the Pediatric Scientist Development Program that has been initiated by the Association of Medical School Pediatric Department Chairs.

Program Requirements for Residency Education in the Subspecialties of Pediatrics

Program Requirements for Residency Education in adolescent medicine, pediatric cardiology, pediatric critical care medicine, developmental-behavioral pediatrics, pediatric emergency medicine, pediatric endocrinology, pediatric gastroenterology, pediatric hematology-oncology, pediatric infectious diseases, medical toxicology, neonatal-perinatal medicine, pediatric nephrology, neurodevelopmental disabilities, pediatric pulmonology, pediatric rheumatology, and sports medicine have been approved by the ABP or by the RCPSC. Copies of the Program Requirements and lists of accredited programs are available from the office of the Residency Review Committee for Pediatrics, 510 N State Street, Chicago, IL 60610 or on the ACGME Web site at www.acgme.org, or the Office of Training and Evaluation, The Royal College of Physicians and Surgeons of Canada, 74 Stanley, Ottawa, Ontario, K1M 1P4. This information is published in the Graduate Medical Education Directory or in the RCPSC booklets of general information.

Training Leading to Dual Pediatric Subspecialty Certification

If an individual is certified in one subspecialty, he/she can become eligible to take another subspecialty examination after 2 years of additional training, of which at least 1 year must be broad-based clinical training. The individual must meet the meaningful accomplishment in research requirement during one of the fellowship training periods.

An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a 4-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the first year of subspecialty training. Guidelines for dual subspecialty training may be obtained from the ABP or can be found on the ABP Web site at www.abp.org.

Training Leading to Eligibility for Combined Subspecialty Certification

An individual who has completed internal medicine/pediatrics training should contact the American Board of Internal Medicine and the American Board of Pediatrics regarding opportunities for combined training opportunities (ie, training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards.

Subspecialty “Fast-tracking”

A subspecialty fellow who is believed to have demonstrated meaningful accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD degree or sustained research achievement culminating in the first-authored publication of a research paper in a peer-reviewed journal. The subspecialty program director may ask the Subboard to waive the research requirements and to reduce the time of subspecialty training by as much as 1 year. This petition must be made either before the beginning of training or during the first year of training. A candidate for this pathway must have completed 3 core years of pediatrics in an accredited program in the United States or Canada. An individual who enters subspecialty training via the Special Alternative Pathway would not be eligible for subspecialty fast-tracking. Furthermore, a subspecialty fellow who receives a waiver by the Subboard must complete at least 2 years of training in the subspecialty with at least 1 year of broad-based clinical training.

Eligibility Criteria for Certification in Adolescent Medicine

The ABP in collaboration with the American Board of Internal Medicine (ABIM) and the American Board of Family Practice (ABFP) has established a procedure for certification in adolescent medicine. To be eligible for this subspecialty examination, a physician must be certified in either pediatrics by the ABP, internal medicine by the ABIM, or family practice by the ABFP. This document provides the requirements of the ABP. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification. [Note: A candidate who has a primary certificate from ABIM or ABFP should contact that board regarding its eligibility criteria.]

Admission Requirements

Physicians who entered training in adolescent medicine on or after July 1, 2000, are required to complete their training in a program accredited for training in adolescent medicine by the RRC for Pediatrics in the United States or the RCPSC in Canada. A subspecialty fellow who entered adolescent medicine training before January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in adolescent medicine. Only those adolescent medicine training programs that were operated in association with general comprehensive pediatrics or internal medicine residency programs accredited by the ACGME or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in adolescent medicine are required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation,
Eligibility Criteria for Certification in Pediatric Cardiology

Admission Requirements
Physicians who entered training in pediatric cardiology on or after January 1, 1985, are required to complete the required training in a program accredited by the RCPSC in the United States or by the RCPSC in Canada. Only those pediatric cardiology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Critical Care Medicine
Eligibility Criteria for Certification in Pediatric Critical Care Medicine

Admission Requirements
Physicians who entered training in pediatric critical care medicine on or after January 1, 1985, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric critical care medicine before January 1, 1988, may apply for admission on the basis of completion of 2 years of subspecialty fellowship training in pediatric critical care medicine. Only those pediatric critical care medicine training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RRC for Pediatrics in the United States or the RCPSC in Canada. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive residency programs accredited by the RRC or by the RCPSC will be considered.

Regarding the Assessment of Meaningful Accomplishment in Research;
and he/she must pass the subspecialty certifying examination.

A subspecialty fellow who is certified in anesthesiology by the American Board of Anesthesiology may apply for admission on the basis of completion of 2 years of subspecialty fellowship training in pediatric critical care medicine.

For a fellow beginning part-time training after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination.

A subspecialty fellow who is certified in anesthesiology by the American Board of Anesthesiology may apply for admission on the basis of completion of 2 years of subspecialty fellowship training in pediatric critical care medicine. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RRC for Pediatrics in the United States or the RCPSC in Canada. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive residency programs accredited by the RRC or by the RCPSC will be considered.

Three years of full-time, broad-based subspecialty fellowship training in pediatric critical care medicine are required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 6 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RRC for Pediatrics in the United States or the RCPSC in Canada. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive residency programs accredited by the RRC or by the RCPSC will be considered.

Three years of full-time, broad-based fellowship training in developmental-behavioral pediatrics are required for fellows entering training on or after January 1, 2005. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 6 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RRC for Pediatrics in the United States or the RCPSC in Canada. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive residency programs accredited by the RRC or by the RCPSC will be considered.

Three years of full-time, broad-based fellowship training in developmental-behavioral pediatrics are required for fellows entering training on or after January 1, 2005. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 6 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RRC for Pediatrics in the United States or the RCPSC in Canada. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive residency programs accredited by the RRC or by the RCPSC will be considered.

Three years of full-time, broad-based fellowship training in developmental-behavioral pediatrics are required for fellows entering training on or after January 1, 2005. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 6 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.
accomplishment in research; the fellow must meet the criteria stated in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research”; and he/she must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 2002, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

B. Practice Experience
Five years of broad-based practice experience in developmental-behavioral pediatrics is required. A minimum of 50% of full-time, focused professional activity (and a minimum of 20 hours a week) must have been spent in the practice of developmental-behavioral pediatrics to receive credit. It is assumed that night and weekend time would be distributed in the same manner as regular time. These 5 years should be of such type and quality that they substitute for the clinical exposure one might have encountered during subspecialty fellowship training. All developmental-behavioral pediatrics practice experience must be accrued before December 31, 2006. No foreign developmental-behavioral pediatrics experience will be accepted by the Credentials Committee in fulfillment of the requirements.

For an individual utilizing the developmental-behavioral pediatrics practice experience route (B), an Evaluation Form(s) will be required from the developmental-behavioral pediatrics program director (if there is a subspecialty training program) or the pediatric department chair or the chief of pediatrics in the hospital(s) where the applicant is now or has been practicing developmental-behavioral pediatrics.

C. Partial Subspecialty Training and Practice
A combination of subspecialty fellowship training and practice experience equal to 5 years as outlined below may be utilized. These 5 years must be accrued before December 31, 2006. No credit for partial training will be given for fellowship training that began on or after January 1, 2002.

A fellow completing less than 12 months of fellowship training in developmental-behavioral pediatrics may receive practice credit on a month-for-month basis. For example, a 9-month subspecialty fellowship would be credited for 36 months of experience; this, added to 24 months of developmental-behavioral pediatrics practice experience, would total 60 months or 5 years.

A fellow completing 12 to 23 months of subspecialty fellowship training in developmental-behavioral pediatrics may receive credit on a two-for-one basis. For example, an 18-month subspecialty fellowship would be credited for 36 months of experience; this, added to 24 months of developmental-behavioral pediatrics practice experience, would total 60 months or 5 years.

For an individual utilizing the combination training and practice experience route (C), a Verification Form(s) will be required from the director(s) of the applicant’s developmental-behavioral pediatrics training program(s), and an Evaluation Form(s) will be required from the developmental-behavioral pediatrics program director (if there is a subspecialty training program) or the pediatric department chair or the chief of pediatrics in the hospital(s) where the applicant is now or has been practicing developmental-behavioral pediatrics.

The completed Verification and Evaluation Form(s) should be sent directly to the ABP.

Accredited Training
A fellow entering subspecialty training in developmental-behavioral pediatrics before completion of the accreditation process by the RRC is advised to enter those programs in which the director or senior faculty of the program is certified in developmental-behavioral pediatrics or possesses appropriate educational qualifications. Only those developmental-behavioral pediatrics training programs that are operated in association with general comprehensive pediatric programs accredited by the RRC or RCPSC will be considered.

Eligibility Criteria for Certification in Pediatric Emergency Medicine
The ABP in collaboration with the American Board of Emergency Medicine (ABEM) has established a procedure for certification in pediatric emergency medicine. To be eligible for this subspecialty examination, a physician must be certified in either pediatrics by the ABP or emergency medicine by the ABEM. This document provides the requirements of the ABP. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification. [Note: A candidate who has a primary certificate from the ABEM should contact the ABEM regarding its eligibility criteria.]

Admission Requirements
To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training
Physicians who entered training in pediatric emergency medicine on or after January 1, 1995, are required to complete their training in a program accredited for training in pediatric emergency medicine by the RRC for Pediatrics or the RRC for Emergency Medicine in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric emergency medicine training before January 1, 1996, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric emergency medicine. The program and the training must conform to the Program Requirements for Residency Education in Pediatric Emergency Medicine. Only those pediatric emergency medicine training programs that were operated in association with general comprehensive pediatrics or emergency medicine residency programs accredited by the ACGME or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric emergency medicine are required for fellows entering training on or after January 1, 1996. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric emergency medicine training on or after January 1, 1996, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the “Principles Regarding the Assessment of Meaningful Accomplishment in Research”; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1996, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

B. Dual Certification
A candidate who is certified by the ABP in general pediatrics and the ABEM in emergency medicine may apply via this pathway. A candidate who has met the certification requirements of the ABP and the ABEM before January 1, 1999, may apply via this pathway. For a candidate utilizing the dual certification pathway, the
Eligibility Criteria for Certification in Pediatric Endocrinology

Admission Requirements
Physicians who entered training in pediatric endocrinology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric endocrinology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric endocrinology before January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric endocrinology. Only those pediatric endocrinology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric endocrinology are required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric endocrinology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Gastroenterology

Admission Requirements
Physicians who entered training in pediatric gastroenterology on or after January 1, 1996, are required to complete their training in a program accredited for training in pediatric gastroenterology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric gastroenterology training before January 1, 1990, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric gastroenterology. Only those pediatric gastroenterology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric gastroenterology are required for fellows entering training on or after January 1, 1996. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric gastroenterology training on or after January 1, 1996, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1996, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Hematology-Oncology

Admission Requirements
Physicians who entered training in pediatric hematology-oncology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric hematology-oncology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric hematology-oncology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric hematology-oncology. Only those pediatric hematology-oncology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric hematology-oncology are required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric hematology-oncology training on or after January 1, 1986, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1986, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Infectious Diseases

Admission Requirements
Physicians who entered training in pediatric infectious diseases on or after January 1, 1996, are required to complete their training in a program accredited for training in pediatric infectious diseases by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric infectious diseases training before January 1, 1996, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric infectious diseases. Only those pediatric infectious diseases training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.
Three years of full-time, broad-based fellowship training in pediatric infectious diseases are required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric infectious diseases training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1995, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Medical Toxicology

The ABP in collaboration with the American Boards of Emergency Medicine and Preventive Medicine offers a certificate of added qualifications in medical toxicology. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from one of the other two boards should contact that board office for its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 4 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US armed forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this licensure requirement upon presentation of proof of licensure equivalency in the country in which he/she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Medical Toxicology Subspecialty Training

For a fellow who began medical toxicology training on or after July 1, 2000, 2 years of fellowship training must be completed in a program accredited for training in medical toxicology by the RRC for Emergency Medicine or Preventive Medicine.

An applicant must complete a fellowship in medical toxicology of 24 months' duration. Combined absences/leave in excess of 2 months during the 2 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 2 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

The training program should be sponsored by and be based within a reasonable geographical proximity of an accredited residency program in emergency medicine, pediatrics, preventive medicine, or any combination of these programs. An institution is discouraged from sponsoring more than one accredited medical toxicology program.

D. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and to sign the following statement on the Verification of Competence Form: "I certify that the above-named applicant has demonstrated the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, and interpersonal skills and is judged to be fully prepared for independent responsibility as a pediatric subspecialist; to my knowledge, he/she has moral and ethical integrity. The applicant is recommended for examination."

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the pediatric subspecialty examination. If an applicant has not attained the appropriate knowledge and skills, the program director should sign Statements B1 or B2 on the Verification of Competence form. By signing either statement, the program director is recommending that the applicant not be admitted to the certifying examination. Statement B1 is as follows: "I certify that the above-named physician has NOT satisfactorily demonstrated one or more of the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, or interpersonal skills and is NOT judged to be fully prepared for independent responsibility in the subspecialty area indicated above. The applicant is NOT recommended for examination." Statement B2 is as follows: "I certify that in my opinion the above-named applicant lacks moral and ethical integrity and is NOT recommended for the examination at this time."

If an applicant's training is not verified or if the applicant receives a B1 recommendation, the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. If an applicant receives a B2 recommendation, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. The director of the program where the additional training occurred must complete a separate Verification of Competence form.

Appeals Process: Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FTI1) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations, required at 6-month intervals by the Residency Review Committee, should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.
An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

Eligibility Criteria for Certification in Neonatal-Perinatal Medicine

Admission Requirements

Physicians who entered training in neonatal-perinatal medicine on or after January 1, 1988, are required to complete their training in a program accredited for training in neonatal-perinatal medicine by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered neonatal-perinatal medicine training before January 1, 1989, may apply for admission on the basis of completion of 2 years of fellowship training in neonatal-perinatal medicine. Only those neonatal-perinatal medicine training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in neonatal-perinatal medicine are required for fellows entering training on or after January 1, 1989. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began neonatal-perinatal medicine training on or after January 1, 1989, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Nephrology

Admission Requirements

Physicians who entered training in pediatric nephrology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric nephrology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric nephrology training before January 1, 1987, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric nephrology. Only those pediatric nephrology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric nephrology are required for fellows entering training on or after January 1, 1987. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric nephrology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Neurodevelopmental Disabilities

The ABP, in collaboration with the American Board of Psychiatry and Neurology (ABPN), offers a certificate of added qualifications in neurodevelopmental disabilities. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from the ABP should contact the ABPN regarding its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 4 months before the examination date. Once training in an accredited neurodevelopmental disabilities program is required, the applicant must maintain certification by both the ABP, in general pediatrics, and the ABPN, in neurology with special qualifications in child neurology. After the 2007 examination, all applications will be made through ABPN.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US armed forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must be unrestricted. If licenses are held by a physician must meet this requirement. An applicant who is practicing the subspecialty abroad may be exempted from this license requirement upon presentation of proof of licensure equivalency in the country in which he or she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Training or Practice Pathways

To qualify for admission to the examination, an applicant must have completed one of the following:
1. Training
For a period of 6 years following the date of the initial administration of the examination in neurodevelopmental disabilities (2001), the satisfactory completion of at least 24 months of formal training in neurodevelopmental disabilities acceptable for subspecialization in neurodevelopmental disabilities is required. Combined absences/leave in excess of 2 months during the 2 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 2 months is justified, a letter of explanation shall be sent by the director for review by the Credentials Committee. To qualify for admission to the examination after 2007, the applicant must have completed training in neurodevelopmental disabilities in an ACGME-accredited neurodevelopmental disabilities program.

For an applicant using the neurodevelopmental disabilities fellowship training pathway, a Verification of Competence Form(s) will be required from the director(s) of the fellow's neurodevelopmental disabilities program(s).

2. Practice Experience
For a period of 6 years following the first date of administration of the examination in neurodevelopmental disabilities (2001), a minimum of 50 percent of practice time devoted to neurodevelopmental disabilities for the previous 5 years is required. The experience in neurodevelopmental disabilities must consist of broad-based and focused professional activity (a minimum of 20 hours a week). These 5 years should be of such type and quality that they substitute for the clinical exposure one might have encountered during subspecialty fellowship training. No foreign neurodevelopmental disabilities experience will be accepted by the Credentials Committee in fulfillment of the requirements.

For an applicant utilizing the neurodevelopmental disabilities practice experience pathway, an Evaluation Form(s) will be required from the neurodevelopmental disabilities program director (if there is a subspecialty training program) or the pediatric department chair or chief of pediatrics in the hospital(s) where the applicant is now or has been practicing in neurodevelopmental disabilities.

3. Partial Subspecialty Training and Practice
For a period of 6 years following the first date of administration of the examination in neurodevelopmental disabilities (2001), the satisfactory completion of 12 months of formal training in neurodevelopmental disabilities acceptable for subspecialization in neurodevelopmental disabilities and 50 percent of practice time devoted to neurodevelopmental disabilities for the previous 2.5 years is required. For an individual utilizing the combination of subspecialty training and practice experience, a Verification Form(s) will be required from the director(s) of the applicant's neurodevelopmental disabilities training program(s), and an Evaluation Form(s) will be required from the neurodevelopmental disabilities program director (if there is a subspecialty training program) or the pediatric chair or chief of pediatrics in the hospital(s) where the applicant is now or has been practicing in neurodevelopmental disabilities. The completed Verification and Evaluation Form(s) should be sent directly to the ABP.

An applicant entering the examination via neurodevelopmental disabilities nonaccredited training, practice experience, or the combination of subspecialty training and practice experience must be approved for the examination and achieve certification by 2007. After 2007, all applicants must complete the accredited training pathway to recertification in neurodevelopmental disabilities.

D. Verification of Training
An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and to sign the following statement on the Verification of Competence Form: "I certify that the above-named applicant has demonstrated the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, and interpersonal skills and is judged to be fully prepared for independent responsibility as a pediatric subspecialist; to my knowledge, he/she has moral and ethical integrity. The applicant is recommended for examination."

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the pediatric subspecialty examination. If an applicant has not attained the appropriate knowledge and skills, the program director should sign Statements B1 or B2 on the Verification of Competence form. By signing either statement, the program director is recommending that the applicant not be admitted to the certifying examination. Statement B1 is as follows: "I certify that the above-named physician has NOT satisfactorily demonstrated one or more of the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, or interpersonal skills and is NOT judged to be fully prepared for independent responsibility in the subspecialty area indicated above. The applicant is NOT recommended for examination." Statement B2 is as follows: "I certify that in my opinion the above-named applicant lacks moral and ethical integrity and is NOT recommended for the examination at this time."

If an applicant's training is not verified or if the applicant receives a B1 recommendation, the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. If an applicant receives a B2 recommendation, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. The director of the program where the additional training occurred must complete a separate Verification of Competence form.

Appeals Process: Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FT11) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations, required at 6-month intervals by the Residency Review Committee, should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for
leave. No credit will be given for subspecialty training during the core general pediatric residency or a chief residency. An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (e.g., allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

Eligibility Criteria for Certification in Pediatric Pulmonology

Admission Requirements

Physicians who entered training in pediatric pulmonology on or after January 1, 1982, are required to complete their training in a program accredited for training in pediatric pulmonology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric pulmonology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric pulmonology. Only those pediatric pulmonology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric pulmonology are required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric pulmonology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Subcertification in Pediatric Pulmonology and Allergy/Immunology

A candidate who is certified in pediatrics may qualify for subcertification in both pediatric pulmonology and allergy/immunology with a shorter total period of training than that presently required (3 years of pediatric pulmonology plus 2 years of allergy/immunology). This compression of training by 1 year can be accomplished by successfully completing research training relating to the requirements of both the Subboard of Pediatric Pulmonology and the Joint Board of Allergy/Immunology. The total training program would require no less than 4 years (48 months) with at least 1 year spent in clinical pulmonary training and 1 year in clinical training for allergy/immunology. The minimum research requirement is 12 months in an environment and project relevant to both pulmonology and allergy/immunology. The fourth year would be spent in training acceptable to the Subboard of Pediatric Pulmonology and may be in clinical training or relevant additional research training.

1. Training in pediatric pulmonology may precede or follow training in allergy/immunology.

2. The candidate must train in pediatric pulmonology and allergy/immunology programs accredited by the RRC; the two programs do not necessarily have to be at the same institution. The research project selected by the trainee must be discussed with and approved by both training program directors.

3. The trainee must supply written details of any research project for which he/she plans to seek joint approval of both the Subboard of Pediatric Pulmonology and the Joint Board of Allergy/Immunology before or early in the course of his/her first year in a subspecialty program. The Subboard and Joint Board, in turn, will provide a preliminary written opinion to the trainee concerning the acceptability of the research project. This early approval is no guarantee of acceptance of the final research product.

4. The trainee is required to satisfy both the General Eligibility Requirements for Certification in Pediatric Subspecialties and the Eligibility Criteria specific to the Subboard and Joint Board as listed in the Graduate Medical Education Directory. Admission to either certification examination is granted by the Credentials Committees after completion of training, fulfillment of the research competence requirements, and review of all application materials submitted by the candidate.

Eligibility Criteria for Certification in Pediatric Rheumatology

Admission Requirements

Physicians who entered training in pediatric rheumatology on or after January 1, 1986, are required to complete their training in a program accredited for training in pediatric rheumatology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric rheumatology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric rheumatology. Only those pediatric rheumatology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric rheumatology are required for fellows entering training on or after January 1, 1992. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric rheumatology training on or after January 1, 1992, the following must be accomplished in order to become certified in the subspecialty: a Verification of Competence Form must be completed by the program director(s) stating satisfactory completion of the required training as well as verification of clinical competence and meaningful accomplishment in research; the fellow must meet the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research"; and he/she must pass the subspecialty certifying examination. A fellow beginning part-time training after January 1, 1992, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Subcertification in Pediatric Rheumatology and Allergy/Immunology

A candidate who is certified in pediatrics may qualify for subcertification in both pediatric rheumatology and allergy/immunology with a shorter total period of training than that presently
required (3 years of pediatric rheumatology plus 2 years of allergy/immunology). This compression of training by 1 year can be accomplished by successfully completing research training relating to the requirements of both the Subboard of Pediatric Rheumatology and the Conjoint Board of Allergy/Immunology.

The total training program would require no less than 4 years (48 months) with at least 1 year spent in clinical rheumatology training and 1 year in clinical training for allergy/immunology. The clinical rheumatology training should also include at least another 2 years of at least ½ day/week of an outpatient rheumatology experience, plus 1 month/year of inpatient rheumatology service to assure longitudinal exposure to rheumatologic problems in children. The minimum research requirement is 24 months in an environment and project relevant to both rheumatology and allergy/immunology, particularly immunologically related research.

1. Although training in clinical pediatric rheumatology may precede or follow training in allergy/immunology, such training should occur at latest in the second year of this combined fellowship. An integrated training program may be developed that must be prospectively approved by both boards.

2. The candidate must train in pediatric rheumatology and allergy/immunology programs accredited by the RRC. The two programs should preferably be in the same institution, but programs in the same city may be acceptable.

3. The research project selected by the trainee must be discussed with and approved by both training program directors. The trainee must supply written details of any research project for which he/she plans to seek joint approval of both the Subboard of Pediatric Rheumatology and the Conjoint Board of Allergy/Immunology before or early in the course of his/her first year in a subspecialty program. The Subboard and Conjoint Board, in turn, will provide a preliminary written opinion to the trainee concerning the acceptability of the research project. This early approval is no guarantee of the acceptance of the final research product.

4. The trainee is required to satisfy both the General Eligibility Requirements for Certification in Pediatric Subspecialties and the Eligibility Criteria specific to the Subboard and Conjoint Board as listed in the Graduate Medical Education Directory. Final admission to either certification examination is granted by the Credentials Committees after completion of training, fulfillment of the research competence requirements, and review of all application materials submitted by the candidate.

Eligibility Criteria for Certification in Sports Medicine

The ABP in collaboration with the American Boards of Family Practice, Internal Medicine, and Emergency Medicine offers a certificate of added qualifications in sports medicine. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from one of the other three boards should contact that board office for its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certificaton will expire before the examination must complete the requirements for maintenance of certification at least 4 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US armed forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this licensure requirement upon presentation of proof of licensure equivalency in the country in which he/she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Training or Practice Experience

To qualify for admission to the examination, an applicant must have completed one of the following:

1. Training

Physicians who entered training in sports medicine on or after January 1, 2001, are required to complete their training in a program accredited by the RRC for either Family Practice, Emergency Medicine, Internal Medicine, or Pediatrics.

An applicant who began training before January 1, 2001, must have completed a minimum of 1 year in a sports medicine training program that is associated with an accredited residency program in family practice, emergency medicine, internal medicine, or pediatrics.

Combined absences/leave in excess of 1 month during the 1 year of training, whether for vacation, parental leave, illness, etc., must be made up. If the program director believes that combined absences/leave that exceeds 1 month is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

Verification of Training: An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and to sign the following statement on the Verification of Competence Form: "I certify that the above-named applicant has demonstrated the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, and interpersonal skills and is judged to be fully prepared for independent responsibility as a pediatric subspecialist; to my knowledge, he/she has moral and ethical integrity. The applicant is recommended for examination."

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the pediatric subspecialty examination. If an applicant has not attained the appropriate knowledge and skills, the program director should sign Statements B1 or B2 on the Verification of Competence form. By signing either statement, the program director is recommending that the applicant not be admitted to the certifying examination. Statement B1 is as follows: "I certify that the above-named physician has NOT satisfactorily demonstrated one or more of the necessary attitudes, knowledge, clinical judgment, research abilities, technical skills, or interpersonal skills and is NOT judged to be fully prepared for independent responsibility in the subspecialty area indicated above. The applicant is NOT recommended for examination." Statement B2 is as follows: "I certify that in my opinion the above-named applicant lacks moral and ethical integrity and is NOT recommended for the examination at this time."

If an applicant's training is not verified or if the applicant receives a B1 recommendation, the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. If an applicant receives a B2 recommendation, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommend-
tion and at the ABP's discretion, a period of observation may be required in lieu of additional training. The director of the program where the additional training occurred must complete a separate Verification of Competence form.

Appeals Process: Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FTI) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations, required at 6-month intervals by the Residency Review Committee, should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated. An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave. No credit will be given for subspecialty training during the core general pediatrics residency or chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

2. Practice Experience

Five years of practice experience, as a physician and post-residency, in sports medicine is required. Practice experience accrued before 1987 will not be considered. All sports medicine experience must be accrued by June 30, 1999. This experience must consist of at least 20% of total professional time devoted to sports medicine. The activities that qualify a candidate are one or more of the following:

- Field supervision of athletes
- Emergency assessment and care of acutely injured athletes
- Diagnosis, treatment, management, and disposition of common sports injuries and illnesses
- Management of medical problems in the athlete
- Rehabilitation of the ill or injured athlete
- Exercise as treatment

Partial training in sports medicine (ie, less than 12 months) will be credited on a month-by-month basis as practice experience.

An Evaluation Form must be completed by an individual to verify that at least 20% of professional time is devoted to sports medicine in one or more of the six activities cited above. The form must be completed by a physician who is knowledgeable about the applicant's practice, such as the pediatric department chair, the chief of pediatrics, chief of staff, or the medical director of a hospital where the applicant has admitting privileges. A partner or practice associate is not acceptable.

Maintenance of Certification (Formerly Recertification)

In November 1985, the ABP established a policy of time-limited certification. This policy was effective for those individuals certified in general pediatrics and in the pediatric subspecialties after May 1, 1988. Initial certificates expire after 7 years except medical toxicology, neurodevelopmental disabilities, and sports medicine, which are valid for 10 years.

Diplomates certified before May 1, 1988, were not affected by the policy of time-limited certification; however, those choosing to achieve certification renewal on a voluntary basis may do so. Their permanent certification is not affected by this change. Pediatric critical care medicine has been time-limited since 1987. Pediatric pulmonology has been time-limited since 1986.

Maintenance of Certificates in General Pediatrics

Beginning in 2003, diplomates who wish to renew an ABP certificate in general pediatrics must successfully complete the Program for Maintenance of Certification in General Pediatrics® (PMCP-G™). [Note: The Program for Maintenance of Certification in Pediatrics, PMCP, PMCP-G, and PMCP-S are trademarks of the American Board of Pediatrics.]

PMCP-G requirements are contingent upon the ending date listed on a certificate, ie, expiration date of the certificate. If a certificate has an ending date prior to 2010, only the licensure and examination activities are required to renew the certificate for another 7 years. If a certificate has an ending date of 2010 and beyond, all PMCP-G requirements must be completed prior to the ending date of the certificate in order to renew the certificate for another 7 years. For a complete listing of PMCP-G requirements, please refer to the ABP Web site at www.abp.org.

Maintenance of Certificates in Pediatric Subspecialties

Beginning in 2003, recertification in the subspecialties will occur through the Program for Maintenance of Certification in Pediatric Subspecialties (PMCP-STM). The details will vary from PMCP-G, but the basic components will be similar.

Diplomates are not required to maintain their general pediatric certificates in order to maintain certification in a subspecialty; however, diplomates desiring to maintain both certificates may be eligible for reduced fees. Please see the ABP Web site for more information on PMCP-S.

Policies

Board Status

The ABP follows the long-standing recommendations of the American Board of Medical Specialties to its member boards not to use the term "board eligible" because of continuing confusion about the term. The allegation by an applicant that he or she has completed the required training and, therefore, is board eligible, without review and approval by the ABP, is not acceptable.

If an inquiry is made to the ABP regarding the status of an individual, the response will be only whether the individual has or has not been certified. Upon receipt of a signed release form, provided by the ABP, information will be released regarding whether an individual's application to take a general or subspecialty certifying examination was accepted and when.

Time Limit To Certification

Candidates who have met the training requirements and whose applications to take the certifying examinations have been accepted by the ABP have unlimited time to become certified, subject to their continued compliance with ABP policies and requirements, which are subject to change.
Expiration of Board Certificates
All ABP time-limited certificates expire on December 31 of the year of expiration.

Test Accommodations
An applicant who wishes to request test accommodations to take a certifying examination due to a disability is urged to notify the ABP in writing of the need for accommodations as early as possible during the application period even if they have received accommodations on a prior examination. The ABP policy on disabilities is available on the ABP Web site or upon request. The deadline for receipt of the questionnaire and supporting documentation is the registration deadline.

Maintenance of an Active License
A diplomate’s certificate will remain valid and effective only as long as all licenses to practice medicine are valid and unrestricted. Foreign diplomates must maintain equivalent licensure in their country of practice.

Applicants for initial general pediatrics certification may receive a waiver of the license requirement if, during the academic year of the examination, the applicant is completing acceptable training or a chief residency in a state, province, or district in which the medical licensing board does not require an unrestricted license.

Applicants for both initial general pediatrics and subspecialty certification who are practicing abroad or who plan to practice abroad may receive a waiver of the license requirement if proof of licensure equivalency in the country in which they reside is provided.

Revocation of Certificates
All certificates issued by the ABP are subject to the provisions of the articles of incorporation and the bylaws of the ABP. Each certificate is subject to possible revocation in the event that:

1. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to or in violation of any of the provisions of the ABP’s articles of incorporation or bylaws; or
2. The physician so certified shall not have been eligible to receive such certificate, irrespective of whether the facts constituting him or her so ineligible were known to any or all of the members of the ABP at the time of the issuance of such certificate; or
3. The physician so certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the ABP, its members, representatives, or agents.

If the ABP obtains probable cause to believe that a certificate should be revoked for any of the reasons set forth above, it may institute proceedings for revocation thereof by mailing written notice to the holder of such certificate that a hearing will be held to determine whether the certificate should be revoked. The steps to be taken are outlined in the Rules of Appellate Procedure of the ABP, which may be obtained by writing to the ABP.

Reinstatement of Certificates
When a certificate issued by the ABP has been revoked, the certificate may be restored once the physician has submitted a request for reinstatement and the Credentials Committee’s recommendation for reinstatement is approved by the Board of Directors.

Inquiries
Please address all inquiries to:
The American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514-1513

American Board of Physical Medicine and Rehabilitation
3015 Allegro Park Lane SW
Rochester MN 55902-4139
507 282-1776
507-282-9242 Fax
E-mail: office@abpmr.org
www.abpmr.org

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Robert W DePompo, MD, Rochester, Minnesota
Steve R Geiringer, MD, Westland, Michigan
Teresa L Massagali, MD, Seattle, Washington
Dennis J Matthews, MD, Denver, Colorado
Stephen F Noll, MD, Scottsdale, Arizona
Barry S Smith, MD, Dallas, Texas
Jay V Subbarao, MD, MS, Chicago, Illinois
Margaret A Turk, MD, Syracuse, New York
Anthony M Tarvestad JD, Executive Director, Rochester, Minnesota

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Physical Medicine and Rehabilitation [ABPMR] to ascertain whether the information below is current. It is the applicant’s responsibility to seek information concerning the current requirements for certification in PM&R. The most current requirements supersede any prior requirements and are applicable to each candidate for certification.)

General Requirements
A. Requirements for graduates of educational institutions within the United States or Canada
1. Prior to entry in a residency training program: graduation from a United States or Canadian medical school approved by the Liaison Committee on Medical Education (LCME) or graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA);
2. Possession of a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada will be required prior to issuance of the certificate. Evidence of unrestricted licensure in all states where a license is held will be required prior to issuance of the certificate;
3. Satisfactory completion of the requirements of the Board for graduate education and experience in PM&R as set forth below. A resident is expected to complete training in PM&R in a single accredited program except when significant extenuating circumstances make a change advisable; and
4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and payment of required fees.

B. Requirements for graduates of educational institutions outside the United States or Canada
1. Possession of a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to entry into a PM&R residency training program;

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Physical Medicine and Rehabilitation [ABPMR] to ascertain whether the information below is current. It is the applicant’s responsibility to seek information concerning the current requirements for certification in PM&R. The most current requirements supersede any prior requirements and are applicable to each candidate for certification.)
2. Possession of a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada will be required prior to issuance of the certificate. Evidence of unrestricted licensure in all states where a license is held will be required prior to issuance of the certificate.

3. Satisfactory completion of the Board’s requirements for graduate education and experience in PM&R as set forth below. A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable; and

4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

Residency Training Requirements

Applicants for the certification examinations must have satisfactorily completed 48 months (4 years) of training in a PM&R residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). The 48 months of training must be completed after the completion of medical school.

Twelve of the 48 months must consist of a coordinated program of experience in fundamental clinical skills such as an accredited transitional year, or include 6 months or more in accredited training in family practice, internal medicine, obstetrics and gynecology, pediatrics, or surgery, or any combination of these patient care experiences. The remaining months of this year may include any combination of accredited specialties or subspecialties.

Accredited training in any of the specialties or subspecialties must be for a period of at least 4 weeks. No more than 8 weeks may be in non-direct patient care experiences. Training in fundamental clinical skills must be completed within the first 2 years of the 4-year training program.

The program director and the Credentials Committee of the Board, at the beginning of the residency, will make the decision regarding the acceptability for credit of the 12 months of training in fundamental clinical skills approved by the ACGME, the RCPSC, or the AOA.

The program must include 36 months in PM&R in training program accredited by the ACGME or the RCPSC. This format is mandatory for all residents who entered training in 1986 or subsequently. A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable. In the event of a transfer, the resident is expected to complete all of the PM&R program requirements as outlined by the BRC. All required training and experience as stated above must be taken in the United States, Puerto Rico, or Canada.

The training program must include a significant amount of time spent in primary responsibility for the direct patient care management of hospitalized patients on the PM&R service. Residents must devote at least one-third of their residency experience to the care of these hospitalized PM&R patients. They must spend at least one-third of the training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.

During PM&R training, the resident must develop comprehensive basic and clinical knowledge, skills, experience, and measurable competencies in areas such as:

- history and physical examination pertinent to PM&R;
- assessment of neurological, musculoskeletal, and cardiovascular-pulmonary systems;
- determining impairment and disability; data gathering and interpreting of psychosocial and vocational factors;
- achievement of basic qualifications in the performance and interpretation of electrodiagnostic evaluations;
- therapeutic and diagnostic injection techniques;
- prescriptions for orthotics, prosthetics, wheelchair and ambulatory devices, special beds, and other assistive devices;
- prescriptions with specific details appropriate to the patient for therapeutic modalities and therapeutic exercises;
- understanding of coordinated psychologic and vocational interventions and tests;
- familiarity with the safety, maintenance, and actual use of medical equipment common to the various therapy areas and laboratories;
- formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities;
- inpatient and outpatient pediatric rehabilitation;
- collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the resident's team leadership role, and the treatment program management role of the physiatrist;
- geriatric rehabilitation;
- sports medicine rehabilitation; and
- injury, illness, and disability prevention.

Also, the resident must achieve the ability to accept progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of conditions, such as:

- acute musculoskeletal pain syndromes;
- chronic pain management;
- congenital or acquired myopathies, peripheral neuropathies, and motor neuron and motor system diseases;
- neurorehabilitative care of traumatic brain injury, cerebrovascular accident, and other brain disorders;
- hereditary, developmental, and acquired central nervous system disorders;
- rehabilitative care of spinal cord trauma and diseases;
- rehabilitative care of patients with amputations for both congenital and acquired conditions in patients of all ages;
- sexual dysfunction common to the patient with physical impairment;
- post-fracture care and rehabilitation of post-operative joint arthroplasty;
- pulmonary, cardiac, oncologic, and other common medical conditions seen in persons with physical disabilities;
- geriatric diseases, impairments, and functional limitations;
- rheumatologic disorders treated by the physiatrist;
- medical conditions or complications commonly seen and managed in the physiatric patient;
- medical conditioning, reconditioning, and fitness; and
- soft tissue disorders.

The Program Requirements for Residency Education in PM&R in the current Graduate Medical Education Directory provides additional details of PM&R residencies. This book, published annually by the AMA, cites specific programming by the individual residency and its institutional base.

Credit for Other Specialty Training

Physicians who have satisfactorily completed 1 or more years of training (up to and including certification) in a program accredited by the ACGME, the RCPSC, or the AOA in related relevant specialties may receive up to a maximum of 12 months of non-PM&R training credit upon recommendation of the program director and at the discretion of the Board.

These relevant specialties include internal medicine, neurology, obstetrics and gynecology, orthopedics, pediatrics, family practice,
and surgery. Completion of 36 months of training in an ACGME-accredited PM&R residency is still mandatory.

The Board will consider approval for non-PM&R training credit only upon recommendation of the residency training program director. Alternatively, upon the recommendation of the program director, the Board may accept a non-coordinated ACGME-approved "transitional" year or an ACGME-accredited year of training. This alternative training may be in family practice, internal medicine, obstetrics and gynecology, pediatrics, neurology, orthopedics, or surgery.

No credit will be given toward shortening the basic required 4-year program for non-ACGME-accredited residencies, fellowships, or internships, for Fifth Pathway in a United States AMA-designated training institution, or for hospital house physician experience. No credit will be allowed for fellowships prior to or during residency training.

All of the required training and experience as stated above must have been taken in the United States, Puerto Rico, or Canada. If a candidate wishes to complete an elective rotation at an international site or at any other location not accredited by the ACGME, the RCPSC, or the AOA, this must be accomplished during the 6 weeks of leave time allowed for each resident.

Absence From Training
A resident should not be absent from the residency training for more than 6 weeks (30 working days) yearly. Regardless of institutional policies regarding absences, any leave time beyond 6 weeks would need to be made up by arrangement with the program director.

"Leave time" is defined as sick leave, vacation, maternity or paternity leave, leave for locum tenens, or work in another program that is not ACGME-accredited. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.

Clinical Investigator Pathway
The ABPMPR provides an opportunity for interested residents to participate in a Clinical Investigator Pathway (CIP) during their training. The ABPMPR's criteria for certification as a Clinical Investigator require that a resident complete a 5-year residency program that integrates training in PM&R and clinical research.

The purpose of the CIP is to increase both quality and capacity of physiatric research nationally by enabling a select group of clinically and research-minded residents to become well trained in physiatric practice and research. The CIP is intended for PM&R residents in PM&R programs that have a strong emphasis on physiatric research.

Planning
Trainees interested in a research career should work with their residency program director and research mentor to design an appropriate training plan that will provide an adequate clinical experience and meet the Board's requirements. Ideally, planning for their pathway should occur during PGY-1, and the Board must be notified of and approve a trainee's intention to pursue such training by the end of PGY-2.

Training
The first year of the 5-year program is devoted to fundamental clinical skills as required for a PM&R training program. The following 4 years of residency training combine clinical and investigative training. Training should preferably occur at one institution.

PM&R Training
All trainees in the CIP must satisfactorily complete 2 years of accredited PM&R training.

Research Training
Two years of research training at 80% commitment is required. The Board defines research as scholarly activities intended to develop scientific knowledge.

The research experience of trainees should be mentored and reviewed; training should include completion of work leading to a graduate degree (if not already acquired). The last year of research training may be undertaken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

Clinical Experience during Research Years
During PM&R research training, 20% of each year must be spent in clinical experiences. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the CIP.

Certification Examination in PM&R
Trainees in the PM&R clinical investigator pathway may apply for the Part I (computer-based) certification examination in PM&R after successful completion of 4 years of training, which must include 24 months of accredited training in PM&R and 12 months of research training. Trainees may apply for the Part II (oral) examination after successful completion of 5 years of residency training.

The ABPMPR certification examinations and the Board certificate are the same for all Board candidates whether they pursue the clinical investigator pathway or standard PM&R training. A table illustrating the requirements for the ABPMPR Clinical Investigator Pathway follows.

PM&R Clinical Investigator Pathway Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Time</th>
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<tbody>
<tr>
<td>Fundamental skills training</td>
<td>12 months</td>
</tr>
<tr>
<td>PM&amp;R training</td>
<td>24 months</td>
</tr>
<tr>
<td>Research training (80%)</td>
<td>24 months</td>
</tr>
<tr>
<td>Clinical training during research (20%)</td>
<td>1 day/week</td>
</tr>
<tr>
<td>Total training</td>
<td>5 years</td>
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</tbody>
</table>

Dual Specialty Certification
Residents may elect to pursue integrated training in PM&R and another specialty by enrolling in a combined training program. The ABPMPR currently approves three types of combined training: Pediatrics and PM&R, Internal Medicine and PM&R, or Neurology and PM&R. All three programs require completion of at least 36 months of accredited training in general comprehensive PM&R.

The proposed program agreed to by the respective residency training program directors should be submitted by the program directors to both Boards for approval. Admissibility to Part I of the PM&R certification examination may be sought during the last year of training.

A full year of clinical practice, fellowship, research, or a combination of these activities, consisting of at least 6 months of clinical practice in PM&R, is required for admissibility to the Part II certification examination in PM&R. Guidelines for program directors interested in developing such a program are available through the ABPMPR office.

Combined Training in Pediatrics and PM&R
A special agreement exists between the American Board of Pediatrics (ABP) and the ABPMPR whereby a physician interested in dual specialty certification in pediatrics and PM&R can qualify for admission to the certification examinations of both Boards. The individual resident must be registered in an approved combined Peds/PM&R residency training program no later than the end of the R-2 year of the combined program.

The programs are designed to be completed in a minimum of 60 months. Vacation is shared pro rata between the training time spent in pediatrics and that spent in PM&R. The non-PM&R
12-month segment of the 4-year PM&R residency will be credited based on satisfactory completion of the regular first year of pediatric residency.

The ABP requires a minimum of 36 months of general comprehensive pediatric training with 6 months' credit for pediatric rehabilitation within the PM&R training. The ABPMPR requires a minimum of 36 months of an accredited PM&R residency with 6 months' credit for related rotations during the pediatric training. These rotations could include developmental pediatrics, neonatology, pediatric neurology, pediatric neurosurgery, or pediatric orthopedics.

Six months' full-time equivalent (FTE) of pediatric rehabilitation is required. Twenty-four months of the 36 months PM&R training must be in adult PM&R.

It is recommended that all training be completed at one academic institution; any deviation will require prospective approval by both Boards. When two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience.

Combined Training in Internal Medicine and PM&R

A special agreement exists between the American Board of Internal Medicine (ABIM) and the ABPMPR whereby a prospective resident interested in dual specialty certification in internal medicine and PM&R can qualify to apply for admission to the certification examination of each Board. Admissibility is determined by satisfactory completion of a preplanned, combined, and integrated program that could be designed to be completed in a minimum of 60 months. Before the end of the R-2 level of training in either specialty, the ABPMPR prospectively requires approval of a detailed curricular plan for a given resident approved by both Boards and signed by both program directors.

The non-PM&R 12-month segment of the 48 months of PM&R residency concerned with basic fundamental clinical skills will be credited on the basis of satisfactory completion of the regular first year of internal medicine residency.

In addition, the ABPMPR requires a minimum of 36 months of accredited PM&R residency with 6 months' credit for internal medicine rotations. These rotations may be in such areas as rheumatology, endocrinology, cardiovascular, or pulmonary subspecialties of internal medicine.

During the 30 months in PM&R, the resident must satisfactorily complete 24 months of hospital and outpatient clinical management of patients receiving PM&R services. Physical medicine and rehabilitation training includes basic and advanced knowledge of musculoskeletal and neuromuscular anatomy and physiology as related to kinesiology, exercise, and functional activities as well as to immobilization and inactivity. Applications and prescription of therapeutic exercise, orthotics, prosthetics, assistive, and supportive devices for ambulation and mobility are essential.

The following segments of training in PM&R are also required: experience with inpatient or outpatient pediatric rehabilitation, adequate training to achieve basic qualifications in electromyography and electrodiagnosis, and opportunities to achieve understanding of special aspects of rehabilitation in patients in geriatric age groups.

The 3-year internal medicine residency requirements are met in part by the ABIM recognizing 6 months' credit for PM&R residency training involving PM&R management of patients with problems related to internal medicine. Such problems include those occurring in patients with rheumatologic, cardiovascular, pulmonary, stroke, and oncologic conditions.

It is recommended that all training be completed at one academic institution. If two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience. Any deviation requires prospective approval by both Boards. After the program is approved, the resident's registration form is submitted. Vacation is shared pro rata between the two training programs.

Combined Training in Neurology and PM&R

The American Board of Psychiatry and Neurology (ABPN) and the ABPMPR have approved the proposal that residents interested in dual certification in neurology and PM&R can qualify to apply for admission to the certification examinations of each Board. This is accomplished by satisfactory completion of an integrated program planned and approved by both Boards before the end of the R-2 year, designed to be completed in a minimum of 72 months.

For purposes of this dual certification, both specialty Boards require a 12-month basic clinical skills segment in internal medicine. The ABPMPR requires a minimum of 36 months of accredited PM&R residency, and the ABPN requires 36 months of accredited neurology residency.

In order to decrease the total training time to 72 months (a reduction of 1 year), 12 months of training in areas that satisfy the special requirements in neurology and in PM&R must consist of 6 months of training in PM&R acceptable to the program director in neurology and 6 months of training in neurology acceptable to the program director in PM&R.

It is recommended that all training be completed at one academic institution. If two institutions are involved, adequate coordination should provide an appropriate educational experience that meets the requirements and approval of each Board. Before the end of the R-2 year of training in either specialty, both program directors sign and submit a training plan for a given resident to the ABPMPR for approval. After the program is approved, the resident's registration form is submitted. Vacation is shared pro rata between the two training programs.

Application Requirements and Fees

Part I

- The application forms for Part I (computer-based testing) may be obtained by downloading them from the ABPMPR Web site (www.abpmr.org), or by submitting a written request to the Board office. The completed application must include a copy of the medical degree diploma or certificate, the program director's statement that the applicant has or is anticipated to have satisfactorily completed an approved graduate program, and the names of three or more psychiatrists or other physicians to whom the Board can write for professional and character references.

- In order to have the application considered for examination, the applicant must be scheduled to complete the graduate medical education requirements on or before August 31 following the scheduled examination date for which he or she has applied. Satisfactory completion of the educational and training requirements in force at the beginning of the resident's training in an accredited program will be considered acceptable for application for admittance to the certification examinations.

- A form included in the application materials is a professional reference form, to be completed and submitted to the Board office by the applicant's residency program director. The applicant should supply this form to the program director, who then should promptly send it to the ABPMPR office.

Final admittance is contingent upon receipt of the final-year evaluation by the program director, due May 1 in the examination year. If a resident is placed on probationary status during the final year of the residency program, this status must be rescinded by the program director before May 1 for the resident to be admissible.

No decision regarding an applicant's admittance to the examinations will be made until the physician references are received. All
The appropriate fees and the completed application materials for ceding the scheduled examination. This applies to initial admissibility must be postmarked and mailed by November 15 on or before the August 31 following the exam date.

The applicant must complete a form provided by the ABPMR that describes the professional time spent during his or her 1 full-time or equivalent year of PM&R clinical practice, PM&R-related fellowship, PM&R-related research, or a combination of these.

The applicant must also submit statements from two physicians (from the applicant's local or regional area), preferably Board-certified physiatrists, verifying the applicant's 1 year in clinical practice, fellowship, research, or a combination of these according to acceptable professional, ethical, and humanistic standards. Only references from persons unrelated to the applicant will be accepted.

An applicant who plans to take Part I only must submit a fee of $1,700 along with the required documentation for Part II application, $600 of which is an application processing fee and is not refundable.

An applicant who plans to take both Parts I and II in the same year must submit a fee of $2,250 with the application, $1,200 of which is an application processing fee and is not refundable.

All fees must accompany the application for examination.

Part I
An applicant who plans to take Part I only must submit a fee of $1,250 with completed application materials, $600 of which is an application processing fee and is not refundable.

Part II
An applicant who plans to take Part II only must submit a fee of $1,700 along with the required documentation for Part II application, $600 of which is an application processing fee and is not refundable.

Late Fee
An additional nonrefundable $500 is required after the November 15 deadline.

References will remain confidential and will not be disclosed to the applicant without the permission of the physician providing the reference. Strict confidentiality of references submitted is required to ensure that the Board will receive complete and accurate evaluations of all applicants.

Reapplication
Physicians who have failed Part I or Part II can apply for admissibility for re-examination during any subsequent examination period. The same requirements will be in effect for reapplication as for initial admissibility. Currently, there is no limit to the number of times a physician may apply for repeat examinations.

Refunds and Forfeiture of Fees
Except as hereafter provided, no fees paid will be refunded. The Board will return the refundable portion of the fee only in the event that

- an applicant withdraws the application prior to the meeting of the Board to act thereon, or
- an applicant is declared not admissible to the examination.

Once an applicant has been declared admissible and is a candidate, the fees will be forfeited if the candidate withdraws for any reason, or does not appear for the scheduled examination for which he or she applied.

The ABPMR does not assume responsibility for notifying an applicant of the impending loss of admissibility due to an incomplete application or incomplete qualifications.

The Board is a nonprofit organization, and the candidates' fees are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration. The Board reserves the right to change the fees when necessary.

Board Admissibility
"Board admissible" is a term used by the ABPMR to define the status of an applicant who has been accepted by the ABPMR as a candidate to take the examination for which he or she has applied. Designation of "Board admissible" does not continue beyond the date such an examination is given, regardless of results. The Board does not accept any use of the term "Board eligible" in lieu of documented admissibility.

The Examination
As part of the requirements for certification by the ABPMR candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of PM&R. The examination for certification is given in two parts, computer-based (Part I) and oral (Part II).

Part I and Part II of the Board examination are given once each year at such times and places as the Board designates. While Part I of the examination is administered simultaneously at Pearson Professional Centers nationwide, Part II is administered only in Rochester, Minnesota.

In the event that a candidate taking both Parts I and II examinations in the same year fails Part I of the examination, that candidate's results of Part II will not count or be recognized in any way. Both Parts I and II would need to be retaken to achieve certification. Additional information provided in several brochures, Preparing for Your Computer-Based Exam and Computer-Based Testing Fact Sheet, and Preparing for the ABPMR Oral Examination, may be of interest to applicants. Copies of all publications are available from the Board office.

Examination Security Policy and Non-Disclosure Agreement
All American Board of Physical Medicine and Rehabilitation (ABPMR) certification exams, including the content and wording of exam questions, constitute confidential ABPMR information protected by copyright law. Any unauthorized receipt, possession, or transmission of ABPMR written, computer-based, or oral examination questions, content, or materials, either before the examination, on-site, or in the future, is strictly forbidden. Use of ABPMR
examination materials for the purpose of examination preparation or training is also strictly forbidden.

Violation of the ABPMR Exam Security Policy and/or Non-Disclosure Agreement, or the giving or receiving of aid in any ABPMR examination as evidenced either by observation at the time of the examination or by statistical analysis, or engaging in other conduct that subverts or attempts to subvert the examination or the ABPMR certification process, is sufficient cause for the ABPMR to:
- Bar an individual from the examination,
- Terminate participation in the examination,
- Withhold or, and/or invalidate the results of the examination,
- Withhold a certificate,
- Revoke a certificate, or
- Take other appropriate action.

Residents, candidates, and diplomates in physical medicine and rehabilitation will be required to sign a Non-Disclosure Agreement acknowledging and agreeing that all ABPMR examinations are confidential and are protected by copyright law. The Non-Disclosure Agreement expressly prohibits disclosing, publishing, reproducing, or transmitting any ABPMR examination content, in whole or in part, in any form by any means, verbal or written, electronic or mechanical, for any purpose.

Part I
The computer-based examination is divided into morning and afternoon periods, each allowing 3 ½ hours. An on-screen tutorial is available at the beginning of either session, allowing examinees to become familiar with both the computer and the format of the examination.

The examination questions are designed to test the candidate’s knowledge of basic sciences and clinical management as related to PM&R and will be in the form of objective testing. The Part I examination is based on the content areas in the Part I examination outline, available from the ABPMR office or online in the Certification Booklet of Information.

Part II
As currently structured, the oral examinations consist of three examiners examining the candidate, with each examiner conducting a 40-minute segment of the total 120-minute examination. Two 5-minute breaks divide the three parts of the oral examination.

Candidates will be expected to present in a concise, orderly fashion evidence of their proficiency in the management of various clinical conditions that come within the field of PM&R. During the oral examination, the examiner will ask questions about diagnostic procedures, therapeutic procedures, and patient management.

The candidate should be prepared to demonstrate familiarity with the literature of basic and clinical research, giving evidence of application of the literature to evidence-based medicine. Conciseness and clarity of statements are expected. Evidence of the professional maturity of the candidate in clinical procedures and of factual knowledge will be sought.

In addition to clinical PM&R, the oral portion of the examination may cover certain aspects of the basic sciences. The basic science components of the examinations may include anatomy, physics, physiology, pathology, and other fundamental clinical sciences and competencies as listed under Residency Training Requirements, above.

The Certificate
Upon approval of the application and the candidate’s successful completion of the examinations, the ABPMR will grant a certificate to the effect that the candidate has met the requirements of the ABPMR. The recipient of a certificate will be known as a diplomate, or a certificate, of the American Board of Physical Medicine and Rehabilitation.

The Board began issuing 10-year, time-limited diplomate certificates in 1993. The expiration date for these certificates is June 30 of the given year. Maintenance of Certification procedures and requirements are described briefly in a following section, and in depth in a separate Booklet of Information available upon request from the Board office. Certificates issued prior to 1993 have no time-limited stipulations; however, holders of these pre-1993 certificates may voluntarily participate in the Maintenance of Certification program.

Residents entering a training program are hereby informed and must be aware that time-limited certification for PM&R began in 1993 for all diplomates certified thereafter. A certificate granted by this Board does not of itself confer or purport to confer any degree or legal qualifications, privileges, or license to practice PM&R. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted physicians in the practice of PM&R in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.

Communication
Published Listing of Certified Diplomates

Reporting Changes in Information
Once certified, diplomates are asked to notify the ABPMR office of any changes in address, place of employment, telephone or fax number, or personal name. Such information must be submitted in writing by fax, e-mail, mail, or the form provided on the ABPMR Web site. For name changes, a copy of the official documentation is required. Diplomates are responsible to notify the Board office regarding any changes in licensure status.

Board Policies
Accommodations for Persons With Disabilities
The ABPMR supports the Americans with Disabilities Act (ADA) and makes reasonable accommodations in examination procedures for individuals with documented disabilities. Applicants with disabilities may request modifications in the administration of the examination. The ABPMR will grant such requests unless the modifications would place undue burden on the ABPMR or would fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Applicants considering the need for modifications are urged to obtain a copy of Procedures for Requesting Accommodations under the ADA. This publication, available from the ABPMR, outlines the documentation required of applicants with disabilities who request examination modifications.

All required documentation must be submitted to the ABPMR office by January 1 of the year of the scheduled examination. Applicants anticipating the need for accommodations should contact the ABPMR well in advance of January 1 to allow sufficient time to submit any required documentation by the January 1 deadline.

Unethical or Irregular Behavior
Applicants for an examination must certify that the information provided in their applications is true and accurate, and must also agree not to engage in any unethical or irregular behavior intended
to subvert the integrity of the exam. Examples of unethical or irregular behavior include, but are not limited to, situations where:

1. any misrepresentation is discovered in the candidate's application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examination;
2. any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the ABPMR in order to obtain a right, privilege, or benefit not usually granted by the ABPMR to similarly situated candidates;
3. any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of computer-based testing results, or violation of the Examination Security Policy and Non-Disclosure Agreement; or
4. the on-site proctor of the computer-based examination or the oral examiner deems any portion of the candidate's absence from the designated examination room for whatever reason and any duration as unexcused or otherwise impermissible.

If the ABPMR determines that unethical or irregular behavior has occurred prior to, during, or after the examination, the ABPMR may permanently bar the involved person(s) from all future examinations, invalidate the results of or refuse to score prior examinations taken by the person(s), withhold or revoke the candidate(s) of the person(s), and/or take other appropriate action. If sanctions are imposed pursuant to the Board policy, the ABPMR may notify legitimately interested third parties of its action. The person in question shall be given written notice of the charges and an opportunity to respond in accordance with the rules and regulations of the ABPMR.

In the event of such a determination, the ABPMR will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. In some instances, the evidence of irregularity, though sufficiently strong enough to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

All examinations administered by the ABPMR are copyrighted as the sole property of the ABPMR and must not be reproduced or retained in any manner. Any collection of administered test items, in whole or in part, is a federal offense and also may subject the candidate to the sanctions listed above. No notes, computer disks, text-books, other reference materials, scratch paper, or electronic devices may be taken into either the computer-based or oral certification examinations.

Misrepresentation

Misrepresentation or alleged misrepresentation of a person as a diplomate of the American Board of Physical Medicine and Rehabilitation, or as having obtained a status of eligibility to take the certification examination, will be investigated and acted upon by the ABPMR. The Board will seek verifiable evidence of such misrepresentation from the individual in question and other sources. Once sufficient evidence for reasonable verification of such misrepresentation has been obtained, the Board will notify the individual and each related licensing agency of the evidence it has been able to obtain. Such misrepresentation may include, but is not limited to, inclusion of an uncertified physician's name in a listing of other certified physicians, whether in newspapers, telephone yellow pages, or other means of soliciting patients, with the implication that all so listed are certified in PM&R.

Substance Abuse

If a history of substance abuse exists, candidates must provide documentation that they can safely and effectively perform the duties and responsibilities of a Board diplomate. The Board treats this information as confidential. Such documentation may consist of:

1. evidence of a successful completion of a supervised treatment program;
2. evidence of a documented period of abstinence, or
3. evidence of current participation in a supervised rehabilitation program combined with evidence that the candidate is no longer engaged in the abuse of drugs and/or alcohol.

Revocation of Certification

Any certificate issued by the Board remains the property of the Board. Any certificate issued by the Board shall be subject to revocation at any time if the Board determines, in its sole judgment, that the diplomate holding the certificate was in some respect not properly qualified to receive or retain it. The Board may at its discretion revoke a certificate due cause, including, but not limited to, the following:

1. The diplomate made any material misstatement or omission to the Board;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued, whether or not the Board knew of such a deficiency;
3. The diplomate engaged in irregular behavior in connection with an examination of the ABPMR, whether or not such practice had an effect on the performance of the candidate on that examination. Examples of irregular behavior may include, but are not limited to, copying answers or knowingly giving answers to another individual, using notes during an examination, copying, or any violation of the ABPMR Examination Security Policy and Non-Disclosure Agreement;
4. The diplomate misrepresented his or her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
5. The diplomate engaged in conduct that violated the moral or ethical standards of medical practice accepted by organized medicine in the locality where the diplomate is practicing, resulting in a revocation, suspension, qualification, or other limitation of his or her license to practice medicine, or the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his/her professional peers; or
6. The diplomate's license to practice medicine has been revoked, suspended, qualified, or limited in any jurisdiction.

If the Board determines to revoke any certificate for any reason, the person affected thereby shall be given written notice of the reasons for the proposed revocation.

Upon revocation of certification, the holder shall return the ABPMR certificate and other evidence of certification to the Board, and his or her name shall be removed from the list of certified physiatrists.

Appeal of Decisions

An appeal process is available to individuals who disagree with the ABPMR's decision regarding admission to examinations, requests for special accommodations, accuracy of scoring procedures, or revocation of certification. A copy of the ABPMR Appeal Policy and Procedure is available upon request from the ABPMR office.

Certificate Reinstatement

Should the circumstances that justified revocation of the certificate be corrected, the Board may, at its discretion, reinstate the certificate after appropriate review of the individual's licensure and
performance, using the same standards and requirements applied to the applicants for certification.

**Maintenance of Certification**
Beginning in 1996, the Board issued time-limited certificates that are valid for 10 years. To maintain certification beyond the 10-year period, diplomates certified since 1998 must participate in the Maintenance of Certification (MOC) program.

The guiding principle of the ABPMR’s MOC program is to foster the continuing professional development of quality patient care and all aspects of the practice of PM&R by its diplomates. Through its MOC program, the ABPMR seeks to encourage, stimulate, and support its diplomates in a program of self-directed, life-long learning through the pursuit of continuing medical education.

The MOC process permits diplomates to demonstrate that they continue to meet the requirements of the ABPMR. Maintenance of Certification also provides patients and their families, funding agencies, and the public in general with assurance of the continuing up-to-date knowledge of PM&R diplomates.

To participate in the MOC program, an ABPMR diplomate must:
- hold a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada. Evidence of unrestricted licensure in all states where a license is held will be required;
- pay an annual $100 fee;
- provide evidence of an average of 50 continuing medical education (CME) credits annually, for a total of 500 CME hours over the 10-year period (with all such CME credits being recognized by the AMA or AOA); and
- successfully complete a written or computer-based examination.

Beginning in 2005, this will be a proctored examination. Diplomates are automatically enrolled in the MOC program upon issuance of their time-limited certificates. Those who do not pay their fees or do not report CME credits for 4 or more years are considered nonparticipants. The Board office will notify contractors when their certificates have expired. Delayed participation in the MOC process may require completion of the requirements for initial certification, so diplomates are advised to monitor their participation carefully.

Currently, the MOC examination is an open-book, take-home test consisting of 200 multiple-choice questions. Diplomates have 10 weeks to complete the examination and return it to the ABPMR. The examination content is organized into modules. All participants complete a core module, and select two additional modules from specific subspecialty areas in PM&R. The MOC examination will be administered as a proctored, closed-book examination beginning in 2005.

For complete information on the MOC process and requirements, refer to the current Maintenance of Certification Booklet of Information on the ABPMR Web site at www.abpmr.org, or by contacting the ABPMR office.

**Subspecialty Certification**

**Spinal Cord Injury (SCI) Medicine**
The authority to grant subspecialty certification in SCI medicine was granted to the ABPMR by the ABMS in March 1996, with the first examination given in October 1998. The application and information on the examination process for subspecialization in spinal cord injury medicine are available to all diplomates of ABMS Member Boards.

The SCI Medicine examination is administered as a computer-based test at Pearson Professional Centers nationwide. The SCI Medicine examination will be offered in alternate years only beginning in 2008 (i.e., 2006, 2007, 2009, and so on).

Applications are available after April 1 in the year the examination will be given. Completed applications are due by July 1 of the same year. The Subspecialty Certification in Spinal Cord Injury Medicine Information Booklet which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office or via the ABPMR Web site.

**Pain Medicine**
In March 1998, the ABPMR and the American Board of Psychiatry and Neurology (ABPN) joined the American Board of Anesthesiology (ABA) in recognition of pain management as an interdisciplinary subspecialty with a single standard of certification. The ABA administers the examination, which covers the various content areas of pain medicine. The examination is administered as a computer-based test, and future pain medicine examinations are slated for September each year at testing centers nationwide. Contact the Board office for specific dates.

Applications for each pain medicine examination are available in January, and the completed applications are due by February 15 of the year in which the examination will be given. The Subspecialty Certification in Pain Management Information Booklet, which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office and via the ABPMR Web site.

**Pediatric Rehabilitation Medicine (PRM)**
The authority to grant subspecialty certification in pediatric rehabilitation medicine (PRM) was granted to the ABPMR by the ABMS in March 1999, with the first examination given in November 2003. The application and information on the examination process for subspecialization in PRM is available to all ABPMR diplomates.

The PRM examination is administered as computer-based testing at Pearson Professional Centers nationwide. Applications for each year's PRM examination are available after April 1. Completed applications are due by July 1 of the year in which the exam will be taken. The Subspecialty Certification in Pediatric Rehabilitation Medicine Information Booklet, which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office or via the ABPMR Web site.
American Board of Plastic Surgery

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The members listed below were nominated from the American Association of Plastic Surgeons (AAPS), the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), the American Association of Hand Surgeons (AAHS), the American Society for Surgery of the Hand (ASSH), and the American Society of Maxillofacial Surgeons (ASMFS).

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Plastic Surgery, Inc [ABPS], to ascertain whether the information below is correct.)

Introduction
The ABPS, which was organized in June 1937 by representatives of various groups interested in this type of surgery, received recognition as a subsidiary of the American Board of Surgery (ABS) in May 1938. The ABPS was given the status of a major specialty board in May 1941 by action of the Advisory Board for Medical Specialties as approved by the Council on Medical Education of the American Medical Association (AMA), which has designated certain specialty fields as being suitable to be represented by specialty boards.

The Board is organized under the laws of the State of Illinois for charitable, scientific, and educational purposes. No part of its net earnings shall inure to the benefit of any private member, director, officer, or other individual, nor shall the Board ever declare or make to any such persons any dividend or other distribution. Nothing herein, however, shall prevent the payment of reasonable compensation for services rendered or the reimbursement of reasonable expenses incurred in connection with the Board’s affairs.

Plastic surgeons certified by the Board are listed in the Official ABMS Directory of Board Certified Medical Specialists, published by Elsevier Science in cooperation with the American Board of Medical Specialties (ABMS).

Mission Statement
The mission of the ABPS is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification, and recertification of plastic surgeons as specialists and subspecialists.
Description of Plastic Surgery

Plastic surgery deals with the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniofacial structures, hand, extremities, breast and trunk, external genitalia, or cosmetic enhancement of these areas of the body. Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles both to improve overall appearance and to optimize the outcome of reconstructive procedures.

Special knowledge and skill in the design and surgery of grafts, flaps, free tissue transfer, and replantation is necessary. Competence in the management of complex wounds and the use of implantable materials and in tumor surgery is required. Plastic surgeons have been prominent in the development of innovative techniques such as microvascular and craniofacial surgery, liposuction, and tissue transfer. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty.

Competency in plastic surgery implies an amalgam of basic medical and surgical knowledge, operative judgment, technical expertise, ethical behavior, and interpersonal skills to achieve problem resolution and patient satisfaction.

Sponsoring Organizations

The ABPS consists of at least 20 directors who manage the affairs of the organization. The Board elects one director from names submitted by the American Board of Surgery. Public member(s) are elected from nominations submitted by the directors. The Board elects at least 19 directors from names submitted by the following 21 sponsoring organizations:

- The Aesthetic Surgery Education & Research Foundation, Inc
- The American Association for Accreditation of Ambulatory Surgical Facilities, Inc
- The American Association of Plastic Surgeons
- The American Society of Plastic Surgeons
- The American Society of Plastic Surgeons
- The American Society of Reconstructive Microsurgery
- The American Society for Aesthetic Plastic Surgery, Inc
- The American Society for Reconstructive Microsurgery
- The American Society of Plastic and Reconstructive Surgeons
- The American Association of Plastic Surgeons
- The American Burn Association
- The American Head and Neck Society
- The American Society of Aesthetic Plastic Surgery, Inc
- The American Society of Microsurgery
- The American Society of Reconstructive Microsurgery
- The American College of Surgeons
- The American Society of Plastic Surgery
- The American Society of Facial Plastic Surgeons
- The American Society of Maxillofacial Surgeons
- The American Society of Plastic and Reconstructive Surgeons
- The American Society for Aesthetic Plastic Surgery
- The Canadian Society of Plastic Surgeons
- The Council of Regional Societies of Plastic and Reconstructive Surgery
- The Plastic Surgery Research Council
- Plastic Surgery Education Foundation
- The American Board of Plastic Surgery

Purposes

The essential purposes of the Board are

1. to establish requirements for the qualifications of applicants who request a certificate of their ability in the field of plastic surgery in its broadest sense;
2. to conduct examinations of approved candidates who seek certification by the Board;
3. to issue certificates to those who meet the Board's requirements and pass the respective examinations;
4. to do and engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes.

The Board is not an educational institution, and certificates issued by the Board are not to be considered degrees. The certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery.

Standards of certification are clearly distinct from those of licensure; possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of others not so certified. The Board does not purport in any way to interfere with or limit the professional activities of any licensed physician, nor does it desire to interfere with practitioners of medicine or any of their regular or legitimate activities.

It is not the intent nor has it been the function of the Board to define requirements for membership on the staff of hospitals or to define who shall or shall not perform plastic surgical operations. The Board is not a primary source of censure or primary review of ethical problems.

Policies

It is the Board's prerogative to determine the professional, ethical, moral, physical, and mental fitness of any candidate for its certificate.

The Board will consider opinions expressed concerning an individual's credentials only if they are in writing and signed.

It is the policy of the Board to maintain its autonomy and independence from political and economical considerations that might affect plastic surgery.

Advertising Requirements

The Board recognizes the role of legitimate advertising in the changing medical scene, but it does not approve of advertising that arouses unrealistic expectations, is false or misleading, minimizes the magnitude and possible risks of surgery, or solicits patients for operations that they might not otherwise consider.

Such advertising is improper and inconsistent with the high standards of professional and ethical behavior implied by certification by the ABPS. Misstatements regarding Board status are also inconsistent with the minimum ethical standards of the certified physician. The Board may penalize individuals misstating their status.

Although in the examination process, candidates may not advertise any status with the Board until certified after passing the Oral Examination. This includes, but is not limited to, statements, forms, or images that express or imply that one is a candidate, admissible, eligible, qualified, or affiliated with the Board prior to achieving certification.

Candidates are required to submit photocopics of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, curriculum vitae, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers, magazines, and newspapers.

Candidates also may not represent themselves as members of the American Society of Plastic Surgeons (ASPS) by statements or use of the Society symbol as this can be regarded by the public as evidence of certification by the Board. The Board recommends that
candidates and senior partners contact the marketing department of APS to determine adherence to the Society's policies before placing practice advertisements in print.

A candidate will be deferred from the examination process for at least 1 year if the Board receives written documentation of such advertising.

General Requirements

The following requirements for admissibility are in agreement with those promulgated by the ABMS:

1. The Board will accept only those persons whose major professional activity is limited to the field of plastic surgery.
2. The person must maintain an ethical standing in the profession and moral status in the community acceptable to the ABPS in conformity with the Board’s Code of Ethics. Moral and ethical practices that do not conform with the Board’s Code of Ethics may result in rejection of an application or in deferral of examination until such matters have been resolved satisfactorily.

The Board may deny a candidate the privilege of sitting for an examination, or may refuse issuance of a certificate, if it is found by additional disclosures or a recent change in status that the candidate no longer meets the general or professional requirements.

Professional Requirements

The Board considers the requirements detailed in the sections on prerequisite training and training requirements to be minimal. Candidates are encouraged to take advantage of broadening experiences in other fields.

The Board reserves the right to:
1. request lists of operations performed solely by the candidate for 1 or more years;
2. request special and extra examinations: written, oral, or practical;
3. request any specific data concerning the candidate that may be deemed necessary before making a final decision for certification;
4. consider evidence that a candidate’s practice after completion of training is not in accord with generally accepted medical or ethical standards, which may result in rejection of the application or deferral of the examination until such time as the matter has been satisfactorily resolved.

Undergraduate Medical or Osteopathic Education

Before prerequisite training, candidates must have graduated from a medical school in a state or jurisdiction of the United States that is accredited at the date of graduation by the Liaison Committee for Medical Education (LCME), a Canadian medical school accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), or a US osteopathic school accredited by the American Osteopathic Association (AOA).

Graduates of medical schools located outside the jurisdiction of the United States and Canada must possess a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed a Fifth Pathway program in an accredited school of medicine in the United States.

Official Evaluation of Prerequisite Training

Official evaluation of prerequisite training by the Board is required prior to the initiation of residency training in plastic surgery for residents in independent programs and after the first year of residency for those in integrated plastic surgery programs. This simple preliminary step will prevent later disappointment. It is the responsibility of all residents in plastic surgery to obtain this evaluation. The Request for Evaluation of Training Forms are mailed upon request throughout the year. There is no deadline for submission of material to the Board Office. Each prospective candidate must obtain a Request for Evaluation of Training Form from the Board Office prior to completion of prerequisite training. The completed Request for Evaluation of Training Form, a $150 nonrefundable processing fee (made payable to The American Board of Plastic Surgery, Inc. in US Funds), and a copy of the prospective candidate’s medical school diploma is required upon submission.

A Confirmation Letter will be sent directly to the resident upon review and approval of the prerequisite training. The Plastic Surgery Matching Program does require the Board’s Confirmation Letter for the Match Application. Prospective candidates should be aware of the Match Application deadline, usually in the fall. Please allow 6 weeks for the processing of the Request for Evaluation of Training Forms and mailing of the Confirmation Letter from the Board office.

Directors of accredited residency training programs in plastic surgery must require all prospective trainees to have an official evaluation and approval of their prerequisite training by the Board before they begin plastic surgery training.

Approval for residency training in plastic surgery will be provided to those individuals who clearly meet the Board’s established training requirements. Further information for detailed credential review will be obtained on all other individuals where training was in other than accredited programs.

Official evaluations will be made by the Credentials and Requirements Committee. Individual officers or members of the Board cannot and will not make such estimates or rulings. It should be emphasized that the answers to many questions require a decision by one or more of the committees of the Board. This applies particularly to evaluation of training and questions of admissibility. Decisions are referred to the entire Board at the next scheduled Board meeting.

The process of reaching a final decision may require several months, since the full Board meets only twice annually. March 1 and September 1 are the deadline dates for receipt of written submission of special requests, documentation, and required fee. Further information for detailed credential review will be obtained on all other individuals where training was in other than accredited programs.

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The process of reaching a final decision may require several months, since the full Board meets only twice annually. March 1 and September 1 are the deadline dates for receipt of written submission of special requests, documentation, and required fee for consideration by the Credentials and Requirements Committee.

The Board will issue neither a letter verifying prerequisite training nor an Application for Examination and Certification Form until the Request for Evaluation of Training Form has been received and approved.

Training Requirements

There are two major pathways toward obtaining acceptable graduate level training in plastic surgery: the independent model and the integrated model.

In an independent model, the candidate must complete both (1) prerequisite training and (2) requisite training (plastic surgery). In an integrated model, no such distinction exists.

Residents may transfer, prior to the last 2 years, from an independent type of program to another independent program and from an integrated type of program to another integrated program, but they may not exchange accredited years of training between the two different models without specific prior approval by the Residency Review Committee for Plastic Surgery. The candidate must also provide written notification to the Board of anticipated transfers and obtain prior approval by the Board.

The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year.

1. Independent Model

This model includes programs with 2 or 3 years of plastic surgery training. The Independent Model has two options. The first option
has two variations. Each of the pathways described satisfy the requirements of the Board for entry into the certification process.

1. **Option 1, variation A** requires at least 3 years of clinical general surgery residency training to complete the prerequisite requirements of the Board. Residents must complete a minimum requirement of 36 months of training including specific rotations, which are noted in the Booklet of Information. This requirement of the Board stipulates that a minimum of 3 years of clinical training in general surgery, with progressive responsibility, in the same program must be completed before the resident enters a plastic surgery residency.

   **Option 1, variation B** is the "combined" or "coordinated" residency. This option is the same as option #1A, with the exception that medical students are matched into a general surgery training program with a noncontractual understanding that they will become plastic surgery residents at the same institution after satisfactorily completing the 3-year minimum prerequisite requirement in general surgery. During this time they are considered residents in general surgery with an "expressed" interest in plastic surgery, but are not considered plastic surgery residents by the RRC-PS, AACS, or ABPS until completing the prerequisite training program and entering the requisite years. These programs are not differentiated in the Graduate Medical Education Directory (the "Green Book"), but rather are found listed among general surgery and independent plastic surgery programs. Prerequisite and requisite requirements are completed at the same institution in this model.

2. **Option 2** is available for residents who have satisfactorily completed a formal training program (and are board admissible or certified) in general surgery, otolaryngology, neurological surgery, orthopedic surgery, urology, or oral and maxillofacial surgery (the latter requiring 2 years of clinical general surgery training in addition to an MD/DDS). Successful completion of these ACGME- or ADA-accredited programs fulfills the prerequisite training requirement.

Residents can officially begin a plastic surgery training program (requisite training) after completion of any of these prerequisite options, all of which require confirmation by the Board (Request for Evaluation of Training Form with confirmation letter regarding the acceptability of the prerequisite training for the Board's certification process).

In the Independent Model options, only the requisite period of training in the Independent Model is under the supervision of the RRC-PS. Note that the education in the Independent Model is accredited by the RRC-PS. However, in the "combined" model, the general surgery years are accredited by the RRC for General Surgery and not the RRC-PS.

**Prerequisite Training**

For United States or Canadian doctors of medicine or osteopathy with their medical degree or osteopathic degree granted in the United States or Canada, and international medical graduates, one of the following pathways must be taken:

1. A minimum of 3 years of clinical training in general surgery with progressive responsibility in the same program is required. Programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). Rotating internships will not be accepted in lieu of a clinical year in general surgery. Broad surgical training experience is required.

   A total of 36 months of general surgery is required. A minimum of 18 months must be devoted to rotations in the primary and secondary in the primary and secondary components of general surgery as listed in Categories 1 through 12 below:

   1. General surgery
   2. Alimentary tract surgery
   3. Abdominal surgery
   4. Breast surgery
   5. Head and neck surgery
   6. Vascular surgery
   7. Endocrine surgery
   8. Surgical oncology
   9. Trauma
   10. Critical care
   11. Pediatric surgery
   12. Transplant

   During the 36 months of general surgery, no more than a total of 12 months may be served in the other areas of surgical training, such as:

   1. Gynecology
   2. Neurologic surgery
   3. Ophthalmology
   4. Orthopedic surgery
   5. Otolaryngology
   6. Urology
   7. Anesthesia
   8. Burns
   9. Surgical pathology
   10. Surgical dermatology
   11. Oral and maxillofacial surgery
   12. Cardiothoracic surgery

   During the 36 months of general surgery, no more than 1 month can be spent on pathology or dermatology and no more than 2 months on oral and maxillofacial surgery.

   During the 36 months of general surgery, no more than 3 months may be spent on a single rotation of the other subspecialties and no more than 6 months may be assigned on the combination of plastic surgery and hand surgery rotations.

   This program must be approved by the Residency Review Committee (RRC) for Surgery and accredited in the United States by the ACGME or in Canada by the RCPSC for full training. The minimum of 3 years of clinical training with progressive responsibility in the same program in general surgery must be completed before the candidate enters a plastic surgery residency. The satisfactory completion of this requirement must be verified in writing by the general surgery program director (see "Verification of Prerequisite Training," below). Or

2. An accredited residency training program in neurological surgery, orthopedic surgery, otolaryngology, or urology. Prospective candidates may initiate residency training in plastic surgery following satisfactory completion of the entire course of training in the United States or Canada, as prescribed for certification by the American Board of Neurological Surgery, the American Board of Orthopaedic Surgery, the American Board of Otolaryngology, or the American Board of Urology. They must meet and comply with the most current requirements in those specialties. Satisfactory completion of training must be verified in writing by the training program director (see "Verification of Prerequisite Training," below) and evidence of current admissibility to the respective specialty board's examination process in the United States is required.

   **For prospective candidates with an MD degree obtained in the United States or Canada combined with a DMD or DDS degree**

   Satisfactory completion of a residency program in oral and maxillofacial surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency. The satisfactory completion of this training must be verified in writing by the oral and maxillofacial surgery program director. This program may include the integration of a
medical school component resulting in a doctor of medicine (MD) degree or the Medical Degree may be obtained before or after residency training in oral and maxillofacial surgery.

This combined training must also include a minimum of 2 years of only clinical general surgery training progressive responsibility under the direction of the general surgery program director after obtaining the MD degree. These 24 months may be devoted only to those rotations in the 13 primary and secondary components of general surgery as listed previously. The general surgery program director must verify in writing the completion of 2 years of general surgery training, the level of responsibility held, inclusive dates, and specific content of rotation. Rotations in general surgery during medical school, prior to the MD degree, will not be considered as fulfilling any part of the 24-month minimum requirement. If the general surgery component is completed at an institution other than the sponsoring institution of the oral and maxillofacial surgery residency, then this training must be completed consecutively, with all 24 months spent in the same general surgery program that has been reviewed by the Board and is accredited by the ACGME in the United States.

**Verification of Prerequisite Training**

To obtain written verification from the program director under whom the candidate completed prerequisite training, the Board office will mail a verification form to the program director for completion and return by the program director. It is the candidate’s responsibility to determine that the form has been completed and returned to the Board office.

**Requisite Training**

**Graduate Education in Plastic Surgery**

Two years of plastic surgery training is required, and the final year must be at the senior level. Residents entering a plastic surgery residency accredited for 3 years of training must complete the entire 3 years, including 1 year of senior responsibility.

Prospective candidates are required to complete both years of a 2-year program in the same institution or the last 2 years of a 3-year program in the same institution. In either instance, the final year must be at the senior level.

Training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the RRC for Plastic Surgery and accredited by the ACGME or those programs approved by the RCPSO.

**Content of Training**

Candidates must hold positions of increasing responsibility for the care of patients during these years of training. For this reason, major operative experience and senior responsibility are essential to surgical education and training.

An important factor in the development of a surgeon is an opportunity to grow, under guidance and supervision, by progressive and succeeding stages to eventually assume complete responsibility for the surgical care of the patient.

It is imperative that a resident hold positions of increasing responsibility when obtaining training in more than one institution, and 1 full year of experience must be at the senior level. The normal training year for the program must be completed. No credit is granted for part of a year of training.

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable training year is 48 weeks. Should absence exceed 4 weeks per annum for any reason, the circumstances and possible makeup time of this irregular training arrangement must be approved by the RRC for Plastic Surgery; and documentation of this approval must be provided to the Board by the program director. No credit but no penalty is given for military, maternity/paternity, or other leaves during training. Residents or candidates in the examination process called to active military duty do not need to submit a reapplication if 5 years expire during the active duty period. Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in both the functional and cosmetic management of congenital and acquired defects of the head and neck, trunk, and extremities. Sufficient material of a diversified nature should be available to prepare the trainee to pass the examination(s) of the Board after the prescribed period of training.

This period of specialized training should emphasize the relationship of basic science—anatomy, pathology, physiology, biochemistry, and microbiology—to surgical principles fundamental to all branches of surgery and especially to plastic surgery. In addition, the training program must provide in-depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, pharmacology, anesthesiology, and chemotherapy.

**Accredited Residency Programs**

Information concerning accredited training programs for the independent model may be found in the Graduate Medical Education Directory (the “Green Book”) published by the American Medical Association (AMA) under the aegis of the ACGME. Copies of this directory are available at many medical schools and libraries, or candidates may order the directory directly from the AMA by calling toll-free 800 621-8335, or by writing to Order Department OP416704, American Medical Association (AMA), PO Box 930876, Atlanta, GA 31193-0876; www.ama-assn.org. The Board does not inspect or approve residencies. The RRC for Plastic Surgery inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the director of the residency program has filed an application for approval by the RRC for Plastic Surgery. For information contact the office of Doris A Stoll, PhD, 515 N State St, Chicago, Illinois 60610; 312 755-6498; www.acgme.org.

The RRC consists of nine members, three representatives from each of the following: the ABPS, the ACS, and the AMA. Neither the Board nor its individual members can be responsible for the placement of applications for training. The Board does not maintain a list of available openings in programs. Prospective candidates seeking accredited training in plastic surgery should correspond directly with the directors of those training programs in which they are interested.

Most plastic surgery residencies participate in a special Plastic Surgery Matching Program. For information, contact Plastic Surgery Matching Program, PO Box 7584, San Francisco, California 94120-7584; 415 447-0350; www.sfmatch.org.

**Nonapproved Residencies**

No other residencies in the United States, Canada, or other countries are acceptable in lieu of those specified above. This in no way implies that quality training cannot be acquired elsewhere, but the Board has no method of evaluating the quality of such programs and must be consistent in its requirements.

The Board grants no credit for training, residency, and/or experience in disciplines other than those named.

**2. Integrated Model**

**United States Program**

Candidates must have a medical or osteopathic degree granted in the United States or Canada by an institution accredited by the LCME or the AOA.

Graduates of allopathic medical schools in the United States or its territories not accredited by the Liaison Committee for Medical
Education (LCME) who have successfully completed the licensure requirements in a US jurisdiction are deemed to have appropriate undergraduate medical credentials.

Graduates of schools of medicine from countries other than the US or Canada must present evidence of final certification by the Educational Commission for Foreign Medical Graduates (ECFMG). Information on this certification can be obtained by writing to ECFMG, 3634 Market St/4th Fl, Philadelphia, PA 19104-3388; 215-386-5900; www.ecfmg.org.

Accreditation by the ACGME is required for all years of the training program.

Training in the Integrated Model requires no less than 5 years of RRC-PS accredited residency under the authority and direction of the plastic surgery program director. The curriculum includes the basic experience as detailed above under "prerequisite training" and is determined by the plastic surgery program director and accredited by the RRC-PS. No less than 2 years of this program must be concentrated in plastic surgery, and the last 12 months must entail senior clinical plastic surgery responsibility. The last 2 years of training must be completed in the same program.

Transfers To Integrated Programs
A resident transfer into a vacant position in an Integrated Program must be approved by the program director, the RRC-PS, and the ABPS. The following documentation must be provided to the Board office for review and approval:
1. Letter from the RRC-PS approving the opening in the integrated program;
2. Letter from the general surgery program director indicating the exact dates of training that will be completed at the time of the transfer;
3. Letter from the integrated plastic surgery program director indicating the acceptance of the resident; and
4. Completed Request for Evaluation of Training Form, $150 Processing Fee, and photocopy of medical school diploma from the resident.

Canadian Combined Program
This requirement will pertain to all those applying for admission to the ABPS examination process beginning in the year 2000, but candidates may begin such a course of training before then if they so desire. The third year of training in the Canadian 5-year combined program must consist of varied rotations of a general surgery nature demonstrating progressive responsibility at a third-year level. This program must be approved by the RCPSC for full training.

Rotations may include the alimentary tract; the abdomen and its contents; the breast, skin, and soft tissue; the head and neck, including trauma, vascular, endocrine, congenital, and oncologic disorders, particularly tumors of the skin, salivary glands, thyroid, parathyroid, and oral cavity; the vascular system, excluding the intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto; the endocrine system; surgical oncology, including coordinated multimodality management of the cancer patient by screening surveillance, surgical adjunctive therapy, rehabilitation, and follow-up; comprehensive management of trauma, including musculoskeletal, hand, and head injuries (responsibility for all phases of care of the injured patient is an essential component of general surgery); and complete care of critically ill patients with underlying surgical conditions in the emergency room, intensive care unit, and trauma/burn units. No more than 6 months of this training may be spent on any single subspecialty surgical service, such as a burn unit, during the 3 years.

A Request for Evaluation of Training Form must be completed and returned by the candidate to the Board office along with a $150 nonrefundable processing fee in US funds (made payable to The American Board of Plastic Surgery, Inc).

A Verification Form must be completed and signed by both the director of postgraduate education for the university's department of surgery and the director of the university's training program in plastic surgery. After completion of plastic surgery training, the director of postgraduate surgical education and the plastic surgery program director will be required to complete and sign the last page of the Application for Examination and Certification Form.

Applying for Examination and Certification
The prime purpose of the Board is to evaluate the education, training, and knowledge of broadly competent and responsible plastic surgeons. The Board cannot issue letters attesting to admissibility to the examination process to any person, institution, or organization until this formal application, along with the required supporting documents, have been received and approved.

The Application Process
In order to be admitted to the examination process leading to Board certification, prospective candidates should write to the Board office requesting application materials no later than December 30 of the final year of their plastic surgery residency by one of the following methods:
• submitting the Senior Resident Form provided by the Board to each plastic surgery program director
• writing, faxing, or sending an e-mail to the Board office requesting Application Materials
• submitting a Web site application request at www.abpsurg.org

A Senior Resident Form may be obtained from the residency program director, who will receive these post cards in December. Upon this written request, an Application for Examination and Certification Form will be provided and should be completed and submitted to the Board office by the deadline indicated in the application cover letter.

Prospective candidates must submit a completed Application for Examination and Certification Form to the Board office within 2 years after completion of their residency in plastic surgery in order to be considered for admission to the examinations leading to Board certification. Prospective candidates with disabilities requesting special accommodations for the examination process must do so in writing and provide documentation of the disability when submitting the Application for Examination and Certification Form (refer to "Examination of Candidates with Disabilities").

Deadline for Submission of Application Material
Applications for admission to the written examination must be received in the Board office by the deadlines listed in the Booklet of Information.

Licensure
All candidates must have a current, valid, registered, full, and unrestricted license to practice medicine in a state, territory, or possession of the United States or in a Canadian province, and they must continue to be licensed throughout the certification process. A temporary limited license, such as an educational, institutional, or house permit, will be acceptable for the first year of admissibility to the Written Examination until full licensure is achieved. Candidates must submit a photocopy of an active registration certificate bearing a date that will be valid at the time of examination(s), with each Reply Form submitted.

Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty need not present evidence of current registration of licensure but must provide appropriate information regarding their status.
Restrictions to Medical Licensure

It is the candidate's responsibility to report, in a timely manner, all disciplinary actions to medical licenses from any and all state medical boards. The following sanctions by any and all state medical licensing boards where the candidate holds a license are considered a restricted license and will delay a candidate's admissibility to the Written or Oral Examination:

1. Limitation on practice or parts of practice
2. Probation
3. Probation with monitoring
4. Probation with supervision
5. Suspension

Other sanctions to a candidate's medical license such as reprimands, fines, community service, or a stayed suspension must be reported to the Board and will be considered by the Ethics Committee before a candidate is admissible to the Written or Oral Examination.

Hospital Privileges

Candidates must provide evidence of active operating privileges in plastic surgery in a hospital throughout the examination process. Exceptions may be made for Written Examination candidates at the initiation of practice in plastic surgery or those pursuing additional fellowship training. Privileges held exclusively in outpatient facilities are not acceptable.

Letters of Recommendation

If a candidate has completed training in more than one program in plastic surgery, the program director of the first year of training must verify to the Board, in writing, the satisfactory completion of that year of training. Additionally, the Board may require favorable evaluations and verification from other surgeons.

Residency Graduation Form (US Programs)

A Residency Graduation Form will be mailed by the Board office directly to the plastic surgery program director for completion at the end of the resident's training in plastic surgery. A single form will be sent for each resident and will require signatures in two places. The first signature, by the program director, will attest that the resident has completed a residency training program in plastic surgery accredited by the RRC for Plastic Surgery or by the RCPSC under his/her direction and that the accredited number of years included a year of senior responsibility. The second signature will signify that the program director recommends the resident for admission to the examination process of the Board.

The Board requires each program director to complete a Residency Graduation Form for each graduating resident by July 15 of the year of residency completion.

If the program director elects not to sign either statement, the director is required to provide a full written explanation of the reason the required signature(s) is not provided. The individual's application cannot be processed, nor will the individual be admitted to the examination process of the Board, without both required signatures.

The program director must record any deficiencies that were responsible for the lack of signature(s) and discuss these with the individual. This written communication must be given to the individual and a copy must be forwarded to the Board office. If further educational training or experience is completed, the program director should request, within 30 days, that another Residency Graduation Form be sent for the required signature(s). If the individual is still felt to be deficient and not recommended for admission to the examination process of the Board, the program director again must communicate the cause for the lack of signature(s) to the Board office.

Failure on the part of the program director to complete the Residency Graduation Form within the stipulated framework will be considered an abrogation of the responsibility of the program director, and the RRC for Plastic Surgery or the Royal College of Physicians and Surgeons of Canada (RCPSC) shall be so notified.

Notification of Admissibility

Candidates have unlimited opportunities to successfully complete the Written and Oral Examinations. Candidates must reapply every 5 years to remain admissible to the examination process. Candidates deferred from the examination process may contact the Board office in writing to request Reapplication Materials for admissibility to the Written Examination. Candidates must adhere to the Board's Advertising Requirements, listed earlier in this booklet, as well as the Code of Ethics.

All candidates must comply with the current requirements in effect for the year in which the examination is taken regardless of the time the original application was approved.

It is the responsibility of candidates to seek information concerning the current requirements for certification by the Board. These requirements are delineated annually in the Booklet of Information. The Board does not assume responsibility for notifying candidates of changing requirements. The Board recommends that candidates visit the Board's Web site or contact the Board annually by email to obtain a Booklet of Information for the current requirements and deadline dates.

All candidates taking an examination of The American Board of Plastic Surgery, Inc must complete the entire examination.

Certification by any other specialty Board does not exempt candidates from any part of the examination process.

Fellowship training does not affect admissibility to the Written Examination. However, active practice in plastic surgery is required for admissibility to the Oral Examination.

Written Examination: October 18, 2004

Requirements for the Written Examination

1. Candidates must hold medical staff privileges in plastic surgery in a United States, Canadian, or foreign hospital throughout the examination process. Verification of current plastic surgery privileges must be provided to the Board from the medical staff office(s) of each institution(s).
2. Candidates must have a valid, unrestricted license to practice medicine. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this document. Restrictions will delay the candidate's progress through the examination process.
3. The Written Examination will be conducted in the fall each year or at any other time deemed suitable by the Board. The examination will be given on 1 day throughout the United States and Canada. No exceptions will be made, and special examinations will be given only under unusual circumstances (see Special Situations).
4. The Written Examination is a Computer-Based Test (CBT) offered at Prometric Testing Centers. The Board cannot guarantee scheduling for specific test centers.

Test Centers for CBT

Prometric provides services for professional licensure, academic assessment, and certification for various other professional and academic needs. Prometric administers testing programs for educational institutions, corporations, professional associations, and other organizations.

All Prometric Test Centers are set up similarly. This not only helps enhance security, but also provides the same standards of comfort and uniformity for all candidates. Locations of Prometric Test Centers available for the Written Examination can be found at...
the Prometric Web site, under the “Test Takers” & “Locate a Test Site” buttons. In the Test Center Locator drop down field under “Select your area of study,” choose Professional Licensure and Certification. Select your test state on the right drop down field. Click “NEXT.” Scroll down the client/program list to American Board of Plastic Surgery. Click next and ABPS-PS-WE Plastic Surgery Written Examination will appear. The list of test centers in your selected state will appear.

Admissibility to the Written Examination
Candidates will be admissible to the Written Examination in the fall following successful completion of residency in plastic surgery, provided the Application for Examination and Certification is approved.

The Board reserves the right to defer a candidate in the examination process for consideration of ethical or other issues. Refer to the Board’s Code of Ethics.

Admission to Examination
Candidates will not be accepted for admission to the Written CBT Examination if the Reply Form (green), medical license, verification of hospital privileges in plastic surgery, and Examination Fee are not received by the deadline date indicated in the Announcement Letter. Reply Forms that are incomplete will be subject to a Missing Items Penalty Fee.

Announcement Information
Reply Form & Examination Fee Deadline
Two groups of candidates are taking the examination in 2004. These include those who completed residency before 2004 and have an approved Application for Examination and Certification and those who complete residency on June 30, 2004. The instructions and deadlines below pertain to these two groups.

Candidates Approved for Examination
An Announcement Packet will be sent in January to candidates approved for the examination process on or before December 31, 2003. The Reply Form (green) deadline for the Written Examination is the close of the business day on March 3, 2004. The Examination Fee of $1,250 and all required materials must accompany the Reply Form (green) in order to be scheduled for the Written Examination. A late penalty fee of $500 must accompany the Reply Form and Examination Fee if received by the Board office from March 4, 2004, up to and including the close of the business day on March 15, 2004. Reply Forms (green), Examination Fees, and documents noted above received March 4 to March 15 will be considered only on a space-available basis.

Senior Resident Candidates
An Approval Letter and Announcement Packet will be sent in July 2004 for candidates approved for the examination process after June/July 2004. The Reply Form (green) deadline for the Written Examination is the close of the business day on July 20, 2004. The Examination Fee of $1,250 and all required materials must accompany the Reply Form (green) on July 20, 2004. This deadline for candidates completing residency on June 30, 2004, is absolute. No late Reply Forms will be accepted.

Reply Forms (green) and Examination Fees received in the Board office after the close of the business day on March 15 or July 20, as noted above, will not be accepted for admission to the 2004 Written Examination.

Important: Both sides of the Reply Form (green) must be completed. Candidates will not be scheduled for examination without a complete listing of hospital or academic appointments. Please note on the Reply Form if these privileges are pending with a full explanation of details.

Candidates are responsible for their own travel and expenses to test center sites.

A guaranteed delivery service is recommended to insure receipt of materials by the deadline dates.

Receipt of the Scheduling Permit
Upon receipt and approval of all required materials, candidates will be scheduled for the examination. Candidates will be sent a Scheduling Permit (orange) approximately 4 to 6 weeks before the examination. The Scheduling Permit (orange) will include the date of the examination, instructions, a scheduling number, candidate identification number (CIN), and toll-free phone number for making an appointment at a Prometric Test Center. Contact the Board office immediately if the name on the Scheduling Permit is not an exact match to that listed on the photographic identification that was submitted to the Board office with the Reply Form.

Scheduling a Test Center Appointment
Candidates should contact Prometric immediately upon receipt of the Scheduling Permit in order to schedule an appointment. Candidates must have the Scheduling Permit in hand to schedule the appointment. Appointments are assigned on a first-come, first-served basis. (If a candidate delays scheduling an appointment, he/she may not receive the preferred location.) When calling, a Prometric representative will ask for information from the Scheduling Permit and provide details regarding the test centers and location specified by the candidate. If a preferred test center is not available, the candidate will be advised of other nearby test centers where a testing appointment is available. Prometric does not make appointments prior to the provision of the permit to candidates.

Testing Day Requirements
Advise the Board office immediately by telephone if the Scheduling Permit is lost prior to the examination. Candidates will not be admitted to the Prometric Test Center without the scheduling permit and a valid government-issued photograph identification. The candidate’s name as listed on the Scheduling Permit must be an exact match to that listed on the photographic identification. Contact the Board immediately if there is a difference in name. Candidates must present the following items to the Prometric Test Center:

1. Scheduling Permit (orange)
2. Photographic Identification

Withdrawal From Examination
The Board office must receive a letter from the candidate indicating the intent to withdraw from the examination at least 30 calendar days before the date of the examination. Candidates will be refunded $500, the Examination Fee less a processing charge of $700. Candidates who withdraw from the examination after this date or who fail to appear for the examination will forfeit the entire Examination Fee. Withdrawal is final. No rescheduling will be considered.

Registration and Administration of the Written Examination
All candidates must take the entire examination on the same day. Individual Prometric Test Center issues will be handled on site with final approval by the Board.

If for any reason candidates are delayed or cannot arrive on time, they must notify the Board office immediately and the Board will contact the Prometric Test Center. If candidates are unable to attend the examination, they must notify the Board office either by letter or by telephone. Any candidate who is more than 30 minutes late may not be admitted to the examination.

Candidates are not permitted to bring any notes, textbooks, clipboards, pocketbooks, personal digital assistants (Palm Pilots, etc),
A tutorial is provided that reviews each screen and reformation elapsed after the for extensive analysis and to assure that individual results are used for such purposes as are designated from time to time by the Board and other than such designated purposes. The Board reserves all other rights.

Copying, by any means, of all or any part of such examination items or unauthorized use in any way whatsoever of said examination items is strictly prohibited.

Change of Address
If a candidate's address, as it appears on the Scheduling Permit, is incorrect or will change before the “Result Mailing Date,” please contact the Board office immediately.

Examination Schedule
Candidates are advised to read the Announcement Letter for possible changes in the Written Examination format.

The Written Examination Computer Based Test will consist of the following format:
- 15-minute optional tutorial.
- 400 multiple-choice questions formatted in four blocks of 100 questions. Each block is 1 hour and 40 minutes in length.
- Total break time of 35 minutes (optional).
- Total testing time is 6 hours and 40 minutes. Total time at the test center is no longer than 7 hours and 30 minutes.
All candidates will have the same number of questions and the same time allotment. Within each block, candidates may answer questions in any order and review and/or change their answers. When exiting a block, or when time expires, no further review of questions or changing of answers within that block is possible. Candidates will have 35 minutes of total break time, which may be used to make the transition between blocks and for a break. A break may only be taken between each block of questions.

Examination Tutorial
A tutorial is provided that reviews each screen and 10 to 20 inactive items for practice. This is provided to relieve anxiety about the mechanics of computer-based testing. The tutorial also reviews the process of marking items for review at the completion of each section or block of the examination. Once a section has been completed, candidates may not access questions from the previous section or block of items. The tutorial is available for downloading to personal computers from the Board's Web site in the Examination Information section. The Board strongly recommends that candidates preview the tutorial a number of times to become familiar with the CBT format.

Content of the Written Examination
Candidates will pass or fail on the strength of their performance on the entire CBT format Written Examination.

Result Letters
Written Examination result notification letters (pass or fail) will be mailed on December 22. The time period between administration of the examination and notification of the results is necessary to allow for extensive analysis and to assure that individual results are reliable and accurate.

Results of the examination will be divulged to no one until after the result letter has had time to reach candidates. If a week has elapsed after the “Result Mailing Date” and candidates still have not received the result letter, they may then call the Board office for the examination results. Information will be given only to the candidate. No designees will be accepted. The Board staff will verify the candidate's identity before releasing results by telephone.

Each candidate will receive a single final grade (pass or fail) for the entire examination. The score (pass or fail) on the examination will be determined by the total number of alternatives answered correctly. Therefore, candidates are encouraged to answer all items.

Pass
If a candidate passes the Written Examination, he/she will be informed in writing.

Fail
If a candidate fails the Written Examination, he/she will be informed in writing. A candidate who has received a failing result must repeat the entire Written Examination.

Score Validation ($200)
Score Validation of the Written Examination is available upon written request. To request score validation, candidates must write to the Board office within 30 days of the date on the result letter. The Score Validation Fee is $200.

The Written Examination is scored and analyzed by the National Board of Medical Examiners (NBME), which has extensive experience in the field of medical examinations.

Cancellation of Examination
Should The American Board of Plastic Surgery, Inc, in its sole discretion, cancel the Written Examination, or as a result of events beyond its control be unable to administer the Written Examination at the appointed date, time, and location; or should the Board fail to conclude a candidate's Written Examination, the Board is not responsible for any expense the candidate may have incurred in connection with the canceled Written Examination, nor for any expense the candidate may incur for any substitute Written Examination.

Oral Examination: November 11, 12, 13, 2004
Case Collection Instructions Requirements and Information
Prior to becoming admissible to the Oral Examination, candidates must have passed the Written Examination.

Candidates admissible to the Oral Examination will be sent an Information Letter annually, including registration instructions to obtain an individual user name, password, and requirements for case list compilation. The case list compilation program is a Web-based application hosted by DataHarbor.com. A common portal for data collection called Tracking Operations and Outcomes in Plastic Surgery (TOPS) is used by the Board and the American Society of Plastic Surgeons (ASPS). The program provides a standardized case list format that facilitates the Board's review. The data submitted to the Board is strictly confidential and will not be shared with ASPS. These standardized data collection fields will be familiar to candidates in the future when presenting data to ASPS for membership and research activities.

Candidates must have Internet access to complete the case list compilation. It is strongly recommended that candidates dedicate at least 30 minutes to thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process.

Admissibility to the November 2004 Oral Examination
Candidates are required to submit a 7-month case list collected during the period beginning September 1, 2003, through March 31, 2004, the $540 nonrefundable Case List Review Fee and advertising
materials by the April 23, 2004, deadline to be sent an Announcement Packet for the November 2004 Oral Examination. Candidates have unlimited opportunities to successfully complete the examination process. Candidates must reapply every 5 years to remain admissible to the Examination process. Candidates deferred from the Examination process may contact the Board office in writing to request Reapplication Materials for admissibility to the Oral Examination. The Board reserves the right to defer a candidate from the Examination process for consideration of ethical or other issues.

Practice Requirements for Oral Examination
1. Candidates must be actively engaged primarily in the practice of plastic surgery before, during, and after the case collection period and throughout the examination process.
2. Candidates must hold medical staff privileges in plastic surgery in a United States, Canadian, or foreign hospital throughout the case collection and examination process. Current verification of hospital privileges in plastic surgery must be provided from all medical staff offices of every institution with the Reply Form.
3. Candidates must have a valid, unrestricted license to practice medicine. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this document. Restrictions will delay the candidate’s progress through the examination process.
4. A fellowship is not considered independent practice. Case collection may not occur during fellowship training. The Board reserves the right to defer a candidate from the examination process for consideration of ethical or other issues. The candidate is urged to refer to the Advertising Requirements and the Board’s Code of Ethics.

Case List Compilation
Candidates for the November 2004 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the 7-month period beginning September 1, 2003, and ending March 31, 2004. Case lists, fees, and advertising materials are due in the Board office by the close of the business day on April 23, 2004. The Board utilizes the data provided to become familiar with the candidate’s practice and to select five cases for the report session of the examination.

[Note: Candidates should make address corrections on the Data Harbor Web site. An address correction upon first entry onto the TOPS site will generate an e-mail notification to the Board office of any address changes. Notification can also be made by e-mail to oral@abplsurg.org. Candidates should not assume that address changes entered later in the candidate data fields will automatically alert the Board office to address changes.]

The printed case list will be in chronological order for each institution (hospital, office-based surgery, etc) and will include patient’s initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, case classification, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including complications), site of operation (ie, inpatient vs outpatient facility), and duration of procedure. Affidavits for each institution are automatically printed out on the last page of each institution’s list of cases. The Candidate Affidavit, printed as a separate document, attests that the case list contains all cases performed during the 7-month period. The Candidate Affidavit also attests that the CPT codes listed are an exact representation of those submitted, or would have been submitted (eg, CPT codes listed for cosmetic cases, Veterans, Military, Kaiser Permanante, or foreign practice environments), for billing purposes.

Data entry, proofing, and editing must be completed by April 23, 2004, in order to meet the submission deadline. The Clinical Log application program will not allow changes in the case list data after this date, although the case list may be viewed and printed at later dates.

The case list is prepared, selected and printed from the menu options. After generation of the case list and preparation of the additional material, the original case list and an exact photocopy of the original case list and the candidate case summary sheet, all advertising documents and the $540 Case List Review Fee must be submitted to the Board office by the deadline date of April 23, 2004.

Instructions for Data Compilation
The Board recommends that candidates begin compiling the case list on a weekly or monthly basis, rather than waiting until the last month of the case list collection period to begin data compilation on the TOPS application. The case log screen will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen, including case number, patient name, record number, facility, date of surgery, edit date, and status. A search can be accomplished by clicking the Search Cases at the top of that page. The Add Case Screen highlights all required fields with an asterisk and outlines incomplete required fields with a red box. A trial printing well in advance of the deadline will also help in troubleshooting problems. Do not underestimate the magnitude of the data collection task. To comply with HIPAA regulations, the Board and candidates must complete a Business Associate Agreement.

General Guidelines
The case list MUST include:
• All operative procedures, whether inpatient, outpatient, or office-based surgery.
• All patients hospitalized by the candidate as the admitting physician, even if the patient is managed nonoperatively.
• All emergency room patients who required an operative note.
• Multiple operative procedures performed on the same patient. This inclusion allows automatic cross-referencing by the computer program. However, hospital number or other identifying numbers and patient initials must be consistent for the patient with multiple procedures (eg, if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). Do not use the full Social Security Number (SSN) as an identifier in order to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to verify and identify the cases with the patient initials.
• Cases performed by a resident and attended by the candidate, or cases billed as co-surgeon.

Do NOT include:
• Office-based surgery of a minor nature (eg, excision of nevus). However, the Board suggests that the candidate err in the direction of inclusion of cases rather than exclusion when in doubt.
• Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.
• Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure.
• Assistant cases, namely cases billed by the candidate as an assistant surgeon.

Data Entry
Required fields are noted with an asterisk and are outlined with a red box (incomplete) until data is entered.
1. Enter patient name. Only patient initials (first, middle, if available, last) will be displayed to the Board and on the case list.
2. Enter a patient number in the medical record # field. Use the same patient number for all procedures for the same patient during the case collection time regardless of the location (eg, office, out-patient facility, hospital) to allow for cross-referencing. Do not use full Social Security Numbers to protect patient confidentiality.

3. Enter patient date of birth. Age in years (years/months/days) will be calculated and displayed on the printed list.

4. Enter patient gender. Patient race is not a required field and will not be displayed on the printed list.

5. Enter hospital facility name. Click on the yellow asterisk/pencil to add/edit the name of a facility.

6. Enter the admission status as inpatient or outpatient. An inpatient admission is defined as an overnight stay of I or more nights. An outpatient admission is defined as 23 hours or less.

7. Enter date of procedure. Multiple procedures on the same patient, on the same date, should be entered as one case. Use the date of admission for nonoperative inpatient cases.

8. Enter duration of procedure. Duration is defined as skin to skin excluding anesthesia time. Approximate duration of the surgical procedure should be entered in hours and minutes.

9. Enter the diagnosis as free text. Providing complete diagnosis and procedure information is essential. From the operative notes, give an accurate written description of the diagnosis and operative procedure(s). Ignore the ADD ICD-9 code function. Do not use ICD-9 and CPT codes in place of the written description of the diagnosis and procedure(s). If the case was nonoperative, include a discharge summary diagnosis.

10. Enter the procedure description as free text. Comments about complications or death of a patient may also be added here.

11. Include all CPT codes plus modifiers used for insurance billing purposes. CPT codes must be assigned as well for all cases that were not billed to insurance (eg, cosmetic cases). CPT codes starting with 99 (evaluation and monitoring codes for office visits, consultations, etc) are not required. For nonsurgical admissions 99 CPT codes can be used.

12. Case classification is a two-part item in order to reduce the category overlap. The Category relates to the nature or origin of the defect. The Anatomy relates to the anatomical location of the procedure. Fields (noted in contrasting colors) other than those listed below, utilized for other data collection projects, should not be used. In the TOPS screen, these fields become available when the Add CPT Code option is clicked. Pick one option in each column for every CPT code listed. The options include the following (one selection from each column is required):

   Complications are displayed on the case list only as a Minor, Moderate, or Major Complication. Refer to the Web Manual for the category break down. Narrative statements can be included in the procedure description text box. The outcome categories are:

   #1 - No Complications: No complication or complication so trivial that no intervention is required.

   #2 - Outcome Unknown: This includes patients lost to follow-up and is displayed that way on the case list.

   #3 - Complications: Check all that apply including delayed healing, infection, unplanned consultation with another specialist, adverse event such as DVT, MI, PE, or Flap loss or unplanned reoperation. Complete the Mortality within 30 days of the procedure box. This is treated as a required field. However, the Mortality data will not be displayed in the printed case list.

   Category
   Anatomy
   Cosmetic
   Hand
   Breast
   Head & neck
   Upper extremity
   Lower extremity
   Genitalia

   13. Patient ASA Status, Mode of Anesthesia, and Anesthesia Supervised By are optional. Do not complete these fields, as they are not displayed on your final case list.

   14. Providing "outcome" information is essential. A complications menu appears when number 3 "complications" is selected. Not all cases "heal without complications." Examples include "necrosis of tip of flap" or "normal sensation returned, but index finger stiff after tendon repair."

   15. The Primary Payment Source field is not a required field.

   16. The completed lists must be signed by the medical record librarian/administrator of each institution (hospital, ambulatory surgery center, etc) and properly notarized as a complete list of the candidate's operative experience. The notarized affidavit attests that the cases listed for the institution represent all cases performed by the candidate at the facility. Operations done by the candidate in the office must also be listed and notarized by the appropriate office personnel who can attest to the completeness of the cases listed. The institution's affidavit sheet prints out in sequence as the last page of each institution's case list.

   The Board recommends that the candidates contact the medical records department well in advance of the case list submission date to schedule the review and notarized signature process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.

   17. Two Candidate Case Summary Reports (original and copy) must be submitted. This report facilitates the Board's review. The TOPS application generates the form directly by menu selection after the case list has been finalized.

   Preparation for Submission of Data

   1. The Finalize Case List action, noted with a key icon, is used to print the 7-month Case List. This is the only copy that is accepted. Use the Case Log screen to view the list of all cases. Carefully proofread for accuracy. Handwritten information is not accepted. Once the case list is finalized it is not possible to add,
delete, or modify any data. Printing must be done in advance to meet the April 23, 2004, deadline.

[Note: The TOFS program displays a prompt to complete missing data elements before allowing you to proceed with the Finalization Case List action.]

2. It is the candidate's responsibility to insure that all materials have been proofread, placed in numerical order, and properly collated. Candidates should then copy the entire case list including notarized affidavits. The Candidate Affidavit should be the first page and the Statistical Summary Report should be the last page. Candidates often use this list for application to the American College of Surgeons. Therefore, candidates should retain an additional photocopy of the case list. The Board office does not supply copies. Candidates should save an electronic copy from the Internet site (using the "Save As" option under File on the toolbar) to disk, CD, or personal hard drive for reference purposes.

3. Arrange the original 7-month case list, including the signed and notarized affidavits for each institution, in numerical order with the pages for each institution stapled together at the top left-hand corner. Arrange an exact copy of the case list in the same manner. The end of each institution's case list is noted by the Institution Affidavit Sheet, which includes the six-digit candidate number, name, address, telephone number(s), and notarized affidavit signed by the medical records administrator. Follow these instructions carefully. Improperly stapled case lists delay processing and review of the submissions.

4. Prepare the stapled original 7-month case list together, including the signed and notarized affidavits. Place the Statistical Summary Report on the bottom. Candidates should bind the entire 7-month case list using a clip or a rubber band. Follow the same procedure for the stapled copy. Do not place this material in binders, folders, notebooks, or sheet protectors.

5. Candidates are required to submit photocopies of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers and magazine and newspaper advertisements and articles. No video or audiotapes are required. The candidate is instructed to refer to information on advertising in the Admissibility section of the Booklet.

Submitting Material to the Board Office

The deadline date for submission of case list materials for the November 2004 Examination is the close of the business day on April 23, 2004. No additions, deletions, or modifications can be made after that date.

To summarize, candidates are required to submit the following items to the Board office:

• One original and one photocopy of the case list. This includes the signed and notarized affidavits for each institution and the top page, which is the Candidate Affidavit Sheet.

• One original and one photocopy of the Statistical Summary Report. Attached separately at the last page.

• One original only of all advertising materials including, but not limited to, business cards, letterhead, brochures, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers and magazine and newspaper advertisements and articles.

• Check in the amount of $540 (nonrefundable, United States currency only) made payable to The American Board of Plastic Surgery, Inc.

Submit all required material to the Board office: Seven Penn Center, 1635 Market St, Ste 400, Philadelphia, PA 19103-2204.

The Board strongly recommends that candidates send materials by a guaranteed delivery carrier, thus providing assurance and receipt of delivery. Use of a guaranteed delivery carrier, which often can verify receipt of delivery within 30 minutes, eliminates candidate concerns regarding delivery by the deadline date and minimizes the need to call the Board office. Certified mail service does not provide a guaranteed delivery date.

Reminder

Candidates who do not provide the required items in the manner outlined will not be considered for admission to the Oral Examination.

Incomplete or incorrectly submitted items will be returned to the candidate with the Review Fee. No exceptions will be made regarding late, incomplete, incorrect, or missing data from the case lists.

No case lists or other material will be accepted after the April 23, 2004, deadline date.

Photographic Documentation

Particular emphasis should be placed on the necessity of photographic documentation. Preoperative and postoperative photographs are mandatory for all cases selected for case reports, and intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the five selected patient cases presented for the Oral Examination. The Board provides this form in the case report packet sent after the Reply Form (green) is received. Digital photographs are acceptable.

The Board advises candidates who have not acquired the habit of routine photographic documentation of all patients to do so immediately. Any cases from the collection period may be selected and all must have photographic documentation, including all hand cases (ie, carpal tunnel cases, etc). Transparencies are not acceptable.

It is the candidate's responsibility to maintain patient confidentiality and to follow HIPAA Requirements and state law as appropriate. For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs, or imaging records for examination, testing, credentialing, and/or certification purposes by The American Board of Plastic Surgery, Inc. HIPAA requirements and state law must be followed. Wording for the consent a candidate must provide to the patient would be:

"I hereby grant permission for the use of any of my medical records including illustrations, photographs, or other imaging record created in my case, for use in examination, testing, credentialing, and/or certifying purposes by The American Board of Plastic Surgery, Inc."

Patient Signature
Witness Signature
Date

Board Review and Selection Process

The Board reviews the candidate's 7-month case list and the Statistical Summary Report to determine if the candidate's operative list reflects sufficient diversity, complexity, and volume of plastic surgery procedures to permit construction of a reasonable examination of the candidate for certification. In the event that the case list submitted is not adequate to allow for selection of cases, the candidate will not be admissible to the 2004 Oral Examination. This will not count as an unsatisfactory performance.
The candidate may submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

The Board selects five cases from the candidate’s case list and the candidate is required to prepare five case reports for these selected cases. The selected case reports will be prepared in the same format and with similar requirements as in past years.

Attending the Oral Examination
The Oral Examination will be conducted each fall or at such other time as deemed suitable by the Board. The examination will be given on the dates and at the times specified. No exceptions will be made.

Announcement Information and Admission to the Oral Examination
Candidates admissible to the Oral Examination, who have five cases selected by the reviewers from the submitted case list materials, will be mailed an Announcement Packet on August 5, 2004. This Packet includes a Booklet of Information, Reply Form (green), a hotel reservation card, and the list of five selected cases for preparation of case reports.

Candidates must signify their intent to take the examination by completing and returning the Reply Form (green), Examination Fee of $1,000, a photocopy of a valid unrestricted medical license, and current verification of medical staff privileges in plastic surgery maintained throughout the case collection and examination process to the Board office by the close of the business day on September 3, 2004. Candidates must return all of the items above to be scheduled for the 2004 Oral Examination.

Important: All items on the Reply Form (green) must be completed. Candidates will not be scheduled for examination without a complete listing of hospital or academic appointments. Please note on the Reply Form if these privileges are pending with a full explanation of details.

Material received September 4, 2004, through September 10, 2004, will require a Late Penalty Fee of $700. Material received after the close of the business day on September 10, 2004, will not be accepted for admission to the Oral Examination.

Candidates are responsible for their own travel, hotel accommodations, and expenses.

Admission to the Oral Examination
Once the Reply Form and required materials are received and approved and the candidate is scheduled, the candidate will be mailed a case report preparation packet including materials for assembling and binding the selected case reports. These materials include folders, tab indices, a Photographic Affidavit Sheet, Progress Note Section Dividers, and labels for the front of each folder. It is essential that candidates indicate the Board six-digit candidate number on each label to be affixed to the cover of each case report, along with the other required information.

The candidate will also be mailed an Admission Form (white) approximately 4 weeks before the examination. The Admission Form lists the candidate’s name, current address, candidate number, date and location of the examination, and the examination schedule.

The candidate must advise the Board office immediately by telephone if the Admission Form (white) is lost prior to the examination or for any change in address.

The Board reserves the right to independently corroborate medical records in case report submissions for the five Board selected cases and to review issues related to informed consent.

Withdrawal From the Examination
Candidates wishing to withdraw from the examination must provide written notification to the Board office at least 30 calendar days before the date of the examination. Candidates will be refunded $300, which is the Examination Fee less a processing charge of $700. Candidates who withdraw from the examination after this date or who fail to appear for the examination will forfeit the entire Examination Fee. Withdrawal is final. No rescheduling will be considered.

Case Report Preparation and Presentation Requirements
Insufficient Case Support Data
Candidates should review the selected cases as soon as possible after they are received, and must read carefully the instructions on case preparation detailed later in this document. Failure to prepare the cases according to the specific instructions may lead to the disqualification of a candidate. Questions regarding insufficient case support data, especially photographs, must be directed in writing to the Board office no later than October 15, 2004.

The following materials, collated in the order below, must be present in each of the submitted case reports. Candidates are required to use folders, tab indices, Candidate Photographic Affidavit Sheet, and Progress Note Section Dividers provided by the Board to assemble each of the five case reports. This will facilitate review of the case reports by the Examiners.

Note: Patient names should be blanked out, with the exception of the initials, in all materials submitted as listed below to protect patient confidentiality. Sample: Terry L. Cullison.

The required materials are:

Before the First Tab:
1. One Selected Case List Summary Sheet (before the first tab of case report #1 only)
2. One Photographic Affidavit Sheet (before the first tab of case report #1 only—provided by the Board)
3. Title Page for each case report (before the first tab of each case report)

Tabs:
1. Narrative Summary
2. Photographs **
3. Operative Notes: Photocopies of the operative notes
4. Anesthetic Report: Photocopies of the anesthesiology record
5. Laboratory Data: Photocopies of pertinent laboratory data
6. Pathology: Photocopies of pertinent pathology reports
7. Radiology: Photographs of the pertinent radiographs
8. Progress Notes: Copies of hospital progress notes and/or office/clinic notes (separate office/clinic from hospital notes with divider sheet provided)
9. Billing: Photocopies of bills including CPT codes and procedures with notarized statements
10. Other: If needed (eg, information from patient case before or after the 7-month case collection period if needed)

**Patient Photographic Consent Forms from the candidate’s office should be included in the photographic section of the case report folder. Patient names should be blanked out as noted above. Candidates must use the ten tab indices, provided by the Board, to divide the material compiled when assembling case reports for the required sections above.

See the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully. Incomplete, improper, or incorrectly organized presentation of
this material is sufficient cause to disqualify a candidate for continued examination.

In the event that more than one procedure is performed on the patient during the 7-month case list collection period, all procedures and hospitalization(s) that fall within the 7-month collection period must be included. Candidates are not required to document procedures that fall prior to or after the 7-month case collection period. However, if these procedures increase the understanding of the case, they should be included at the candidate’s discretion. Documentation for procedures falling outside the 7-month case collection period does not have to be complete—the candidate may be selective.

[Note: If the records are not in English, an accurate, complete, and concurrent English translation of the entire record must be included.]

Explanation of Requirements

These guidelines, based in part on suggestions from previous candidates, are provided as assistance for candidates to produce uniform and consistent case report submissions for an equitable examination.

Before the First Tab:

1. Selected Case List Summary Sheet

(Before the first tab of case report #1 only)

Candidates must provide one Selected Case List Summary Sheet, typed on standard letter-sized (8 1/2” x 11”) white paper. If necessary, copy multiple pages as a double-sided list. Insert the summary sheet(s) before Tab 1, at the beginning of the folder for case report #1. The list must be identified with the candidate name and six-digit Board candidate number. This is a separate page from the title sheet for case #1.

2. Photographic Affidavit Sheet

(Before case report #1 only—one sheet, provided by the Board)

The Board provides one Affidavit Sheet which must be signed and properly notarized, attesting that all digital or regular photographs are the original and unaltered documentation of the patient cases presented for the Oral Examination. The Candidate Photographic Affidavit must be placed immediately behind the Selected Case List Summary Sheet prior to the first Tab in case report #1.

3. Title Page

(Before the first tab of each case report)

Each report must be typed or reproduced on standard, letter-sized (8 1/2” x 11”) white paper with the candidate’s full name, Board candidate identification number, Board case number (ie, #1, 2, 3, 4, & 5—not the assigned number from the case list compilation), the hospital or other identifying number (eg, office-assigned patient number; do not use the patient’s full Social Security Number), the principal diagnosis, and the primary operation listed on the title page. Categorize cases exactly as was done on the 7-month case list compilation.

Tabs:

1. Narrative Summary (First Tab)

Preoperative, operative, and postoperative course of the patient is required. A final separate paragraph entitled “outcome” must be included. The outcome of the treatment and the final condition of the patient must be indicated. If more than one procedure was performed on the selected patient, this information will be included on the next page or in column format on one page.

2. Photographs

Preoperative and postoperative photographs, approximately 4” x 6” color, black and white, or digital prints should be provided on standard letter-sized (8 1/2” x 11”) white paper. The Board strongly recommends intraoperative photographs when they provide clarifying information. Note that the one Photographic Affidavit Sheet (provided by the Board and placed behind the Selected Case List Summary Sheet) applies to all submitted photographs. It must be signed and properly notarized attesting that all photographs are original and unaltered documentation of patient cases presented for the Oral Examination. Diagrams or simple drawings may be substituted for intraoperative photographs only. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

The five Patient Consent or Release Forms for use of patient photographs and records must be included in each casebook. Consent or Release Forms should include each patient’s permission for use of photographs and records for educational, testing, and credentialing purposes. Patient names should be blanked out, with the exception of the initials, on the consent form and on all materials to protect patient confidentiality.

3. Operative Report

This should include photocopies of originals for all operative reports for procedures performed by the candidate on this specific patient during the 7-month collection period. Operative reports of minor procedures performed by the candidate in the office during the 7-month collection period should also be included. Candidates may include photocopies of the operative reports of procedures performed outside the 7-month collection period or that another surgeon performed if they clarify the patient’s course. All operative notes are to be grouped together in chronological order.

4. Anesthetic Report

5. Laboratory Data

6. Pathology

7. Radiology

8. Progress Notes—Hospital Progress Records and Office/Clinic Notes

9. Billing, Including CPT Codes

Each case must include a copy of a bill with the dollar amount deleted.

All CPT Codes as listed on the case list must be included. The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk, or a candidate’s office manager. The signature should attest that the bill represents a copy of the actual bill sent or that the bill was not submitted to a patient or third party payors. The notary public verifies the identity of the person providing the signature.

If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included.

These bills include, but are not limited to:

1. Health Insurance Claim Forms (HICF)

2. Electronically generated bills

3. Bills to patients not submitted to third party payors

4. Cosmetic procedures when no bill was sent

5. Procedures performed gratis or for charity

6. A computer generated replacement for a missing bill

To facilitate review by examiners, procedures or CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.

CPT codes for Veterans Administration patients and services performed gratis should be coded exactly as any other case.

10. Other (Tenth Tab)

Any additional material such as procedures performed on the patient before or after the case collection period may be added here. Edited material from long hospitalizations should not be included in this tab.
Announcement Letter. Late arrival may result in denial of the candidate's admission to the examination. Failure to prepare the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site. Questions regarding insufficient case support data, especially photographs, must be directed in writing to the Board office no later than October 15, 2004.

Disqualification of Case Reports
If a candidate is disqualified for continuation in the examination process because the Case Reports are judged unacceptable (for whatever reason) it will not be recorded as a failure. However, because the Board has incurred expenses to provide a candidate with an examination, a refund of $300, the Examination Fee less the processing charge of $700, will be refunded to the candidate.

Presentation of Case Reports
During the 40-minute examination, the candidate must be prepared to defend his/her treatment planning and choice of and execution of the operation, to present alternate treatment plans considered, and to discuss ethical or economic issues related to the case. Hospital and office records must clearly identify the candidate as the attending physician and surgeon. However, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. Cases done by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgical procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized preparation of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate for continued examination.

Examination Schedule
The Oral Examination will occupy 2 1/4 days. A detailed schedule is included in the Announcement Letter. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination.

Instructions and Procedures
Candidates will receive specific instructions concerning the examination during the Registration and Orientation Session at the examination site. Candidates will also be given a schedule indicating the time, the room, and the Examiner Teams for the Case Report Session and the two Theory and Practice Sessions of the examination. Failure to appear on time for any session of the examination will lead to a grade of FAIL on that section. Candidates should be outside the examination room 10 minutes before the scheduled time for the Theory and Practice Sessions and 5 minutes before the Case Report Session. It is not necessary for candidates to announce their presence. If, however, a candidate has not been invited into the examination room by the examiners by 10 minutes after the scheduled time, candidates should notify the temporary Board office immediately.

The Board has made every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. If a candidate finds that an examiner to whom he/she has been assigned played a role in the candidate's training, is a friend or relative, is a professional associate, or has examined the candidate previously, the temporary Board office must be notified immediately. Unless conflicts are identified in advance of the actual examination, the conduct and grades of that session cannot be contested based on prior contact or knowledge.

Description of the Examination
Each examination session is designed to evaluate the candidate's breadth and depth of knowledge, the ability to apply that knowledge in the solution of a wide range of clinical problems, and the candidate's ability to assess matters related to ethics. During each session, the examiners are given some guidelines to follow. This approach facilitates uniformity of examination technique and limits duplication. Each of the examiners on each team will pose problems and questions to candidates.

The following criteria are provided to the examiners as guidelines.

The candidate:
1. Identifies the general problems
2. Considers reasonable goals in case diagnosis and management
3. Selects appropriate options in case diagnosis and management
4. Understands risks and benefits of various approaches
5. Addresses complications and unexpected problems adequately
6. Demonstrates ability to structure an alternative

The examination consists of one Case Report Session and two Theory and Practice Sessions. Each session is 40 minutes in duration.

Oral Examination Examiners
All examiners are diplomates of The American Board of Plastic Surgery, Inc. and are active in the practice and/or teaching of plastic surgery, and have been certified by the Board for a minimum of 5 years. They are respected members of the profession and are known for their surgical knowledge, expertise, and scientific contributions. They have been formally instructed in the technique and purposes of the examination process. Each team includes a Senior Examiner, who is either a present or former Board Director or who has examined multiple times, and a Guest Examiner. Evaluators review performance of the teams during all examination sessions. The Evaluators are current or past Directors of the Board and do not participate in evaluation or grading of the candidate's performance during the session observed.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the strength of their combined performance on all three sessions of the Oral Examination.

At the conclusion of each examination session, candidates may be offered an opportunity to add to earlier answers, modify them, or simply comment on the examination process.

Three teams of two examiners will examine each candidate. All six examiners will give grades and all six grades combined will determine the passing or failing status of each candidate.

The Board is committed to the standard that the examination shall be as comprehensive and objective as can be practically offered. The intention is that every candidate be provided an equal opportunity to become Board certified.

Change of Address
If a candidate's address, as it appears on the Admission Form (white), is incorrect, the corrected or new address must be indicated on the Admission Form (white) in the space provided. This card is required when receiving the Result Letter on the last day of the Oral Examination. The Admission Form also contains a space to list the candidate name, as it should appear on the certificate.
Debriefing Session
On the evening of the last examination day, there will be a voluntary debriefing session, which the Board encourages candidates to attend, for the purpose of evaluating the examination.

Distribution of Result Letters to Candidates
Result letters will be distributed after the conclusion of the debriefing session offered on the third day of the examination. Candidates are required to present the Admission Form (white), photographic identification, and the candidate survey to the proctors in order to receive their result letters. Candidates not present for distribution of the result letters will have the letter mailed from the Board office the week following the Examination.

Examination Performance Critique ($200)
Candidates receiving a failing grade who desire information concerning performance on their Oral Examination may request a critique by writing to the Board office. Requests must be received within 30 days of the date on the result letter. Candidates will be responsible for a charge of $200 for information concerning their performance.

Cancellation of Examination
Should the ABPS, in its sole discretion, cancel the Oral Examination, or as a result of events beyond its control be unable to administer the Oral Examination at the appointed date, time, and location, or should ABPS fail to conclude a candidate’s Oral Examination, the ABPS is not responsible for any expense the candidate may have incurred in connection with the cancelled Oral Examination, nor for any expense the candidate may incur for any substitute Oral Examination.

Fee Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Processing Fee</td>
<td>$150</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>$500</td>
</tr>
<tr>
<td>Written Examination Fee</td>
<td>$1,250</td>
</tr>
<tr>
<td>Written Examination Late Penalty Fee</td>
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</tr>
<tr>
<td>Written Examination Score Validation Fee</td>
<td>$200</td>
</tr>
<tr>
<td>Oral Examination</td>
<td>$1,540</td>
</tr>
<tr>
<td>Case List Review Fee</td>
<td>$540</td>
</tr>
<tr>
<td>Oral Examination Fee</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Oral Examination Late Penalty Fee $700
Written and Oral Examination Withdrawal Fee $700
A withdrawal fee of $700 will be deducted from the Written or Oral Examination Fee for candidates who provide written notice of withdrawal at least 30 days before the date of the examination. Candidates who withdraw from the examination less than 30 days before the date of the examination will forfeit the entire examination fee.

Written and Oral Examination Reapplication

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee</td>
<td>$500</td>
</tr>
<tr>
<td>Credentialing Fee</td>
<td>$150</td>
</tr>
<tr>
<td>Ethics Review Fee</td>
<td>$150</td>
</tr>
<tr>
<td>Certificate Fee</td>
<td>$100</td>
</tr>
<tr>
<td>Verification of Status Fee</td>
<td>$25</td>
</tr>
<tr>
<td>Photocopying Fee</td>
<td>$10</td>
</tr>
<tr>
<td>Diplomate Annual Dues Fee</td>
<td>$100</td>
</tr>
</tbody>
</table>

A new Certificate Fee of $100 must be submitted to the Board with all requests for each additional certificate by diplomates.

Verification of Status Fee of $25 is required from all individuals, institutions, and/or organizations who submit a written request for verification on the status of individuals.

Checks Returned for Insufficient Funds $50
A charge of $50 is applicable whenever a check received in payment of a fee is returned to the Board office from the bank for nonpayment due to insufficient funds. This charge must be included with the original fee when a new check is resubmitted to the Board.

Photocopying Fee $10
A photocopy fee of $10 is required with a written request for duplicate copies of Board correspondence.

Diplomate Annual Dues Fee $100
An annual dues fee was initiated in 1999. The Board office sends out announcements annually. Retired diplomates are excluded from the annual dues request.

Fees must be submitted in United States currency only. Foreign currencies, including Canadian, are unacceptable.

Fees are subject to change by the Board. The fee schedule applicable to current examinations will apply regardless of when a candidate is approved for admission to the examination process.

The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration. Because of the limited number of plastic surgeons certified by this Board, it may be necessary for the Board to request a voluntary annual contribution from its diplomates.

Repeat Examination Fee
Fees for repeat examinations are the same as for the current original examinations.

Refunds
For the Written Examination, a refund of the examination fee (less a processing charge of $700) will be granted provided the candidate submits a written request for withdrawal received in the Board office at least 30 calendar days prior to the date of the examination.

For the Oral Examination, a refund of the examination fee (less a processing charge of $700) will be granted provided the candidate...
submits a written request for withdrawal received in the Board office at least 30 calendar days prior to the date of the examination.

For either the Written or Oral Examination, candidates who notify the Board office in writing less than 30 calendar days prior to the examination date of their intent to withdraw, or who fail to appear for examination, will forfeit the entire examination fee. The Board may waive this rule only if the circumstances warrant.

Special Situations

Appeals Policy

The Board has established a policy relative to resolution of questions or disagreements regarding its decisions on admittance to examination; the form, content, administration, or results of the Written Examination; the administration of the Oral Examination; and the revocation of certificates. If an individual has a concern in any of these areas, it should be expressed in writing to the Board office, and a copy of the Appeals Policy will be sent to that individual.

Examination of Candidates With Disabilities

The ABPS has established a policy regarding examination of candidates with disabilities. If a candidate is requesting an accommodation based on a disability, the request should be expressed in writing to the Board office when submitting the Application for Examination and Certification Form. A copy of the policy regarding Examination of Candidates with Disabilities will be sent to that candidate. The ABPS complies with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations to candidates with proven disabilities.

All materials submitted to document a disability must be received in the Board office in a timely fashion but no later than the deadline for all other documents required for admission to the examination for which accommodation is sought.

Examination Irregularities

The validity of scores on the Board's examinations is protected by every means available. The Board will not report a score that it has determined to be invalid, i.e., one which does not represent a reasonable assessment of the candidate's knowledge or competence sampled by the examination. The performance of all candidates is monitored and may be analyzed for the purposes of detecting invalid scores.

Prometric Test Center proctors supervise the Written Examination to ensure that the examination is properly conducted. If evidence by observation or analysis suggests that a candidate's scores may be invalid because of irregular behavior, the Board will withhold those scores pending further investigation and the affected candidate will be notified.

Examples of irregularities affecting the validity of scores would include (but not be limited to) the following: 1) using notes; 2) sharing information or discussing the examination in progress; 3) copying answers from another candidate; 4) permitting one's answers to be copied; or 5) unauthorized possession, reproduction, or disclosure of examination questions or other specific information regarding the content of the examination, before, during, or after the examination.

In such circumstances, upon analysis of all available information, the Board will make a determination as to the validity of the scores in question. If the Board determines that the scores are invalid, it will not release them, and notification of that determination may be made to legitimately interested third parties.

Candidates or other persons who are directly implicated in an irregularity are subject to additional sanctions. For example, the Board may bar such persons permanently from all future examinations, terminate a candidate's participation in an ongoing examination, invalidate the results of the candidate's examination, and withhold or revoke a certificate or take other appropriate action. Candidates or other persons subject to additional sanctions will be provided with a written notice of the charges and an opportunity to respond to such charges in accordance with the reconsideration and appeal procedure established by the Board.

Substance Abuse or Chemical Dependency

Candidates with a history of abuse of a controlled substance or chemical dependency will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition and the Board is satisfied that they are currently free of such substance abuse or chemical dependency.

Certification

After candidates have met the requirements for admittance and passed the examinations, the Board will issue certificates attesting to their qualifications in plastic surgery. A surgeon granted certification by the Board is known as a diplomate of the Board.

It shall be the prerogative of the Board to determine the fitness, professionally and ethically, of any candidate for a certificate, and the Board, for cause, may defer or deny certification to any candidate.

Certificates

Certificates issued by the Board shall be in such form as the Directors may from time to time determine. Certificates are signed by the chair, vice-chair, and secretary-treasurer of the Board and shall have placed upon them the official seal of the Board.

Certificates of the Board shall state that the holder has met the requirements of the Board and is certified by the Board as a medical specialist in plastic surgery and is entitled to be known as a “Diplomate of the American Board of Plastic Surgery, Inc.” The names of all diplomates will be submitted to the American Board of Medical Specialties (ABMS) for publication in its directory.

Diplomates should notify the Board in advance if they do not wish to be listed.

Additional certificates are available upon written request. A fee of $100 for each certificate ordered should be included with the request. The diplomate's name should be listed, as it should appear on the certificate.

Recertification Program

Effective 1995, certificates issued by the Board are dated and will be valid for 10 years. The Board's Recertification Program will accomplish revalidation. Certificates issued prior to 1995 are valid indefinitely. A diplomate may enter the Recertification Program during the 3 years preceding the diplomate's original expiration date. The date of the Recertification certificate will be 10 years from the date of the cognitive examination for a Lifetime Certificate Holder (LCH) and 10 years from the date of expiration of the original certificate for a time-limited certificate holder.

The Recertification Program has several key components, including evidence of: (1) professional standing, (2) lifelong learning, (3) practice profile, and (4) successful completion of cognitive examination. Refer to the Recertification Booklet of Information and the information posted on the Board's Web site.

Revocation

Any diplomate of the Board will be subject to disciplinary action, including suspension and revocation, if at any time the Board determines, in its sole judgment, that the diplomate holding the certificate was not properly qualified to receive it or the diplomate
holding the certificate has violated any of the following reasons for disciplinary action.

The Board may discipline a diplomate for just and sufficient reason, including, but not limited to, the following:
1. Conviction of a felony;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued;
3. The diplomate misrepresented his/her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
4. The diplomate engaged in conduct resulting in discipline by any medical licensing authority or in a revocation, suspension, qualification, or other limitation of his/her license to practice medicine in any jurisdiction;
5. The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his/her professional peers;
6. Resignation from any organization while under investigation.

The diplomate will be given written notice of the reasons for the Board's action by registered or certified mail to the last address that the holder has provided to the Board. Discipline is final upon the mailing of the notification.

Individuals may appeal the decision imposing discipline by complying with the Appeals Policy. Failure to make a timely appeal will result in a loss of appeal rights.

Inquiries as to Status
The Board does not consider a candidate's record to be in the public domain. When an inquiry is received by the Board regarding a candidate's status with the Board, a general, but factual, statement is provided which indicates that candidate's status within the process of certification. The Board provides this information only to individuals, organizations, and institutions with a reasonably valid "need to know" for professional reasons. Only written requests for verification of a candidate's status during the process of certification are accepted.

A charge of $25 will apply to all individuals, institutions, and/or organizations that submit a written request for information on the status of an individual.

Certification and Recertification in the Subspecialty of Surgery of the Hand (formerly CAOSH)

The Board offers an examination for Certification and Recertification in the Subspecialty of Surgery of the Hand. The examination is described in a separate Hand Surgery Booklet of Information, which may be obtained from the Board office upon request. There is no requirement nor necessity for a diplomate of The American Board of Plastic Surgery, Inc to hold a Certificate in the Subspecialty of Surgery of the Hand in order to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a diplomate be considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.

Foreign Certificates
A physician holding a foreign certificate issued by the Board between 1960 and 1973 must relinquish the certificate to the Board in the event that the individual returns to the United States for the purpose of practicing plastic surgery. A foreign certificate is not valid in the United States. Such individuals may apply for examination and certification in the manner described herein.
American Board of Preventive Medicine

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P Glenn Merchant, Jr, MD, MPH&TM Chair, Bethesda, Maryland
John S Crowley, MD, MPH Vice Chair, Aerospace Medicine, Fort Rucker, Alabama
William W Greaves, MD, MPH Vice Chair, Occupational Medicine, Milwaukee, Wisconsin
Michael D Parkinson, MD, MPH, Vice Chair, Public Health and General Preventive Medicine, Alexandria, Virginia
Neal D Kobatsi, MD, MPH, Secretary, Iowa City, Iowa
Peter H Wald, MD, MPH, Treasurer, San Antonio, Texas
Miriam H Alexander, MD, MPH, Baltimore, Maryland
Cheryl S Barbanel, MD, MPH, Boston, Massachusetts
Kurt T Hegmann, MD, MPH, Salt Lake City, Utah
Richard T Jennings, MD, Galveston, Texas
Clyde B Schechter, MD, MA, Bronx, New York
James M Vanderploeg, MD, MPH, Executive Director, Chicago, Illinois
Constance R Hyland, Administrator, Chicago, Illinois

Requirements for Admission to Examinations

Each applicant for a certificate in aerospace medicine, occupational medicine, or public health and general preventive medicine must meet certain requirements to be admitted to the certifying examination. Such requirements are determined by the American Board of Preventive Medicine (ABPM).

Approval for admission to the examination can only be established after the review of a complete application by the full Board. No individual member of the Board is authorized to give an opinion on the admissibility of candidates, nor does the Board do preliminary credential reviews.

For the information of applicants, such requirements are summarized below. An applicant worksheet is available from the ABPM Web site at www.abprevmed.org for use in comparing the ABPM requirements to an applicant's training and experience.

General Requirements

1. Medical School: Graduation from a medical school in the United States which at the time of the applicant's graduation was accredited by the Liaison Committee on Medical Education, a school of osteopathic medicine approved by the American Osteopathic Association, an accredited medical school in Canada, or a medical school located outside the United States and Canada that is deemed satisfactory to the Board.

2. Current License(s): Unrestricted and currently valid license(s) to practice medicine in the District of Columbia or a state, territory, commonwealth, or possession of the United States or in a province of Canada. No license may be restricted, revoked, or suspended or currently under such notice.

3. Clinical Year: A year of supervised postgraduate clinical training provided as part of a graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME). Clinical training accredited by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada is also acceptable. The training must include at least 6 months of direct patient care comprising ambulatory and inpatient experience with hands-on patient care involving diagnostic workup and treatment of individual patients.

4. Academic Year: Successful completion of a course of graduate academic study and award of a Master of Public Health or equivalent masters or doctoral post-graduate degree, the course content of which shall include biostatistics, epidemiology, healthcare administration, and environmental health.

5. Practicum Year: Residency practicum of not less than 1 year that is accredited by the ACGME in the specialty area for which certification is being sought and that shall have provided supervised experience in the practice of that specialty area of preventive medicine and planned instruction, observation, and active participation in a comprehensive organized program.

6. Current Practice: The applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which certification is being sought for at least 1 of the 3 years preceding application for certification (alternative pathway and special pathway applicants will need to demonstrate 2 of the 5 years preceding application for certification in the specialty area for which certification is being sought).

Special Requirements in Aerospace Medicine, Occupational Medicine, and Public Health and General Preventive Medicine

A period of not less than 1 year of supervised training and instruction, accredited by the ACGME in the specialty area for which certification is being sought, is required. (See No. 5 under "General Requirements," above)

Alternative Pathway to Certification

Persons graduating from a school of medicine or school of osteopathic medicine prior to January 1, 1984, who have not formally completed all of the components previously described, may be considered for admission to the examination if their training and experience are judged by the Board to provide a suitable alternative to formal training.

The Board will consider granting credit toward satisfying training requirements for such factors as:

1. Completion of 3-credit hour, postgraduate-level academic course work in each of the four core areas: epidemiology, biostatistics, healthcare administration, and environmental health or teaching one or more of the four courses at the postgraduate level and that is acceptable to the Board;

2. Periods of full-time practice, research, or teaching in the specialty area of preventive medicine for which certification is sought. A total of 5 years of full-time practice is required if no other specialty certification is held, but may be reduced to 5 years if certification is held in another specialty recognized by the American Board of Medical Specialties (ABMS). For those with an MPH or equivalent masters or doctoral postgraduate degree but no practicum year, a period of 4 years of full-time practice is required in the specialty area of preventive medicine for which certification is being sought, a period that can be reduced to 3 years if other ABMS specialty certification is held.

Each applicant is considered individually by the Board in accordance with the existing guidelines. An applicant worksheet is available from the ABPM Web site at www.abprevmed.org for use in comparing the ABPM requirements to an applicant's training and experience. Practice time needed for the alternative pathway to certification is summarized in this worksheet. Applications must be received by June 1 of each year. Requirements must be completed by August 1 of the year in which the applicant wishes to sit for the examination.
Persons graduating from a school of medicine or school of osteopathic medicine after January 1, 1984, will be admissible to the examination only after completing ACGME-accredited residency training in preventive medicine. This alternative pathway to certification is not available for such graduates.

**Special Pathway for ABPM Diplomates**

Diplomates of ABPM who have graduated from medical school after January 1, 1984, may request consideration through a special pathway. In order to qualify for this special pathway, applicants must have completed an ACGME-accredited residency in a specialty area of preventive medicine, been certified in that specialty area, be applying for certification by ABPM in an additional preventive medicine specialty area, and have sufficient practice time to meet the requirements. A total of 2 years of essentially full-time practice is required in the specialty area for which the additional certification is sought. In addition, the applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which the second certification is being sought for at least 2 of the last 5 years.

**Subspecialties**

**Medical Toxicology**

Every 2 years the ABPM offers subspecialty certification in medical toxicology to ABPM diplomates who meet the appropriate requirements for medical toxicology. Applications for the 2004 examination cycle will be available from the Board office beginning in March 2004 and will be accepted with postmark dates through May 1, 2004.

**Undersea and Hyperbaric Medicine**

ABPM offers subspecialty certification in undersea and hyperbaric medicine in late fall each year to physicians who hold current certification by one of the ABMS member boards and meet the appropriate requirements in undersea and hyperbaric medicine. The American Board of Emergency Medicine (ABEM) also offers subspecialty certification in undersea and hyperbaric medicine. Those physicians certified only by the ABEM must apply through that board.

**Internet Web Site**

www.abpreimed.org

ABPM has a Web site that includes the latest version of its application and other publications. Please refer to this Web site address for current information about the ABPM.

**Application**

There are two ways in which applicants may submit an application:
1. by entering the information online at the ABPM Web site;
2. by requesting an application from the Board office.

In all cases, the signed application form must be mailed to the Board office with the appropriate fee. If the application is submitted online (option 1), there will be a $25 credit applied to the application fee. Option 2 does not include a credit.

Applicants requiring special examination accommodations due to a disability should contact the Board office to obtain the Application for Testing Accommodations form. This form is required at the time the examination application is submitted.

**Examination**

The examination is a 1-day computer-based examination given in November each year. It is administered at Pearson VUE Professional Centers across the United States. This multiple choice examination consists of a morning portion covering the core knowledge of preventive medicine and an afternoon portion covering either aerospace medicine, occupational medicine, or public health and general preventive medicine.

The subspecialty examination in undersea and hyperbaric medicine is a 1/2-day computer-based examination. The subspecialty examination in medical toxicology is administered every other year by the American Board of Emergency Medicine. The next offering is 2004.

**Reapplication and Reexamination**

An applicant approved for admission to the examination who does not take the examination, or who fails to pass the examination within the 3-year approval period, is required to file a new application and pay a new application fee.

Applicants not approved for admission to the examination may request reconsideration of their applications on the basis of new or additional information within 2 years of the filing date of the original application, with payment of the re-review fee.

Candidates not passing the examination may, upon timely registration and payment of appropriate fee, be admitted to reexamination during their approval period.

A candidate who has failed the examination on two or more occasions may be required to have additional training, in accordance with recommendations from the full Board, before being admitted to further examination.

Beginning with the exam offered in 2001 applicants who passed only the Core or Specialty Area component of the examination may achieve certification by retaking and passing the failed component of the exam at the next offering (approximately 1 year later). This policy applies only to the next examination offering; if an examinee does not pass the component at the next examination offering, taking both components of the examination will be required on future attempts.

**Multiple Certification**

An individual may apply sequentially for admission to examination in more than one specialty area of preventive medicine. Applicants may not apply in more than one specialty area in a given year. An applicant must fulfill the individual requirements of each specialty area in which application is made and cannot double-count the same periods for practice time.

Beginning with applicants who passed both the Core and Specialty Area components of the exam offered in 2001, diplomates may achieve certification in an additional specialty area by qualifying for, taking, and passing only the Specialty Area component of the exam within 7 years of their initial certification.

**Certification**

Upon satisfactory completion of the examination, a certificate will be issued stating that the applicant has been found to possess special knowledge in the specified specialty area of preventive medicine. The certificate will be signed by officers of the Board and will have the seal of the Board affixed. Each certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless it is revoked.

Any certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of issuance; or that any pertinent fact had been misstated, misrepresented, or concealed; or that any license to practice medicine has been suspended or revoked. [Note: The issuance of a certificate to a person does not constitute membership on the Board.]
Time-Limited Certificates

Note: By action of the Board in August 1994, ABPM now issues 10-year, time-limited certificates. The first time-limited certificates were issued in 1998 to candidates who passed the certifying examination given in November 1997.

Notice of Certification

The examination results, without individual identifiers, are reviewed by the full Board during its January meeting. Final determination of candidates' certification status is made at that time.

Candidates who have taken the examination may expect to be notified of results by mail within 3 months after taking the examination.

Fees

The members of the Board serve without compensation. Fees are based on the actual expenses incurred in review of applications; examination development, administration, and scoring; and office administration.

A nonrefundable application fee of $345* is required if the applicant holds an MPH or equivalent masters or doctoral post-graduate degree and has completed an ACGME-accredited residency in the specialty area of preventive medicine in which certification is sought.

A nonrefundable application fee of $855* is required if the applicant is applying through the alternative pathway to certification.

A nonrefundable application fee of $555* is required if the applicant is applying through the special pathway for ABPM diplomates.

The nonrefundable application fee is reduced by $25 if the online application process is used.

A nonrefundable re-review fee of $175* is required to reactivate an application within 2 years of the original review.

An additional fee of $55* may be required for an incomplete application after the July 15 deadline.

The examination fee of $1,765* is due 55 days prior to the examination. The examination fee is nonrefundable within 55 days of the examination.

Fees for the Subspecialty of Medical Toxicology

A nonrefundable application fee of $375 is due by May 1, 2004. The examination fee of $1,225 is also due at the time of application. If the application is not accepted for examination, the examination fee of $1,225 will be refunded.

Fees for the Subspecialty of Undersea and Hyperbaric Medicine

A nonrefundable application fee of $345* is required if the applicant is applying through the fellowship pathway.

A nonrefundable application fee of $505* is required if the applicant is applying through the practice pathway.

The examination fee of $1,555* is due 55 days prior to the examination. The examination fee is nonrefundable within 55 days of the examination.

*Note: All fees are reviewed annually and are subject to change at the direction of the Board. Please contact the Board office for the current fee schedule.

Listing of Individuals Certified

A list, current to the date of publication, of persons to whom certificates have been issued by the Board may be found in The Official ABMS Directory of Board Certified Medical Specialists, the ABMS Web site at www.abms.org, and the ABPM Web site at www.abprevmed.org.

Reporting of Changes of Address

Once certified, physicians should notify the following offices in writing of any changes of address:
1. The American Board of Preventive Medicine, Inc, by completing the online address change form at www.abprevmed.org
2. The Physician Biographic Records Department, American Medical Association, 515 N State St, Chicago, IL 60610, the office that maintains a master file of all physicians in the US
3. The American Board of Medical Specialties, 1007 Church Street, Suite 404, Evanston; IL 60201, source of the records for The Official ABMS Directory of Board Certified Medical Specialists

Important Dates

- April 15—Deadline for receipt of action plans from candidates failing examinations on two or more occasions.
- June 1—Deadline for completed application forms, application fees, and reapplication requests to be received in the Board office for the November examination.
- June 1—Deadline for receipt of re-review requests and fees.
- July 15—Deadline for receipt of additional information not included with the June 1 application.
- August 1—Deadline for completion of requirements to sit for the November examination.
- August—Meeting of the Board to determine admissibility of applicants to November examination. Letters of notification of admissibility for November examination are mailed to candidates after the August Board meeting. Notification is not given by telephone.
- September/October—Deadline for examination fee 55 days prior to the examination. Date varies from year to year and is stated in the letter of admissibility.
- November—Annual 1-day computer-based examination at various sites across the United States. In 2004, the date of the examination is November 8.
- January—Meeting of the Board to determine the pass/non-pass score for the previous November examination.
- January—Results of November certifying examination are mailed to candidates. Notification is not given by telephone.

Applicants With Disabilities and Qualifications for Testing Accommodations

General Information

The Board recognizes that physicians with disabilities may wish to take the certifying examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). Applicants are reminded, however, that "auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test" (Americans with Disabilities Act, Public Law 101-336 ($300 [4][8]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. The documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate
checklists. If the Board deems it necessary, an independent assessment may be requested at the expense of the Board.

Documentation and other evidence substantiating the disability includes, but is not limited to, each of the following:

A report diagnosing the applicant's disability written by a professional appropriately qualified for evaluating the disability. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.

A history of the disability, including previous settings in which accommodations have been granted. Having had prior accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.

Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases and the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

Specific recommended accommodations, with a rationale for why each accommodation is needed. A description of any functional limitations or limitations associated with the disability is important to the Board's evaluation of the request.

Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked “ADA Materials” and mailed to the attention of the executive director at the Board office.

Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

Any applicant whose request for accommodations because of a disability is denied may submit a letter of appeal. All requests for information that rebuts the Board's original decision. The Appeals Committee will then review the materials and make a decision that will be final and binding for the Board and the applicant.

American Board of Psychiatry and Neurology

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(Unlike with medical residency programs, the American Board of Psychiatry and Neurology, Inc. cannot accept responsibility for errors made in the printing of this material. Please contact the Board's executive office for official policies and procedures of the Board.)

Throughout this section, the American Board of Psychiatry and Neurology may be referred to as the “Board” or as “ABPN.”

The information in the ABPN section is effective for the November 3, 2004, Part I examination only. Contact the Board office for the most current information.

Deadlines for the November 3, 2004, Part I Examination

| Part I Application | February 1, 2004 |
| Part I Late Application | March 1, 2004 |
| Completion of residency training | June 30, 2004 |
| Written confirmation of completion of residency training | July 15, 2004 |
| Part I Reexamination Fee | Board will notify applicant |

(Contact the Board office if you have not received a billing statement by February 15, 2005.)

Fee Schedule (Effective March 2004)

| Part I Application Fee | $650 |
| Part I Examination Fee | $725 |
| Part I Late Application Fee (in addition to the above) | $500 |
| Part I Reexamination Fee | $725 |
| Part I Reexamination Late Application Fee (in addition to the above) | $500 |
| Part II Examination Fee | $1,650 |
| Psychiatry Part II Reexamination Fee | $1,650 |
The mission of the ABPN is to serve the public interest by proposing nominees to serve on the Board, but the Board itself and the American Board of Psychiatry and Neurology, Inc, may be referred to as “the Board” or as “ABPN.”

I. General Information

A. History

The American Board of Psychiatry and Neurology, Inc (ABPN), the Board, is a nonprofit corporation that was founded in 1934 following conferences of committees appointed by the American Psychiatric Association, the American Neurological Association, and the then Section on Nervous and Mental Diseases of the American Medical Association. This action was taken as a method of identifying the qualified specialists in psychiatry and neurology.

B. Composition of the Board

The Board consists of 16 voting members. The nominating organizations for psychiatry are the American College of Psychiatrists, American Medical Association, and American Psychiatric Association; for neurology, they are the American Academy of Neurology and American Neurological Association. Each of these organizations proposes nominees to serve on the Board, but the Board itself selects its members. The Board is independently incorporated.

Elections to fill the places of members whose terms have expired take place annually. Neurology and psychiatry always are represented equally on the Board. The Board holds meetings several times each year for the purpose of examining candidates and transacting business.

C. Mission Statement

The mission of the ABPN is to serve the public interest by promoting excellence in the practice of psychiatry and neurology through lifelong certification, including competency testing processes. Methods for achieving that goal include, but are not limited to, efforts to:

1. Describe, in terms of knowledge and skills, a physician with special expertise in evaluation, diagnosis, and treatment of patients with psychiatric and/or neurologic disorders or who require psychiatric and/or neurologic assessment.
2. Set the standards for knowledge and skills required for certification.
3. Construct and administer examinations designed to evaluate required knowledge and skills.
4. Monitor, evaluate, and improve the standards and procedures of the certification process.
5. Participate in the appropriate Residency Review Committees of the Accreditation Council for Graduate Medical Education (ACGME) to set standards for the quality and scope of residency training programs to ensure that their graduates will obtain necessary training credit toward certification.

6. Issue certificates and other forms of recognition to successful candidates.
7. Make available lists of diplomates who have fulfilled the requirements for certification.
8. Inform the public, other professions, and other medical organizations of the purposes, activities, and responsibilities of the Corporation.
9. Participate in the activities of the American Board of Medical Specialties (ABMS) and its member Boards.

D. Rules and Regulations

In carrying out its specified functions, the Board has formulated rules and regulations to guide its activities and to communicate to applicants and other interested persons its policies regarding training requirements, examinations, fees, etc.

These rules and regulations are amended from time to time. The statements contained in this publication are the most recent amendments and represent the policies of the Board as of the date of this publication.

The Board has authority to periodically issue and thereafter amend the rules and regulations relating to the issuance and revocation of certificates of qualification in the practice of psychiatry, neurology, neurology with special qualification in child neurology, and the recognized subspecialties.

E. Certificates

The Board currently issues the following specialty certificates:

- Psychiatry
- Neurology
- Neurology with special qualification in child neurology

The Board also currently issues the following subspecialty certificates:

- Addiction psychiatry
- Child and adolescent psychiatry
- Clinical neurophysiology
- Forensic psychiatry
- Geriatric psychiatry
- Neurodevelopmental disabilities
- Pain medicine (formerly pain management)

Subspecialty certification in vascular neurology and psychosomatic medicine will be offered for the first time in 2005.

An applicant may be certified in more than one area and will receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form and for such period of time as specified by the Board.

F. Licensure

Throughout the certification and maintenance of certification processes, physicians must hold an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement, subject to the exceptions noted below.

An unrestricted medical license is a license to practice medicine that has been issued by an appropriate licensing board and contains no restrictions on the physician's privilege to practice professionally. Restrictions include, but are not limited to, revocation, suspension, condition, negotiated agreement, stipulation, probation, or contingency.

Subject to the exceptions noted below, certification shall continue in force only as long as the holder has an unrestricted medical license in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in...

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Neurology/Child Neurology Part II Reexamination Fee:
- One section $1,050
- Two or three sections $1,660

Application/Licensure Appeal Fee
- Part I Appeal Fee $300
- Part II Feedback Fee $160
- Part II Appeal Fee
  - One section $750
  - Two or three sections $1,000

Irregular behavior appeal fee $350
Application for testing accommodations appeal fee $350
Duplicate certificate fee $150
Returned check charge $50

All fees must be submitted in US currency. Reexamination fees are in addition to any appeal fees. Appeal fees are refundable if decision is in appellant's favor.

The ABPN reserves the right to revise fee schedules at any time. Throughout this publication, the American Board of Psychiatry and Neurology, Inc, may be referred to as “the Board” or as “ABPN.”
more than one jurisdiction, all licenses held by the physician must meet this requirement. An unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

A candidate in possession of any restricted medical license, even if the candidate also possesses an unrestricted license(s), will not be scheduled for examination, or issued a certificate, be authorized to be in possession of a certificate, or represent himself or herself as an ABPN Board-certified physician.

It is the responsibility of the candidate/diplomate to inform the Board immediately upon a change in licensure status.

Exceptions:
- Restriction of a physician's medical license does not include voluntary participation in an impaired physicians program or other appropriate, monitored alcohol or chemical substance abuse recovery program if the physician has not been reported to either the National Practitioner Data Bank or the Data Bank of the Federation of State Medical Boards.
- Restriction of a physician's medical license does not include medical licenses that, when issued, are limited by a geographic area within a jurisdiction (eg, practice limited to underserved areas) as long as such licenses are not in any way limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.
- Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the Part I examination. However, such applicants must submit a copy of their unrestricted medical license no later than December 15 of the year in which they sat for the Part I examination.

*While the Board does not currently have a formal Maintenance of Certification Program in place, recertification will be transitioned to maintenance of certification in the future as mandated by the ABMS.

G. Recertification
As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued 10-year, time-limited certificates. Certificates issued in the subspecialties of addiction psychiatry, clinical neuropsychology, forensic psychiatry, geriatric psychiatry, neurodevelopmental disabilities, and pain medicine, including those issued prior to October 1, 1994, are 10-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1996. All ABPN time-limited certificates, regardless of their exact dates of issuance, are considered to expire 10 years later on December 31.

Diplomates who are not recertified before their certificates expire are no longer Board-certified in that area of certification. Once a former diplomate passes the recertification examination, however, he or she will regain certification status. Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neuropsychology, forensic psychiatry, geriatric psychiatry, and pain medicine must also maintain certification in their primary specialty in order to apply for recertification in the area of subspecialization. Diplomates in child and adolescent psychiatry may recertify in their subspecialty without recertifying in general psychiatry. Diplomates in neurodevelopmental disabilities must maintain certification in all areas of primary certification that were required for initial certification in neurodevelopmental disabilities. There is no time limit on regaining certification status through recertification.

H. Revocation of Certificates
The Board has the authority to revoke any certificate issued by it for cause or to place a certificate holder on probation for a fixed or indefinite period of time.

I. Irregular Behavior Including Unethical Behavior of Candidates
The Board believes that the ethics of candidates for certification are of concern. The following rules apply:
1. Falsification of credentials will be cause for the Board's refusal to admit a candidate to examination for up to 5 years.
2. The Board will consider legal action against anyone who forges an ABPN certificate, copies an ABPN examination or otherwise uses them in conflict with copyright laws, or in any other way violates the legal prerogatives of the Board. Such activities will be cause for the Board's refusal to admit a candidate to examination for up to 5 years.
3. Scores on written examinations may be invalidated for reasons of irregular behavior. Statistical analyses may be used to confirm suspected cheating. If an examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of invalidation. (See below for a description of the appeal process.) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to 5 years, depending on the irregular behavior. A new application and current application and examination fees will be required.
4. Scores on oral examinations may be invalidated for reasons of irregular behavior. If the examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of the notice of invalidation. (See below for a description of the appeal process.) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to 5 years, depending on the irregular behavior. A new application and current application and examination fees will be required.
5. Irregular behavior shall include, but not be limited to, the following conduct: (a) copying answers from another candidate's examination; (b) knowing permitting another candidate to copy one's answers on an examination; (c) unauthorized possession, reproduction, or disclosure of examination materials or content, at any time; (d) use of audio equipment to record any part of an oral examination; (e) offering any financial benefit or other benefit to any director, officer, employee, proctor, diplomate, or other agent or representative of the Board in return for any right, privilege, or benefit that is not granted by the Board to other similarly situated candidates or persons; (f) not complying with proctors' or examiners' instructions; (g) disregarding time limits; (h) bringing food, drink, cellular phones, paper, books, study materials, and other prohibited material into an examination; (i) making telephone calls during an examination; (j) any other form of disruptive behavior, including repeated or excessive verbal complaints.
6. Notification of the Board's action may be sent to legitimately interested third parties, including the American Medical Association, state medical societies, medical licensing boards, and appropriate specialty societies.

Appeal procedure for invalidation due to irregular behavior
A candidate whose examination scores are invalidated because of irregular behavior may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:
- A written request for a formal appeal of the invalidation of examination scores.
• The applicable appeal fee. (See Fees, above.)
• Additional written information that rebuts the invalidation.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of invalidation. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee’s determination is final and binding on both the Board and the candidate.

J. Board Eligibility
The ABPN, in accordance with the policy of the ABMS, does not recognize or use the term “Board eligible” and does not issue statements concerning “Board eligibility.” The Board informs an applicant of admittance to examination only when the applicant has an active, approved application on file in the Board office.

K. Conflict of Interest
To maintain the confidence of the public and the medical profession in the integrity of the Board, it is important for those doing its work to avoid certain activities that could provide opportunity for a conflict of interest or the appearance thereof. A conflict of interest is defined as an instance wherein a competing outside activity or holding could influence or appear to influence the Board’s activities in the area of policy development, evaluation of training programs, or examination development. Examples of such competing outside interests are compensated direct employment, paid advisory or consultant positions, significant personal investments, or other affiliations as an officer and/or director in a pharmaceutical or medical supply company.

As an alternative to regulating investment or employment, the Board has chosen to manage matters related to the appearance of a conflict of interest by encouraging disclosure of significant financial interests or relationships and abstention from participation in decision-making related to a matter that could give rise to a conflict of interest (due to a material financial interest or relationship).

Annually, Board members, test committee members, written examination proctors, the Executive Vice President, and staff members of the Board are required to complete a form disclosing the following general information:
1. License restrictions to practice medicine.
2. Participation in board review courses or publication of materials in any media format, including the Internet, regarding board review in psychiatry, neurology, or any of the subspecialties.
3. Significant financial holdings in any pharmaceutical or medical supply company.
4. An affiliation in the capacity of trustee, officer, director, or other major capacity with any pharmaceutical or medical supply company.
5. Any other affiliations that would present a potential or apparent conflict of interest or commitment.

Any individual who participates in any review course that is published as being a board review course, or in any course that could be construed as a board review course, or who has edited or provided written or audiovisual materials for publications identified as preparation for Board examinations, or who copies, reproduces, or discloses examination materials or content should not participate as an examiner in any oral examination, as a proctor in any written examination, or as a member of any Board committee for at least 12 months subsequent to the course or publication of any written or audiovisual materials.

All ABPN examiners are diplomates of the ABPN.

II. Requirements for Admission to Examination

A. General Requirements for All Applicants
To qualify to sit for examination, an applicant must:
1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
2. Be in possession of a medical license as defined in Section I.F above. Applicants are required to submit a copy of their medical licenses with their application.\(^*\) If more than one license is held, a copy of each license is required.

\(^*\) Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for Part I examination. However, the applicants must submit a copy of their unrestricted medical license no later than December 15 of the year in which they sat for the Part I examination.

3. Have satisfactorily completed the Board’s specialized training requirements in psychiatry, neurology, neurology with special qualification in child neurology, or any of the subspecialties. Training requirements for the primary specialties are explained in the sections that follow.

4. Submit a completed official application form including all required attachments and the appropriate application and examination fees by the specified deadlines. (See Fees, above, for the fees schedule and application deadlines. See Section III for a complete description of the application process.) Only applications submitted on the current application form will be accepted. Faxed copies of applications will not be accepted.

B. General Training Requirements

References to “residency” refer to entry at the second year of postgraduate (PGY-2) level unless otherwise stated. Residency training must be in the specialty in which the applicant seeks certification, except for residents who are in an approved combined training program. (See Section VI.D. for more information about combined training programs.)

Training programs approved by the Residency Review Committees and accredited by the ACGME can be found in the current edition of the Graduate Medical Education Directory published by the American Medical Association. This Directory includes the program requirements for residency education.

Training may be completed on a part-time basis, provided that it is no less than half-time. Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training.

Effective for residents entering residency training (PGY-2 in psychiatry or neurology or PGY-3 in child neurology) as of July 1, 2002: the 36 months of full-time specialized residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than 10 years apart.

C. Training in More Than One Residency Program
To ensure continuity of training, the Board requires that 2 of the 3 years of residency training, excluding the PGY-1, be spent in a single program. In addition, credit will not be given for less than 1-year blocks of training, including the PGY-1. The ABPN Credentials Committee will consider exceptions to these rules only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, prior to the transfer.

The letters must outline the resident’s training content, duties, and responsibilities, including exact dates of training, and indicate clearly that the resident will satisfy all ACGME program
requirements as outlined in the Graduate Medical Education Directory. Each case will be considered on an individual basis.

If the Credentials Committee approves the request, the Board will notify the program directors in writing. A copy of this letter should be given to the resident to submit with his or her Part I application. Residents who have not received prior approval from the Credentials Committee risk the possibility that the Board will deny their Part I applications.

When training is completed in more than one program, the training director of the first program should send to the training director of the second program a letter detailing the training satisfactorily completed, including exact dates of training, and areas of training that are deficient. After reviewing this documentation, the training director of the second program should inform the resident whether or not the second program will be able to provide the resident with the experience necessary to remove the deficits.

D. Psychiatry: Specific Training Requirements

Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training below.)

An applicant seeking admission to examination for certification in psychiatry must have satisfactorily completed an ACGME-accredited PGY-1 (See below for alternatives) and 3 full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME. Different requirements apply for applicants who began training in psychiatry prior to 1986. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:
1. Three-year psychiatry residency program
   A broad-based clinical year of ACGME-accredited training in internal medicine, family practice, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of 4 months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care;
   and
   Three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME;
   or
   2. Four-year psychiatry residency program
   Four years of training in an ACGME-accredited program in psychiatry is acceptable. A psychiatry PGY-1 must include at least 4 months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care. No more than 1 month of this requirement may be fulfilled by an emergency medicine rotation, as long as the experience predominantly involves medical evaluation and treatment, rather than surgical procedure. Neurology rotations may not be used to fulfill this 4-month requirement.

Canadian Training Programs

Physicians entering residency training in psychiatry (PGY-2) on or after July 1, 2001, may apply to the ABPN for examination only if they:
1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada;
   and
2. Achieve certification by the Royal College of Physicians and Surgeons of Canada;
   and
3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in psychiatry prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2007 and should contact the Board office if they have any questions.

Other International Training

Physicians entering psychiatry residency training on or after July 1, 1997, will not be granted credit for other international training.

Physicians entering psychiatry residency training prior to July 1, 1997, may be granted credit for other international training only if they:
1. Achieve a national certificate accepted by the ABPN by the year 2005. The only certificates accepted by the ABPN are MRCPsych, FRANZCP, FF PsyCh (SA) and Israel’s Specialty Certification of the Scientific Council of the Israel Medical Association. If a physician’s training was not completed in its entirety (internship and residency training) in the country issuing the certificate, the physician must complete an additional year of approved primary care training in the United States;
   and
2. Initiate the ABPN certification process by the year 2007.

Physicians who entered residency training in the United Kingdom prior to July 1, 1986, should contact the Board office for training credit information.

E. Neurology: Specific Training Requirements

Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training below.)

An applicant seeking admission to examination for certification in neurology must have satisfactorily completed an ACGME-accredited PGY-1 (See below for alternatives) and 3 full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME. The PGY-1 must be completed prior to the 3-year residency training. Different requirements apply for applicants who began training in neurology prior to 1991. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:
1. Three-year neurology residency program
   A full year of ACGME-accredited training in internal medicine, or as an acceptable alternative, a full year in an ACGME-accredited program in which a minimum of 6 months of training must be in internal medicine, the details of which must be documented by the training director. The composition of these 6 months may not include rotations in neurology or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering neurology residency training on or after July 1, 2001, at least 2 of the additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology;
   and
   Three full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME;
   or
   2. Four-year neurology residency program
   Four years of training in a neurology program accredited by the ACGME is acceptable. A neurology PGY-1 must include at least 6 months in internal medicine, pediatrics, family medicine, and/or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering neurology residency training on or after July 1, 2001, at least 2 of the additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology;
   and
   Three full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME;
program director, detailing the proposed training, must be submitted to the Board office for review and approval. Documentation of the neurosurgery training should accompany the letter.

**Canadian Training Programs**

Physicians entering residency training in neurology (PGY-2) on or after July 1, 2001, may apply to the ABPN for examination only if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada;
2. Achieve certification by the Royal College of Physicians and Surgeons of Canada; and
3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in neurology prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2007 and should contact the Board office if they have any questions.

**Other International Training**

Physicians entering neurology residency training on or after July 1, 1997, will not be granted credit for other international training. Physicians entering neurology residency training prior to July 1, 1997, may be granted PGY-1 credit for other international training only if they:

1. Achieve a national certificate accepted by the ABPN in internal medicine by the year 2005. The only internal medicine certificates accepted by the ABPN are MRCP(UK), MRACF, FCP, and MRCP(I); and
2. Initiate the ABPN certification process by the year 2007.

**F. Neurology With Special Qualification in Child Neurology: Specific Training Requirements**

Proper preparation for the practice of child neurology requires that the practitioner be a qualified neurologist who has had additional training in pediatrics and child neurology. To qualify for this certificate, a different type of preparation and certifying examination are required. The same diploma will be used, the only difference being that instead of certifying qualification in "neurology," it certifies qualification in "neurology with special qualification in child neurology."

Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and Other International Training below.) Different requirements apply for applicants who began training in child neurology prior to 1991. These candidates should call the Board office if they have any questions.

Three patterns of training are acceptable for 2 of the 5 years of training:

1. **General pediatrics**
   
The usual pathway is 2 years of training in general pediatrics in an ACGME-accredited program. This is the only pathway that allows the applicant admission for examination by both the American Board of Pediatrics (ABP) and the ABPN; or
2. **General pediatrics/basic neurosciences research**
   
One year of training in general pediatrics in an ACGME-accredited program and 1 year of research in the basic neurosciences. The basic neurosciences pathway was created as an alternative track for residents who are planning a research career in academic child neurology. The year of basic neurosciences must provide training in a research discipline related to child neurology and is intended to increase the trainee's knowledge base and competitiveness for federal and nonfederal grant support. The trainee must make at least an 80% time commitment to basic neurosciences during this year of training.

For the purpose of this training track, "basic neurosciences" is defined as laboratory research related to the cellular or molecular basis of neurologic diseases. Examples of relevant basic disciplines include molecular neurogenetics, neurochemistry, neuropsycharmacology, neuropathology, neuroanatomy, neuroimmunology, developmental neurobiology, biophysics, and cell biology.

This track of training must be approved by the Board prior to completion of the 5 years of training. The resident is encouraged to have this training track approved prior to submitting his or her application for examination.*

*Effective for residents entering residency training in child neurology as of July 1, 2003: The neuroscience training track must be approved prior to entry into residency training in child neurology. A form to guide the applicant's description of the research, his or her role, skills to be acquired, and the likely outcomes (eg, presentations, peer reviewed manuscripts) is part of the information to be provided. Credit will be given for basic neuroscience training obtained as part of an integrated clinical neuroscience program leading to certification in neurology with special qualification in child neurology. Credit cannot be obtained for basic neuroscience training obtained as part of a degree-granting program (eg, PhD). A program director who intends to propose a neuroscience research training track for a resident should contact the Credentials Department at the Board office to request the proposal form. This form may also be downloaded from the ABPN Web site, www.abpn.com. This form along with letters from the mentor (and child neurology program director, if a different individual) must be submitted describing the research and explaining how the year of neurosciences relates to child neurology and to the trainee's academic career. Documentation must include exact dates of training (from month/day/year to month/day/year); or

3. **General pediatrics/internal medicine**
   
One year of training in general pediatrics and 1 year of training in internal medicine in ACGME-accredited programs. An acceptable alternative to the 1 year of internal medicine is a full year of ACGME-accredited training that includes a minimum of 6 months of internal medicine, the details of which must be documented by the training director. The composition of these 6 months may not include rotations in neurology, pediatrics, or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering child neurology residency training on or after July 1, 2002, at least 2 of these additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology; and

All candidates will be required to complete at least 2 full years of postgraduate, specialized residency training in a child neurology program accredited by the ACGME.

**Canadian Training Programs**

Physicians entering residency training in child neurology (PGY-2) on or after July 1, 2002, may apply to the ABPN for examination only if they:
American Board of Psychiatry and Neurology

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada; and
2. Achieve certification by the Royal College of Physicians and Surgeons of Canada; and
3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in child neurology prior to July 1, 2002, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2008 and should contact the Board office if they have any questions.

Other International Training
Physicians entering child neurology residency training on or after July 1, 1998, will not be granted credit for other international training. Physicians entering child neurology residency training prior to July 1, 1998, may be granted up to 2 years of general pediatrics and/or 1 year of internal medicine credit for training completed in another international program only if they:
1. Achieve a national certificate accepted by the ABPN in pediatrics and/or internal medicine by the year 2005. The only certificates accepted by the ABPN for pediatrics and/or internal medicine are MRCP (UK), MRCP, FCP(SA), and MRCPC;
and
2. Initiate the ABPN certification process by the year 2007.

III. Application for Certification

A. General Information
Physicians seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology must complete, sign, and file with the Executive Vice President of the Board an application on the current official form together with the required supporting documents. The Information for Applicants publication and associated Application for Certification are revised each year and may be downloaded from www.abpn.com or obtained from the Board office. Only applications submitted on the current application form will be accepted. Faxed copies of applications will not be accepted.

An acknowledgment mailer accompanies each application. This mailer, when stamped, self-addressed, and enclosed with the application, will be returned to the applicant as acknowledgment that the application has been received by the Board office. Once the mailer is returned to the applicant, it may take up to 16 weeks for the applicant to receive further information regarding the status of the application. Applications are reviewed in order of receipt.

Applicants who do not receive any notification from the Board regarding their applications by August 1, 2004, should contact the Board office in writing to inquire about the status of their application.

B. Deadlines and Fees
The deadline for receipt of completed applications in the Board office for the November 3, 2004, Part I examination is February 1, 2004. There is a nonrefundable additional late fee (See Fees, above), which must accompany applications received in the Board office between February 2, 2004, and March 1, 2004. Applications received in the Board office after March 1, 2004, will not be accepted and will be returned.

A complete list of fees appears at the beginning of this document. Applications submitted without the appropriate fees will not be accepted. Fees received without applications will be returned. Part I application and examination fees are neither refundable nor transferable.

C. Completing the Application and Supporting Documentation

Indicate the specialty in which you are seeking certification.

Candidate Name
If your name differs from that indicated on your supporting documentation, you must include legal, certified documentation (marriage license, name change determination, etc) of the change. If your name changes at any time subsequent to submission of the application, legal, certified documentation of the name change must be submitted to the Board office.

Social Security Number
Provide your social security number.

Mailing Address
This is an address at which the Board can contact you; therefore, do not use a temporary address. Candidates are responsible for keeping the Board informed about any change of address. Address change information may be sent to the Board via mail, fax, or the ABPN Web site, www.abpn.com.

Office and Home Telephone Numbers, Fax Number, and E-mail Address
Provide your primary office phone number, home telephone number, fax number, and e-mail address. Candidates are responsible for keeping the Board informed about any changes. Change information may be sent to the Board via mail, fax, or the ABPN Web site, www.abpn.com.

1. Date of birth
Provide your birth date.

2. Medical education
Include the complete name of each medical school attended. Include accurate and complete attendance and graduation dates for each school, as well as the degree received (MD or DO).

3. Licensure
All questions regarding licensure must be answered. Do not leave any blanks. In addition, enclose with the application a copy of either your unrestricted medical license or the current renewal registration card for your unrestricted medical license, whichever shows the license expiration date. If more than one license is held, a copy of each license (or the renewal registration card that shows the expiration date) is required. An applicant in possession of a restricted, suspended, or revoked medical license will not be accepted for any examination. (See Section I.F for information on restrictions and exceptions.)

4. Previous application for certification
Indicate if you have applied previously for certification to this Board and the name under which you applied.

5. Other applications on file
Indicate if you have other applications on file with this Board, and, if so, in what specialty or subspecialty. A candidate may not have more than one application for certification in the same specialty or subspecialty on file with the Board office at any one time. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

6. Name change
If you have previously applied to this Board under a different name, provide all previous names, and include appropriate legal, certified documentation (marriage license, name change determination, etc) of the change. If your name changes at any time subsequent to the
submission of this application, legal, certified documentation of the name change must be submitted to the Board office.

7. Request for testing accommodations due to a disability
Please refer to Section VII.

8. First postgraduate year (PGY-1) (or first 2 years for child neurology)
Enclose with the application a letter of verification from the PGY-1 training director describing the exact length and content of rotations completed during the PGY-1. All documentation must include exact dates (month/day/year to month/day/year) of training.

- Psychiatry candidates only:
  If the PGY-1 was a full year of internal medicine, pediatrics, or family practice, a photocopy of the certificate of completion, including exact dates, may be submitted in lieu of the letter from the PGY-1 training director.

- Neurology candidates only:
  If the PGY-1 was a full year of internal medicine, a photocopy of the certificate of completion, including exact dates, may be submitted in lieu of the letter from the training director.

- Neurology with special qualification in child neurology candidates only:
  If either of the first 2 years was a full year of internal medicine or pediatrics, a photocopy of the certificate(s) of completion, including exact dates, may be submitted in lieu of the letter from the PGY-1 training director.

- Reapplicants only:
  Reapplicants previously accepted for examination must complete the application; PGY-1 documentation is not required with this reapplication.

9. Residency training
List all residency training in chronological order, beginning with the date when entered residency training. Include exact dates (from month/day/year to month/day/year).

In addition, enclose with the application a copy of certificate(s) of training, including exact dates, or a letter of verification of training from the training director(s) including exact dates of training.

If training was completed in child and adolescent psychiatry, the training director of the child and adolescent psychiatry program must document the child and adolescent psychiatry training.

If you are still in training, a letter from the training director must be submitted with the application documenting that you are in the final year of training and that training will be completed by June 30, 2004. This letter must include the date on which you started training and the anticipated completion date. Immediately after you have completed training, the training director must submit to the Board a letter verifying successful completion of training or a copy of the certificate of training. All documentation must include exact dates (from month/day/year to month/day/year) of training. If documentation of successful completion of training is not received in the Board office by July 15, 2004, the candidate may be removed from the Part I roster.

Candidates who complete training after June 30, 2004, but no later than July 31, 2004, may submit a Part I application. The training directors must submit a letter verifying successful completion of training to the Board by August 10, 2004. All documentation must include exact dates (from month/day/year to month/day/year) of training. Applicants who complete training after July 31, 2004, will be denied opportunity to sit for the 2004 Part I Examination.

Due to the large volume of documentation that the Board office will be receiving on or before July 15, we ask that applicants do not call to verify that the Board received documentation from their residency program. Applicants should check with their training director to confirm that documentation was sent to the Board office.

Reapplicants previously accepted for examination must complete the application; residency training documentation is not required with this reapplication.

10. Examination site
From the list provided, select the top four preferences for examination site.

Part I sites are assigned based on the order in which applications are received and approved in the Board office. If a site is filled to capacity, the second choice will be assigned. If the second choice site is filled to capacity, the third choice will be assigned, etc. Applicants who do not indicate a site preference will have a location assigned to them.

11. Other diplomate information (if any)
List any other Board certifications.

Application statement
Read, sign, and date the application statement. Applications with altered or unsigned application statements will not be accepted and will be returned.

D. Appeal Procedure for Negative Determinations Regarding Credentials
The rejection of credentials for admission to an examination is considered a negative determination. An applicant who has submitted a formal application and receives a negative determination regarding the application may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the rejection of the application.
- The applicable appeal fee. (See Fees, above.)
- Additional written information that rebuts the negative determination.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of negative determination. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the applicant.

IV. Examinations
A. General Information Pertaining to All Examinations
The Board may conduct examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be at the sole discretion of the Board.

The purpose of the ABPN certification examinations is to test the qualifications of the candidates in psychiatry, neurology, or both. As these medical disciplines constitute part of the broad field of general medicine, the Board requires proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks. Each examination shall cover such subjects as the Board may determine. The ABPN uses the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) as the primary authority on psychiatric diagnostic nomenclature for its examinations.

The Board does not endore or recommend any texts or other teaching aids identified as "board preparation" material. Furthermore, neither the Board nor any of its committees has any affiliation with or responsibility for programs identifying themselves as "board review courses."
To become Board certified, each candidate must pass both the Part I and Part II examinations. There is no limit on the number of times a candidate may apply for the Part I examination. To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination is valid for a period of 6 years or three opportunities to pass the Part II examination, whichever comes first. Candidates will be scheduled for examination and reexamination, if necessary, until they have exhausted their opportunities. The Board anticipates that three opportunities will not take the maximum of 6 years. Candidates who are unsuccessful in the Part II examination during the allotted time period will be required to retake the Part I examination.

The Board is not liable for candidate travel and/or other related expenses incurred as a result of the cancellation of an examination. Candidates are required to bring government-issued photo identification with them to the examinations. They will be asked to present this ID at candidate registration. Government-issued photo ID includes military IDs, passports, valid driver’s licenses, and state IDs. If the name on the admission slip is different than the name that appears on the photo ID, legal, certified documentation verifying a name change also must be presented.

Candidates may not bring food, drink, cellular phones, pagers, books, or study materials into the examination. Candidates may not make telephone calls during an examination session. These actions may constitute irregular behavior and may be cause for invalidation of examination results. (See Section I.I.)

After completion of the Part I and Part II examinations, the Executive Vice President of the Board will notify candidates of the results in writing. The Board will send the names of all those achieving certification or recertification to the ABMS for publication.

General questions about requirements and logistics of ABPN examinations may be asked of ABPN staff by telephone or on-site. Verbal complaints to staff, directors, proctors, or examiners that continue after explanation of ABPN policy may rise to the level of harassment which may be considered irregular behavior (See Section I.I). At no time should a candidate discuss the administration or the grading of an examination with the examiners.

B. Part I Examination Procedures

Successful completion of the Part I written examination is required of candidates seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology. To successfully complete the Part I examination, a candidate must pass both the psychiatry and neurology sections of the written examination at the same administration.

1. Scheduling

The Part I examination is given once a year, on a regional basis throughout the United States and Canada, as well as in selected sites outside North America. The Board will advise an applicant, in writing, of acceptance for examination.

Applicants will be expected to indicate, in order of preference, their choice of four examination sites. Every effort is made to accommodate candidates in the locale of their choice. Requests for transfer to another site must be made in writing at least 90 days prior to the Part I examination. Changes will be made subject to space availability. One month prior to the examination, candidates will receive an admission notice specifying their examination site and time to report for examination.

All applicants are required to sit for the Part I examination for which they have applied. Applicants who fail to do so will be required to submit a new application, a copy of an unrestricted medical license, and the current Part I application and examination fees. Candidates who are unable to sit for their scheduled Part I examination due to an emergency should contact the Board office in writing no later than 30 days after the date of the examination.

2. Reexamination

A candidate who fails the initial Part I examination may, upon payment of the Part I reexamination fee (See Fees, above), re-examine the following year. There is no limit on the number of times an applicant may apply to take the Part I examination.

A failing score on the Part I examination is considered a negative determination. Two negative determinations on the Part I examination necessitate reapplication (a new application, a copy of an unrestricted medical license, and payment of the current Part I application and examination fees). Reexaminees who do not sit for reexamination as scheduled will also be required to submit a new application, a copy of an unrestricted medical license, and payment of the current Part I application and examination fees. Candidates applying for reexamination do not need to include another copy of their PGY-I and residency documentation.

C. Psychiatry Part I Examination Content

The psychiatry section of the examination will include questions in the following areas:

- Development through the life cycle
- Neurosciences
- Behavioral and social sciences
- Epidemiology and public policy
- Diagnostic procedures
- Psychiatric disorders
- Treatment of psychiatric disorders
- Special topics in psychiatry (suicide, dangerousness, ethics, gender, and consultation-liaison and emergency psychiatry)

The neurology section of the examination will include questions in the following areas:

- Basic science aspects of neurologic disorders
- Incidence/risk of neurologic disorders
- Diagnostic procedures related to neurologic disorders
- Clinical evaluation of neurologic disorders/syndromes
- Management and treatment of neurologic disorders

D. Neurology/Neurology With Special Qualification in Child Neurology Part I Examination Content

The neurology section of the examination will include questions in the following areas of adult and child neurology:

- Neuroanatomy
- Neuropathology
- Neurochemistry
- Neurophysiology
- Neuropharmacology
- Neuroimmunology/neurovirology
- Neurogenetics/molecular neurology/neuropediatrics
- Neuroendocrinology
- Neuroimaging
- Neuro-ophthalmology
- Neuro-oncology
- Cerebrospinal fluid

The section of the examination covering psychiatry, including cognition and behavior, will include questions in the following areas:

- Development and disorders of childhood
- Psychopathology and diagnostic criteria for common psychiatric disorders
- Physician-patient relationships
- Behavioral and personality changes associated with structural changes
E. Appeal Procedure for Negative Determinations Regarding Written Examinations

A failing grade on the Part I examination is considered a negative determination. A candidate who receives a negative determination may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A request for hand-scoring of the examination.
- The applicable appeal fee. (See Fees, above)
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing and must be postmarked within 30 days of the date indicated on the letter of negative determination. The candidate will be informed in writing of the result of the hand-scoring, which will be final and binding on both the Board and the candidate.

F. Part II Examination Procedures

I. Assignment, fees and scheduling

To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination will be valid for a period of 6 years or three opportunities to complete the Part II examination successfully, whichever comes first.

All successful Part I candidates will receive a notice of assignment (Part II billing statement) to a Part II examination together with a request to submit the required examination fee. Scheduling for the Part II examination will be made on a regional basis as often as possible.

Candidates will be asked to sign a statement that they possess a current, unrestricted license(s) to practice medicine in a state, commonwealth, territory, or possession of the United States or province of Canada that comply with the requirements outlined in Section I.F. Candidates who did not submit a copy of their license(s) or who submitted a temporary (education or training) medical license at the time of application for Part I will be required to submit copies of their license(s) by December 15 of the year in which they sat for the Part I examination. Candidates who do not submit copies of their medical licenses by this deadline will not be scheduled for the Part II examination until the Board office receives copies of the candidate's medical licenses. (See Section I.F for information regarding licensure.)

Beginning with the April 2000 Part II examination, an unexcused absence counts as an opportunity to take the Part II examination.

The Board's policy regarding scheduling has changed. There will no longer be a Part II application, candidate waiting list, or a 60-day pre-examination withdrawal policy.

Beginning with the May 2003 Part II examination, candidates who do not pay the Part II examination fee for their scheduled examination or reexamination by the deadline specified will forfeit an opportunity to sit for the examination. Candidates who decline or do not attend the Part II examination for which they are scheduled, unless excused, will forfeit an opportunity and fees. Such candidates will be removed from the roster of candidates for that examination. They will be scheduled for the next Part II examination that has space available. This will not necessarily be the next consecutive Part II examination. Candidates may have to wait up to 1 year for an available examination slot. The Board will consistently schedule candidates for an examination until they have exhausted or forfeited their three opportunities or exhausted the 6 years to pass the examination.

Exceptions: Candidates who are unable to sit for their scheduled Part II examination due to a medical or other emergency may submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable.

Approximately 6 weeks prior to the date of the assigned Part II examination, a candidate will receive informational materials and an admission notice specifying the date, time, and place to report for registration. Candidates are requested to report for registration only on the day and at the time indicated on the admission notice. Registration schedules are arranged to accommodate candidates in accordance with their examination schedules.

II. Required sections and reexamination

Psychiatry candidates must pass both sections of the Part II examination. A candidate who fails one or both sections of the examination must repeat both sections at each subsequently scheduled examination until both sections are passed at the same examination.

Neurology candidates must pass all three (two adult and one child) sections of the Part II examination. A candidate must repeat the section or sections he or she failed at each subsequently scheduled examination until all three sections are passed.

Child Neurology candidates must pass all three (two child and one adult) sections of the Part II examination. A candidate must repeat the section or sections he or she failed at each subsequently scheduled examination all three sections are passed.

All candidates taking the Part II examination are required to be examined in all sections for which they are scheduled. If a candidate does not appear for a section of his or her examination, the examination results for sections taken will be invalidated, no fees will be refunded, and this will count as an opportunity to take the Part II examination.

Exceptions: Candidates who are unable to sit for all sections of their scheduled Part II examination due to a medical or other emergency may submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable.

For candidates in Psychiatry: If the Board classifies the absence as excusable, the examination results for completed sections will be invalidated, but the fees will be transferred or refunded. The examination will not count as an opportunity to take the Part II examination.

For candidates in neurology or in neurology with special qualification in child neurology: If the Board classifies the absence as excusable, the results for the section(s) that were completed will stand, and the grade for the section(s) not completed will be recorded as "incomplete." No fees will be refunded, and the examination will count as an opportunity to take the Part II examination.

Candidates who fail the Part II examination will be scheduled for the next available Part II examination that has available space as long as they pay the reexamination fees and have not exhausted or forfeited their three opportunities or exhausted the 6 years to pass the examination.

Candidates who are unsuccessful in the Part II examination during the allotted time period will be required to retake the Part I examination. These candidates must request and submit a
new Part I application and the current Part I application and examination fees.

3. Grade letters and certificates
Candidates will receive written notification as to whether they passed or failed approximately 30 days after the Part II examination. Successful candidates will receive their certificates within 120 days of receiving their grade letters. It is the candidate's responsibility to notify the Board office, in writing, if he or she does not receive the certificate within the time frame specified in the grade letter. If a candidate does not so do, he or she will have to request a duplicate certificate and pay a processing fee. (See Fees, above)

4. Duplicate certificates
Requests for duplicates of ABPN certificates must include the diplomate's name, address, phone number, birth date, signature, and indication of how the diplomate wants his or her name printed on the certificate. The diplomate must include with the request (1) a copy of each current unrestricted medical license held stating the expiration date; (2) for security purposes, government-issued photo identification, such as a driver's license or passport; (3) the appropriate fee. (See Fees, above) A form for requesting a duplicate certificate may be obtained from the ABPN Web site (www.abpn.com). Certificates are printed approximately four times per year. Depending on when a duplicate certificate is requested, it may be 4 to 6 months until the diplomate receives the duplicate certificate.

G. Part II Examination Format
Part II, an oral examination, will include the examination of patients under the observation of one or more examiners. The manner of examining patients and the reasoning and deductions therefrom will constitute an important part of the examination. Knowledge of basic science principles, special diagnostic procedures, management recommendations, and assessment of risk are also essential parts of the examination, which focuses on evaluation of clinical skills.

Candidates are expected to discuss their findings with their examiners. Questions frequently cover such areas as diagnosis, differential diagnosis, evaluation, treatment, prognosis, and management. Reference to the basic sciences of psychiatry and neurology may be made.

Note-taking is permitted during the Part II examination provided that only blank paper is used. All notes must be left in the examination room at the conclusion of the examination. Failure to adhere to this policy will constitute irregular behavior. (See section I.I.) Notes will not be used in the assignment of grades and will be destroyed.

1. Psychiatry
Psychiatry candidates will take two examinations:
• One 1-hour examination in clinical psychiatry (patient)
• One 1-hour examination in clinical psychiatry (audiovisual)

In the patient section, the psychiatry candidate will be given approximately 30 minutes to examine a patient under the observation of one or more examiners. Following the examination of the patient, the discussion with the examiner(s), which will be approximately 30 minutes in length, will focus on physician-patient interaction, conduct of the clinical examination, capacity to elicit clinical data, formulation, differential diagnosis and prognosis, therapeutic management, and knowledge of therapies. Additional questions may be addressed to the basic science of psychiatry.

The audiovisual section will consist of a taped psychiatric examination, approximately 25 minutes in length, which the candidate will observe. Candidates will then be individually examined by one or more examiners with particular reference to the content of the tape. This discussion may also include other clinical topics.

2. Neurology and Child Neurology
Neurology candidates will take three examinations:
• One 1-hour examination in clinical neurology (patient)
• One 1-hour examination in clinical neurology (vignette)
• One 1-hour examination in clinical child neurology (vignette)

Child Neurology candidates will take three examinations:
• One 1-hour examination in clinical child neurology (patient)
• One 1-hour examination in clinical child neurology (vignette)
• One 1-hour examination in clinical neurology (vignette)

In the neurology and child neurology patient sections, the candidate will be given approximately 30 minutes to examine a patient under the observation of one or more examiners. During the patient examination, the candidate's ability to obtain a history and perform a neurologic examination will be observed. Following the examination of the patient, the discussion with the examiner(s), which will be approximately 15 minutes in length, will focus on the evaluation of the findings and discussion of the diagnosis, treatment, and management. Following discussion of the patient, written vignettes will be discussed for approximately 15 minutes. The examiners also may ask additional questions concerning the basic science of neurology.

Multiple written vignettes of patient encounters will be utilized as a basis for discussion of diagnosis and treatment in those sections in which there is no patient present.

Candidates seeking certification in neurology with special qualification in child neurology are expected to pass a 1-hour oral examination in clinical neurology (vignette) that is set at the same level of difficulty established for neurology candidates. The pass/fail standards for that hour in clinical neurology (vignette) will be the same whether the candidate is seeking certification in neurology or in neurology with special qualification in child neurology.

H. Feedback and Appeal Procedures for Negative Determination Regarding Part II Examinations
A failing grade on a Part II examination is considered a negative determination.

1. Request for Feedback
A candidate who receives a negative determination may request feedback by submitting the following materials to the Executive Vice President at the Board office:
• A letter requesting feedback on his or her Part II examination
• The applicable feedback fee. (See Fees, above)

The request for feedback must be postmarked within 30 days of the date indicated on the letter of negative determination. For psychiatry, feedback shall consist of a checklist indicating those sections not passed.

For neurology and child neurology, feedback for the patient section shall consist of a checklist indicating those sections not passed. No specific feedback will be given for the vignette sections.

No other information will be provided as feedback.

2. Request for Appeal
A candidate who receives a negative determination may appeal the negative determination by submitting the following materials to the Executive Vice President at the Board office:
• A written request for a formal appeal of the negative determination.
• The applicable appeal fee. (See Fees, above)
• Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing that is postmarked within 60 days of the date indicated on the
American Board of Psychiatry and Neurology

letter of negative determination or within 30 days of the date indicates on the feedback letter.

The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

V. Subspecialization

For complete information about subspecialty certification, please contact the Board office to request the current editions of the following ABPN publications. These publications are also available in a downloadable format from the ABPN Web site, www.abpn.com, several months prior to the application deadline for each examination;

- Information for Applicants for Certification in Child and Adolescent Psychiatry
- Information for Applicants for Certification in the Subspecialties of Addiction Psychiatry, Clinical Neurophysiology, Forensic Psychiatry, Geriatric Psychiatry, and Neurodevelopmental Disabilities
- Information for Applicants for Certification in the Subspecialty of Pain Medicine

VI. Special Programs

A. Supplementary Certification

Candidates may apply for certification in another primary specialty. A candidate may have more than one application on file with the Board if the applications are for certification in different specialties or subspecialties. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

1. Dual certification in psychiatry and neurology

Unless otherwise specified, all training must be completed in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants seeking certification both in psychiatry and neurology who began residency training prior to January 1, 1988, should contact the Board office for requirements.

Applicants seeking certification both in psychiatry and neurology who began residency training on or after January 1, 1988, must have completed one of the following training tracks:

- ABPN-approved combined psychiatry/neurology training program (recommended)
- A PGY-1 that meets the requirements for entry into a neurology program,*
  and
- Five years of residency training in an ABPN-approved combined psychiatry/neurology training program;
  or
- Individual psychiatry and neurology programs
  A PGY-1 that meets the requirements for entry into a neurology program,*
  and
  Six full years of postgraduate residency training in ACGME-approved programs including 3 full years in psychiatry and 3 full years in neurology;
  or
- Non-ABPN-approved combined training programs
  A PGY-1 that meets the requirements for entry into a neurology program,*
  and

At the discretion and approval of both training directors, and in accordance with Residency Review Committee requirements, applicants may complete 5 full years of postgraduate training in ACGME-accredited programs including 2 full years of residency training in psychiatry in a single program, 2 full years of residency training in neurology in a single program, and a full year that is jointly sponsored and coordinated by the psychiatry and neurology training directors to allow the resident to successfully complete all of the requirements for an approved residency program in psychiatry and an approved residency program in neurology.

The 5 years of residency training usually are taken at one institution but may be taken at no more than two institutions. An application for examination may be submitted after completion of the PGY-1, the 2 full years of residency training in one specialty, and the full year of jointly sponsored residency training.

*See Section II.E for information on entry into neurology programs.

For residents entering residency training on or after July 1, 1999: Program directors must contact the Board office for a copy of the combined psychiatry/neurology guidelines and must submit to the Board for review, no later than the beginning of the PGY-3, a proposal for a resident to train in psychiatry and neurology that conforms to these guidelines.

Candidates will be required to submit a new Part I application and the current application and examination fees.

2. Dual certification in neurology and neurology with special qualification in child neurology

Applicants who have achieved certification in neurology and who wish to be certified in neurology with special qualification in child neurology will need to obtain the additional training described below. Unless otherwise specified, all training must be completed in programs approved by the ACGME.

Training requirements include:

- A minimum of 12 months of approved training in general pediatrics
  and
- A minimum of 12 months of approved training in clinical child neurology.

A maximum of 3 months of child neurology training obtained during a neurology residency may be applied toward the required 12 months of child neurology training only if the 3 months took place in an ACGME-approved child neurology program and if the training is documented by the neurology program director.

Candidates will be required to submit a new Part I application and the current application fee. Such candidates will not be required to retake the Part I examination in neurology. The Part II examination fee will be requested after the application has been approved. Two 1-hour examinations in child neurology will be taken during the Part II examination.

3. Dual certification in child and adolescent psychiatry and in neurology with special qualification in child neurology

An applicant who wishes to obtain a certificate in both child and adolescent psychiatry and in neurology with special qualification in child neurology must meet the following requirements:

- Certification by the Board in the specialty of general psychiatry prior to applying for examination in child and adolescent psychiatry (a minimum of 2 years of approved residency training in general psychiatry is required);
  and
- Completion of the requirements for certification in child and adolescent psychiatry;
  and
• Completion of the requirements for certification in neurology with special qualification in child neurology.

B. Joint Training in Pediatrics/Psychiatry/Child and Adolescent Psychiatry

The American Board of Pediatrics, the American Board of Psychiatry and Neurology, Inc., and the Committee on Certification in Child and Adolescent Psychiatry of the ABPN have approved programs for combined pediatrics/psychiatry/child and adolescent psychiatry residency training. This training consists of 24 months of pediatrics, 18 months of adult psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirements for certification in all three areas. Physicians pursuing training in these programs may not apply for examination until all training has been completed.

C. Joint Training in Neurology/Diagnostic Radiology/Neuroradiology

The American Board of Radiology and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined training in neurology, diagnostic radiology, and neuroradiology. Completion of the program will satisfy the training requirements for certification in both diagnostic radiology and neurology.

In order to satisfy training requirements in neurology, a resident who resigns from a combined neurology/diagnostic radiology/neuroradiology training program must complete 36 months of residency training, of which 30 months of training must be completed in neurology. The Board will grant up to 6 months of credit for training in neuroradiology toward the 36 months of training. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

D. Combined Training Leading to Certification by Two Boards

Board-approved combined/joint training programs are listed in the Graduate Medical Education Directory. The Board currently has the following programs:

1. Dual Certification in psychiatry/family practice

The American Board of Family Practice and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined psychiatry/family practice residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/family practice training program must complete 36 months of residency training, of which 30 months of training must be completed in psychiatry. The Board will grant up to 6 months of credit for training in family practice toward the 36 months of training. In addition, the program requirements for psychiatry as defined in the Graduate Medical Education Directory must be satisfied.

2. Dual certification in psychiatry/internal medicine

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined psychiatry/internal medicine residency medicine. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/internal medicine training program must complete 36 months of residency training, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the Graduate Medical Education Directory must be satisfied.

3. Dual certification in neurology/internal medicine

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined neurology/internal medicine residency training. In order to satisfy training requirements in neurology, a resident who resigns from the combined neurology/internal medicine training program must complete 36 months of residency training, of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

4. Dual certification in neurology/physical medicine and rehabilitation

The American Board of Physical Medicine and Rehabilitation and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined neurology/physical medicine and rehabilitation residency training. In order to satisfy training requirements in neurology, a resident who resigns from the combined neurology/physical medicine and rehabilitation training program must complete 36 months of residency training, of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the Graduate Medical Education Directory must be satisfied.

5. Dual certification in neurology/nuclear medicine

The American Board of Nuclear Medicine and the American Board of Psychiatry and Neurology, Inc., have approved guidelines for combined neurology/nuclear medicine residency training. Please contact the Board office for information regarding this training.

VII. Applicants With Disabilities and Qualifications for Testing Accommodations

A. General Information

The Board recognizes that physicians with disabilities may wish to take the certifying examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that "auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test." (Americans with Disabilities Act, Public Law 101-336 §308 (b)(3)). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists. Candidates seeking disability accommodations should download the appropriate application from the ABPN website, www.abpn.com, or should contact the Board office immediately for an application. Applicants for Part II examinations requesting accommodations must check the box provided on the Part II billing statement and comply with all requirements regardless of previous requests and/or granted accommodations. Documentation of a disability and a completed Application for Testing Accommodations will be required no later than 30 days after the fee due date on the billing statement in order to be considered for special examination assistance or test modification.

If the Board deems it necessary, an independent assessment may be requested at the expense of the Board. Documentation and other evidence substantiating the disability includes, but is not limited to, each of the following:

• A report diagnosing the applicant’s disability written by a professionally qualified to evaluate the disability. The re-
port must be printed on the certified examiner's letterhead, with the
examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candi-
date's name, date of birth, and date of testing, and it must be
signed by the examiner.
• A history of the disability, including previous settings in which
accommodations have been granted. Having had accommodations
granted does not necessarily influence the decision of the
Board to grant or deny a current request for accommodation. If
there is no history of prior accommodations, the examiner must
explain why current circumstances necessitate accommodations.
• Diagnostic information about the specified disability using stan-
dard nomenclature from sources such as the International Clas-
sification of Diseases (ICD) and the APA Diagnostic and
Statistical Manual of Mental Disorders IV (DSM-IV).
• Specific recommended accommodations with a rationale for why
each accommodation is needed. A description of any functional
limitations associated with the disability is important to the
Board's evaluation of the request.

B. Review of Documentation
A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reex-
amination. Documentation should be marked "ADA Materials" and
mailed to the attention of the Executive Vice President at the Board
office.
Each report is reviewed carefully before accommodations are
provided. If the Board does not find appropriate and sufficient evi-
dence to grant accommodations, the applicant will be informed that
the request has been denied.
A denial of accommodations is considered a negative determina-
tion. An applicant who receives a negative determination may ap-
peal this decision by submitting the following materials to the Exec-
utive Vice President at the Board office:
• A written request for a formal appeal of the denial for accommo-
dations.
• The applicable appeal fee. (See Fees, above)
• Additional written information in support of the appeal.
The appeal materials must be sent together in a single mailing
that is postmarked within 30 days of the date indicated on the let-
ter of negative determination. The appeal materials will be sent to
the respective Appeals Committee, which will review the materials,
deliberate, and make a decision that will be final and binding on
both the Board and the applicant.

Note
For further information about the ABPN, visit the Web site at
American Board of Psychiatry and Neurology, Inc
Executive Offices
500 Lake Cook Rd, Ste 335
Deerfield, IL 60015-5249
847 945-7900
847 945-1146 Fax
www.abpn.com

American Board of Radiology
5441 E Williams Cir/Ste 200
Tucson, AZ 85711
520 790-2900
520 790-3200 Fax
E-mail: info@theabr.org
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Robert R Hattonc Jr, MD, Executive Director, Rochester, Minnesota
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Radiology, Richmond, Virginia
Lawrence W Davis, MD, Assistant Executive Director for Radiation
Oncology, Atlanta, Georgia
Bhudatt Paliwal, PhD, Assistant Executive Director for Radiologic
Physics, Madison, Wisconsin
William R Hendee, PhD, President, Milwaukee, Wisconsin
Steven A Leibel, MD, Vice President, New York, New York
Gary J Becker, MD, Miami, Florida
George S Bissel, MD, Durham, North Carolina
N Reed Dunnick, MD, Ann Arbor, Michigan
Beth A Erickson, MD, Milwaukee, Wisconsin
Glenn S Forbes, MD, Rochester, Minnesota
Jay R Harris, MD, Boston, Massachusetts
Richard T Hoppe, MD, Stanford, California
Valerie P Jackson, MD, Indianapolis, Indiana
Lawrence E Kun, MD, Memphis, Tennessee
Steven A Leibel, MD, New York, New York
Robert Lukin, MD, Cincinnati, Ohio
John E Madewell, MD, Houston, Texas
Christopher Merritt, MD, Philadelphia, Pennsylvania
Anne C Roberts, MD, La Jolla, California
Robert J Stanley, MD, Birmingham, Alabama
Janet L Strife, MD, Cincinnati, Ohio
Michael A Sullivan, MD, New Orleans, Louisiana
Stephen R Thomas, PhD, Cincinnati, Ohio
Kay H Vydareny, MD, Atlanta, Georgia
H Rodney Withers, MD, Los Angeles, California
(These criteria and conditions are subject to change without no-
tice. All applicants are advised to contact the American Board of
Radiology [ABR] to ascertain whether the information below is
current.)

Certificates
A 10-year time-limited certificate will be issued to each candidate
who has finished a prescribed and approved period of training and
study and has passed written and oral examinations demonstrating
an adequate level of knowledge and ability in diagnostic radiology
or radiation oncology in accordance with the definitions as stated in
the Bylaws and Rules and Regulations of the ABR.
A certificate granted by the Board does not of itself confer, or
purport to confer, any degree or legal qualifications, privileges, or li-
cense to practice radiology.

Definitions
1. Diagnostic radiology is that branch of radiology that deals with
the utilization of all modalities of radiant energy in medical diag-
nosis and therapeutic procedures utilizing radiologic guidance.
This includes, but is not restricted to, imaging techniques and
methodologies utilizing radiations emitted by x-ray tubes,
radiouclides, ultrasonographic devices, and radiofrequency
electromagnetic radiation emitted by atoms.
2. Radiation oncology is that branch of radiology that deals with the therapeutic applications of radiant energy and its modifiers and the study and management of cancer and other diseases.

**Diagnostic Radiology Training Requirements**

Candidates are required to have 5 years of approved training with a minimum of 4 years in diagnostic radiology. These 4 years must be spent in a department approved for training in diagnostic radiology by the Residency Review Committee (RRC) for Diagnostic Radiology of the Accreditation Council for Graduate Medical Education (ACGME), or by the Royal College of Physicians and Surgeons of Canada (RCPSC). A minimum of 6 months, but not more than 12 months, must be spent in nuclear radiology in the 4-year program. Candidates may spend no more than 6 months in rotations outside the parent institutions.

The other year must be accredited clinical training in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family practice, emergency medicine, or any combination of these. This clinical year should be the first postgraduate year. No more than a total of 3 months may be spent in radiology, radiation oncology, and/or pathology. All clinical training must be in an ACGME, American Osteopathic Association (AOA), or equivalent approved program.

It is not the intent of the ABR for programs to use any of the 4 years for traditional fellowship training. The designation of "fellowship" is reserved for training beyond the 4-year residency.

In a 4-year approved residency program, not more than 12 months may be spent in a single discipline (research is considered a discipline).

In a 4-year diagnostic radiology program, the resident is expected to remain in that program for all 4 years. If a transfer to another program is necessary or desired, that transfer must have verification from the initial program director that the resident has successfully completed the training in their institution, with a listing of the specific rotations. This training must be accepted by the new program director.

Candidates will be considered for the physics portion of the written examination only when they have completed 12 months of diagnostic radiology training. After 24 months of diagnostic radiology training, the candidate will be allowed to sit for the clinical examination.

A candidate who has passed the written examination and will complete 60 months of approved training by September 30 in the year in which the exam is given will be considered for the oral examination. Admissibility to the oral examination is determined by the executive committee.

**Radiation Oncology**

Candidates are required to have 5 years of approved training with a minimum of 4 years in radiation oncology. These 4 years must be spent in a department approved to train in radiation oncology by the RRC for Radiation Oncology for the ACGME, or by the RCPSC. The 4-year residency training period must include 36 months of clinical radiation oncology with exposure to pathology and medical oncology. A maximum of 3 months' training in diagnostic radiology will be allowed. Candidates may spend no more than 3 months in rotations outside the parent institution.

The other year, which must precede the radiation oncology training, must be ACGME-, AOA-, or RCPSC-accredited clinical training in internal medicine, surgery or surgical specialties, pediatrics, family practice, obstetrics and gynecology, transitional, or categorical radiation oncology, or any combination of these. Specialties other than those listed, including pathology, do not satisfy the PG1 requirement of the ABR.

Candidates will be admissible to the written examination only after they have completed 4 years of approved training or if they will complete this amount of training by September 30 of the year in which the examination is given. This must include a PGY1 clinical year of training in the United States or Canada. Requests for credit for this training in other countries must be submitted to the executive committee. [Note: Beginning with those candidates completing their training in 2004 and later, candidates must have completed their clinical PGY1 and 48 months of training in radiation oncology to sit for the written examination.]

The resident is expected to remain in the same radiation oncology training program for the duration of the training. If a transfer to another program is necessary or desired, the program director of the initial program must verify that the candidate has successfully completed the portions of the training that were undertaken in that program, and this training must be accepted by the program director of the new program.

A candidate who has passed the written examination and will complete 60 months of approved training by September 30 in the year in which the exam is given will be considered for the oral examination. Admissibility to the oral examination is determined by the executive committee.

Successful candidates are issued a 10-year, time-limited certificate in radiation oncology.

**Certificate of Added Qualifications (CAQs) and Certificate of Special Competence**

A 10-year limited certificate will be issued to each diplomate certified in either radiology or diagnostic radiology who has finished a prescribed and approved period of training and study and has passed an oral exam demonstrating an adequate level of knowledge and ability in the area of expertise for which he/she has applied in accordance with the definitions stated in the Bylaws and Rules and Regulations of the ABR.

**Definitions**

1. Neuroradiology is that branch of radiology dealing with (1) the brain and its coverings, (2) the skull base and ENT, and (3) the spine.
2. Pediatric radiology is the branch of radiology dealing with children.
3. Vascular and interventional radiology is the branch of radiology dealing with the diagnosis and treatment of diseases using percutaneous methods guided by various radiologic imaging modalities.
4. Nuclear radiology is the branch of radiology that involves the use of radionuclides and radiolabeled substances for diagnostic imaging and related in vivo techniques.

**Certificates of Added Qualifications in Neuroradiology, Pediatric Radiology, and Vascular/Interventional Radiology**

Candidates must successfully complete 1 year full-time training (fellowship) in a program approved for such training and accredited by the ACGME or RCPSC following the completion of residency training and must have completed at least 1 year of practice or additional training (one third of that time) in the subspecialty. Fellowship training must be documented by letter from the program director. Practice experience must be verified by letter from the chief of service or department chairman.

**Diagnostic Radiology with Special Competence in Nuclear Radiology**

Candidates will be required to have a minimum of 1 year of full-time training in nuclear radiology in a department approved for training in nuclear radiology by the RRC for diagnostic radiology or...
nuclear medicine by the RRC for Nuclear Medicine and accredited by the ACGME. Credit will not be given for any training obtained during the 4 years of diagnostic radiology residency.

Qualifications of Applicants for Certification by the ABR
Each applicant for admission to an examination for a certificate to be issued by the ABR in diagnostic radiology or radiation oncology shall be required to present evidence satisfactory to the Board that the applicant has met the following standards:
1. General Qualifications: That the applicant is a specialist in diagnostic radiology or radiation oncology as outlined in Article II, Section 2, of the Rules and Regulations and is recognized by his/her peers to have high moral and ethical standards in his/her profession.
2. General Professional Education: Graduation from a medical school accredited at the date of graduation by the Liaison Committee on Medical Education of the American Medical Association, the RCPSC, or from a college of osteopathic medicine approved by the AOA. If the applicant is a graduate of a medical school outside the United States or Canada, the applicant must be screened with approval by an agency acceptable to the Board of Trustees.
3. Special Training: The period of special training shall be as the Board of Trustees, by resolution or motion, shall determine from time to time. The Board of Trustees requires a written statement from the applicant’s current program director, attesting that the applicant will have satisfactorily completed the required special training in radiology or radiation oncology by the appointed time and is prepared to take that examination.
4. In special instances these requirements may be modified by majority vote of the entire Board of Trustees or by the executive committee acting in its stead.
5. If the program director fails to indicate in writing that the applicant will have the required special training, documentation of the reason(s) must be submitted along with evidence that the candidate has been appropriately apprised of his/her deficiencies. The executive committee of the Board will notify the applicant in writing that an appeals mechanism exists as outlined in paragraphs 6 and 7 below.
6. In utilizing the appeals mechanism, the applicant must provide the executive committee of the Board with a written statement supporting the appeal. The executive committee may ask the program director to submit a written response to the applicant’s appeal.
7. The executive committee must reach a final decision without delay in determining the candidate’s admissibility to the examination.

Application and Fee
Application for examination must be made in exact duplicate (two copies on prescribed forms that may be obtained downloaded from the ABR Web site at www.theabr.org). These forms should be submitted with the current application fee (US currency) by the deadline established for filing. Applications for the written examination to be given in any year will not be accepted prior to July 1 of the preceding year and must be filed no later than the deadline of September 30 of the preceding year. There is a nonrefundable fee for any application postmarked between October 1 and October 31. No application will be accepted after October 31.
Incomplete applications will not be accepted. The postmark affixed to the last item received to complete the application must be on or before the deadline date.

In the event of withdrawal of an application, only a portion of the fee can be refunded.

A candidate will have three consecutive opportunities to appear for and pass the written examination, beginning with the written examination for which he/she is first declared admissible. If a candidate fails to accomplish this, he/she must submit a new application and fee in effect at that time. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled written examination will be regarded as one of the three opportunities.

A candidate who has passed the written examination will have three consecutive opportunities to appear for and pass the oral examination, beginning with the oral examination for which he/she is first declared admissible. If a candidate fails to accomplish this, he/she must submit a new application and the fee in effect at that time and reinitiate the examination process, including the written examination. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled oral examination will be regarded as one of the three opportunities.

A candidate who finds it necessary for any reason to cancel after acceptance of an appointment for either the written or oral examination shall be required to submit an additional fee. This amount represents administrative costs to the Board. A candidate who fails to appear for an examination without notifying the office of the ABR at least 20 days prior to the first date of the examination will be charged the full application fee in existence at the time of payment.

Content of Written Examination in Each Field
(Diagnostic Radiology)
Each examination consists of multiple-choice “A” type questions (one best-response type). The Part I “Physics of Medical Physics, Biological Effects and Safety” examination is given on the afternoon of 1 day and the Part II “Diagnostic Imaging” examination is given on the morning of the following day.

New written examinations are formulated each year in all categories of radiology, and the content of the examinations is carefully evaluated in order to keep pace with new information and developments. The number of questions in each category may be changed as necessity dictates from year to year.

Failures
Candidates for the written examination will have three consecutive opportunities to appear for and pass the examination. A candidate who fails to accomplish this must submit a new application and the fee in effect at that time and reinitiate the entire written examination. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled examination will be regarded as one of the three opportunities.

Conditions
Candidates conditioning the written examination will have three consecutive opportunities to appear for and pass the examination. If after three opportunities the candidate fails to pass the examination, he/she must submit a new application and fee in effect at that time and will be required to repeat the entire written examination.

Oral Examination
Oral examinations are given at a time designated by the Board of Trustees. At the present time, the oral examinations are conducted yearly in May or June. Admissibility to the oral examination is determined by the executive committee.

No recording device of any kind may be brought to the examination.
A certificate will not be issued until verification has been received from the program director that all requirements have been fulfilled in the training program.

Content of Oral Examination for Diagnostic Radiology
Candidates applying for examination in diagnostic radiology will be examined for a period of 25 minutes each by ten examiners. The categories to be covered are musculoskeletal, cardiopulmonary, gastrointestinal tract, genitourinary tract, neuroradiology, vascular and interventional radiology, nuclear radiology, ultrasound, pediatric radiology, and breast radiology.

Content of Oral Examination for Radiation Oncology
Candidates applying for examination in radiation oncology will be examined for a period of 30 minutes each by eight examiners. The subject matter of this examination concerns the clinical management of malignant disease and is usually presented according to the anatomical site of the primary tumor. The anatomical sites are divided into the following eight categories: gastrointestinal tract; gynecologic malignancies; genitourinary tract; lymphoma/leukemia; head, neck, and skin; breast; central nervous system and pediatric malignancies; and lung and mediastinum, soft tissue, and bone.

Reexaminations
Failures
A candidate who fails the oral examination in diagnostic radiology or in radiation oncology may be scheduled for reexamination. The reexamination fee in effect at that time must be submitted.

A candidate who fails to pass the oral examination after three consecutive opportunities must start the examination procedure from the beginning with the submission of a new application and fee in effect at that time, and retake the entire written examination.

Conditions
Candidates in diagnostic radiology who have conditioned one, two, or three categories in the oral examination will be reexamined by two examiners in each conditioned category. Candidates in radiation oncology who have conditioned one or two categories in the oral examination will be reexamined by two examiners in each conditioned category. Candidates must pass the reexamination by both examiners in each category to remove the condition. Candidates conditioning in the oral examination will have three consecutive opportunities to appear for and pass the examination. If after three opportunities the candidate fails to pass the examination, he/she must submit a new application and fee in effect at that time and will be required to repeat the entire oral examination at the next opportunity.

Status of a Physician
The Board will reply to an inquiry concerning the status of a physician with one of the following statements:
1. The physician is Board certified.
2. The physician is in the examination process, that is, has an approved application on file but has not passed the examination.
3. The physician is neither certified nor in the examination process.
   [Note: No official status of Board qualified or Board eligible is recognized by the Board.]

Final Action of the Board
The final action of the Board is based on the applicant's professional record, training, and attainment in the field of diagnostic radiology or in radiation oncology, as well as on the results of his/her examination. This Board has been organized, not to prevent qualified radiologists from obtaining certification, but to assist them in becoming recognized in their communities as men and women competent to practice diagnostic radiology or radiation oncology.

Revocation of Certificates
Certificates issued by this Board are subject to the provisions of Articles of Incorporation and the Bylaws. According to Article IX, Section 4, of the Bylaws, any certificate issued by the Board of Trustees shall be subject to revocation in the event that
1. The issuance of such certificate, or its receipt by the individual so certified, shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, the ABR, or of these Bylaws or rules and regulations adopted by the Board of Trustees; or
2. The individual so certified shall not have been eligible in fact to receive such certificate; or
3. The individual so certified shall have made any misstatement of fact in the application, or in any other communication, to the corporation or its representatives; or
4. The individual so certified shall have been convicted by a court of competent jurisdiction of a felony or of any misdemeanor involving, in the opinion of the Board of Trustees, moral turpitude; or
5. The license to practice medicine of the individual so certified shall be revoked.

Before any such certificate shall be revoked, a notice shall be sent by registered or certified mail to the last known address of the holder of such certificate, as it appears on the records of this corporation, setting forth the act, omission, or conduct alleged or complained of and giving the holder of such certificate a reasonable opportunity to answer in writing thereto. Such certificate holder shall have not less than 30 days in which to reply thereto. The Board of Trustees may, at its discretion, make such further investigation as it deems necessary and proper.

The Board of Trustees of this corporation shall have the sole power, jurisdiction, and right to determine and decide whether the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation, and the decision of such Board of Trustees in the premise shall be final.

All correspondence should be addressed to the executive director:
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(The material below, published in 2003-2004, is under continual review and revision.)

Specialty of Surgery (General Surgery) Defined

The Board interprets the term “General Surgery” in a comprehensive yet specific manner, as a discipline having a central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care and neoplasia, which are common to all surgical specialties.

A general surgeon certified by the American Board of Surgery is one who has acquired during training knowledge and experience related to the diagnosis, preoperative, operative, and postoperative management, including the management of complications, in the essential content areas listed below. Experience in any of these content areas does not necessarily encompass its full range and complexity of procedures, particularly advanced operations and treatments of a specialized nature. This is especially true of disciplines that have Accreditation Council for Graduate Medical Education (ACGME)-accredited residencies beyond general surgery residencies and mechanisms for additional certification. The following content areas are essential in the comprehensive education of a broadly based surgeon:

- Alimentary tract
- Abdomen and its contents
- Breast, skin, and soft tissue
- Endocrine system
- Head and neck surgery
- Pediatric surgery
- Surgical critical care
- Surgical oncology
- Transplantation surgery
- Trauma/burns
- Vascular surgery

Additionally, the general surgeon is expected to have

- preoperative, operative, and postoperative experience in transplantation surgery, plastic surgery, and cardiothoracic surgery
- significant experience in performing minimally invasive surgical procedures, including basic and advanced laparoscopic procedures
- experience with endoscopic techniques, particularly proctosigmoidoscopy, colonoscopy, esophagogastrroduodenoscopy, laryngoscopy, and bronchoscopy
- an understanding of the diagnosis and management of urgent and emergent problems in gynecologic, neurologic, orthopaedic, and urologic surgery
- an understanding of the administration of anesthetic agents, airway intubation, and conscious sedation
- familiarity with the special requirements of bariatric and geriatric surgical patients, including operative care, and counseling of patients and families
- familiarity with the role of breast reconstruction after mastectomy
- knowledge and skills in palliative care and management of pain, weight loss, and cachexia in patients with malignant and chronic conditions

The general surgeon also should have:

- experience with sentinel lymph node mapping for breast cancer and melanoma
- experience with diagnostic ultrasonography of the following areas:
  - head and neck
  - breast
  - abdomen, including intraoperative and laparoscopic ultrasound
- endorectal
- familiarity with evolving diagnostic and therapeutic techniques, including
  - radiographic and ultrasonic localization techniques for breast biopsy
  - fine needle aspiration techniques for cytoplogic biopsy
  - investigation and manipulation of the distal common duct (including sphincterotomy)
  - physiologic testing and evaluation of the GI tract
  - minimvasive diagnostic evaluation of the vascular system and invasive vascular interventional techniques

The Meaning of Certification

The Board considers certification to be based upon a process that includes the education and evaluation phases and an examination phase. It holds that undergraduate and graduate education are of the utmost importance and requires the program director's
endorsement and attestation that the applicant has had an appropriate educational experience and has attained a sufficiently high level of knowledge, judgment, and skills to be prepared for designation by the Board's Certificate as a Specialist in Surgery upon successful completion of the examinations and to enter into independent practice of the specialty.

Possession of a certificate is not meant to imply that a diplomat is competent in the performance of the full range of complex procedures that encompass each content area. It is not the intent nor the role of the Board to designate who shall or shall not perform surgical procedures or any category thereof. Credentialing decisions are best made by locally constituted bodies based on an assessment of an applicant's extent of training, depth of experience, and patient outcomes relative to peers.

Graduate Education in Surgery

I. General Information

The purpose of graduate education in surgery is to provide the opportunity to acquire a broad understanding of human biology as it relates to disorders of a surgical nature and the technical knowledge and skills appropriate to be applied by a specialist in surgery. This goal can best be attained by means of a progressively graded curriculum of study and clinical experience under guidance and supervision of senior surgeons and which provides progression through succeeding stages of responsibility for patient care up to the final one of complete management. Major operative experience and senior/chief responsibility at the final stage of the program are essential components of surgical education. The Board will not accept into the process of certification anyone who has not had such an experience in the specialty of surgery, as previously defined, regardless of the number of years spent in educational programs.

The graduate educational requirements set forth on these pages are considered to be the minimal requirements of the Board and should not be interpreted to be restrictive in nature. The Board recognizes that the time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. These requirements do not preclude additional desirable educational experience and program directors are encouraged to retain residents in a program as long as is required to achieve the necessary level of qualifications.

The integration of basic sciences with clinical experience is considered to be superior to formal courses in such subjects. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept such courses in lieu of any part of the required clinical years of surgical education.

The Board may at its discretion require that a member of the Board or a designated diplomate observe and report upon the clinical performance of an applicant before establishing admissibility to examination or awarding certification.

While a program may develop its own vacation, illness, and other leave policies for the resident, 1 year of approved residency toward the Board's requirements must be 52 weeks in duration and must include at least 48 weeks of full-time surgical experience. Furthermore, unused vacation and other leave time may not be accumulated to reduce the overall duration of residency expected by the Board. (See also Requirements for Certification in Surgery, II.B.5)

All phases of the graduate educational process must be completed in a manner satisfactory to the Board.

II. Acceptable Programs

The residency programs in surgery in the United States that are reviewed and approved by the Residency Review Committee for Surgery (RRC-S) and the ACGME are acceptable to the Board as an adequate educational experience.

In Canada, those university residency programs in surgery accredited by the Royal College of Physicians and Surgeons offer an acceptable educational experience. Applicants from such programs must meet the Board's specific requirements and cannot receive credit for postgraduate education in countries other than the United States or Canada.

Except as mentioned above, participation in postgraduate surgical programs in countries other than the United States is not creditable toward the Board's educational requirements unless under the specific conditions set forth in the section "Credit for Foreign Graduate Education."

Listings of accredited programs in the United States may be found in the Graduate Medical Education Directory, published annually under the auspices of the ACGME.

Requirements for Certification in Surgery

I. General

A. Must have demonstrated to the satisfaction of the authorities of their graduate educational program in surgery, to their peers, and to the Board, that one has attained the level of qualifications in surgery required by the Board.

B. Must have a moral and ethical standing satisfactory to the Board and in conformity with the Statements on Principles of the American College of Surgeons, and its interpretations.

C. Must be actively engaged in the practice of surgery as indicated by holding admitting privileges to a surgical service in an accredited health care organization, or be currently engaged in pursuing additional graduate education in a component of surgery or one of the other recognized surgical specialties.

D. Must hold a permanent, unconditional, unrestricted, and unexpired license to practice allopathic or osteopathic medicine in a state or jurisdiction of the United States or province of Canada. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds.

When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement of the Board.

II. Educational

A. Undergraduate Medical

1. Must have graduated from an accredited school of allopathic or osteopathic medicine in the United States or Canada.

2. Graduates of schools of medicine from countries other than the United States or Canada must present evidence of Final Certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

B. Graduate Education in Surgery

1. Must have satisfactorily completed a minimum of 5 years of progressive education, following graduation from medical school in a program in surgery accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada.

2. Must have completed all phases of graduate education in surgery in a program in surgery so accredited. Experience obtained in accredited programs in other recognized specialties, although containing some exposure to surgery, is not acceptable. A flexible or transitional first year is not creditable toward the Board's requirements as a PGY-1 unless it is accomplished in an institution having an accredited program in surgery and at least 6 months of the year is spent in surgical disciplines.

3. Candidates must have, in a program accredited for a minimum of 5 years, at least 54 months of clinical surgical experience with
progressively increasing levels of responsibility. There must be no less than 36 months devoted to the primary components of surgery (general surgery) as previously defined. The entire chief resident experience must be devoted to the primary components of the specialty of surgery. No more than 4 months of the chief residency may be devoted to any one of the primary components of surgery. During junior years, a total of 6 months may be assigned to nonclinical or nonsurgical disciplines that are clearly supportive of the needs of the individual resident and appropriate to the overall goals of the general surgical training program. Experience in surgical pathology and endoscopy is considered to be clinical surgery, but obstetrics and ophthalmology are not. No more than a total of 12 months during junior years may be allocated to any one surgical specialty other than general surgery.  

4. Must have 12 months in the capacity of Chief Resident in general surgery. The Board considers the terms Chief Resident and Senior Resident to be synonymous and to mean the 12 months in the program in which the resident assumes the ultimate clinical responsibilities for patient care under the supervision of the teaching staff. The majority of the 12 months of chief residency must be served in the final year. However, to take advantage of a unique educational opportunity in a program during a resident’s final year, a portion of the chief residency may be served in the next to the last year, provided it is no earlier than the fourth clinical year and has been approved by the RRC-S followed by notification to the Board. The chief residency must be spent only in the parent or an integrated institution unless rotation to an affiliated institution has been approved by the RRC-S.  

5. The Board normally expects a residency year to include no less than 48 weeks of full-time surgical experience. For documented medical problems or maternity leave the Board will accept 46 weeks of surgical training in 1 of the first 3 years and 46 weeks of training during 1 of the last 2 years. Thus the Board requires a total of 142 weeks of full-time surgical experience during the first 3 clinical years and 94 weeks during the last 2 years.  

6. The Board believes that for optimal surgical education the resident should spend at least the final 2 residency years in the same program.  

III. Operative Experience  

Applicants for examination must meet the criteria established by the RRC, i.e., a minimum of 500 procedures in 5 years and a minimum of 150 procedures in the chief/senior year. This must include operative experience in each essential content area contained in the Definition of Surgery (General Surgery) set forth previously.  

Each applicant must submit a tabulation of the operative procedures performed as surgeon, the number of patients for whom the applicant had primary responsibility that required critical care irrespective of previous operative history, and the number of patients with multiple organ trauma where a major general surgical operation was not required. Moreover, the applicant must indicate their level of responsibility (e.g., surgeon chief, surgeon junior, teaching assistant, first assistant). The Board provides an Operative Experience form for this purpose to applicants when they obtain application material. The Board will accept alternative forms (such as the Resident's Record form available to program directors through the RRC-S) in lieu of the Board's form. However, such forms must contain all categories of experience listed on the Board form. This information must be in the proper sequence and again indicate the resident's level of responsibility.  

In tabulating cases toward Board requirements, credit may be claimed as "Surgeon" when the resident has actively participated in the patient's care; has made or confirmed the diagnosis; participated in selection of the appropriate operative procedure; has either performed or been responsibly involved in performing the critical portions of the operative procedure; and has been a responsible participant in both pre- and postoperative care.  

When previous personal operative experience justifies a teaching role, residents may act as teaching assistants and list such cases for the fourth and fifth year only. Residents may claim credit as teaching assistants when they have actually been present and scrubbed and acted as assistants to guide a more junior trainee through the procedure. All this must be accomplished under the supervision of the responsible member of the senior staff. An individual cannot claim credit as both responsible surgeon and teaching assistant.  

Applicants are advised to keep a copy of the lists of their submitted experience. The Board cannot furnish copies.  

IV. Special Information for Program Directors  

A. Program directors are cautioned that appointment of residents at advanced levels, without being certain that their previous training is in accordance with the Board's requirements, may result in the affected residents not being accepted by the Board upon completion of the program. In any case in which there is question, program directors should make inquiry of the Board prior to taking action.  

B. According to the Program Requirements for Residency Training in General Surgery promulgated by the ACGME, special approval of the RRC-S must be obtained (1) if a chief resident is assigned to an institution other than the parent one or an "integrated" one; (2) if rotations to any one approved "Affiliate" exceed 6 months; (3) if more than 1 year of the total program is spent away from the parent and integrated institutions; or (4) if more than 6 months total is spent in any assignment outside the parent, the integrated, or approved affiliated institutions. The Board concurs in this and deviations from these stipulations will be considered unacceptable training.  

C. Since the RRC-S does not act upon the adequacy of postgraduate surgical education outside the United States, program directors must request the Board's approval, in advance, if they wish periods of training abroad to be creditable toward the Board's requirements. The Board will rule on individual requests.  

Credit for Military Service  

Credit will not be granted toward the minimum requirements of the Board for service in the Armed Forces, the Public Health Service, the National Institutes of Health, or other governmental agencies unless the service was as a duly appointed resident in an accredited program in surgery.  

Credit for Foreign Graduate Education  

Acceptance for examination and certification by the American Board of Surgery is based upon satisfactory completion of the stated requirements in accredited residency programs in surgery in the United States. Regardless of an individual's professional attainments here or abroad, no credit will be granted directly to an applicant for surgical education in a foreign country. The Board will consider granting partial credit only upon the request of the program director of an accredited program who has observed the applicant as a junior resident for 9 to 12 months and wishes to advance the applicant to a higher level in that program. The credit granted will not be valid until the applicant has successfully completed that program. If the applicant moves to another program the credit is not transferable and must again be requested by the new program director.  

Applicants from accredited Canadian programs must have completed all of the requirements in the Canadian program or in combination with an accredited US program. No credit for postgraduate surgical education outside the US and Canada will be granted to.
those applicants seeking certification who completed a Canadian program. Applicants from Canadian programs must complete the Board's stipulated requirements.

Requirements Governing Admissibility to Examinations for Certification in Surgery

An applicant is admissible to the examinations only when all of the preliminary and graduate educational requirements of the Board, currently in force at the time of receipt of the formal Application, have been satisfactorily fulfilled; the operative experience has been reviewed and deemed acceptable; the general credentials are in order; the program director has certified to the Board in writing that the applicant has attained the required clinical skills; and the formal Application has been reviewed and approved. The applicant then must successfully complete the Qualifying Examination before becoming admissible to the Certifying Examination.

I. Qualifying Examination

Applicants will be offered five opportunities to take the Qualifying Examination within the 5-year period following approval of their formal Application, at centers designated by the Board in accord with their last recorded address. Applicants who do not submit their Application to the Board within 3 years of completing a program accredited by the ACGME or who do not take the Qualifying Examination within 2 years following approval of their Application will no longer have any status with the Board and will be allowed to re-enter the certification process only after completion of one of the defined readmissibility pathways.

Qualifying Examination Readmissibility

If applicants are not successful in completing the Qualifying Examination within the stated admissibility period, they may apply for re-admission to examination by submitting a written application to the Board and must meet all current requirements for readmission to the certification process in effect at the time of this application. Once written approval to enter the readmission process has been received, the applicant must complete specified educational activities within a period of 5 years from the date of approval.

The educational requirement may be met in either of two pathways:

The first pathway (structured year) is the satisfactory completion of an additional year of structured education in surgery in a general surgery residency program accredited by the ACGME in which the program director has agreed to provide the additional year according to the Board's guidelines. The Board's approval of this additional experience must be secured in advance.

An alternate pathway requires that the applicant must complete a three-step educational process consisting of:

A. Completion of the most recent version of the American College of Surgeons Surgical Education and Self Assessment Program (SESAP);
B. Completion of a secure examination of 100 questions derived from the Clinical Management section of the In-Training/Surgical Basic Science Examination and achieve a score at or above the 20th percentile score achieved by PGY-5 residents on this examination;
C. Completion of a secure examination of approximately 200 questions derived from the two latest versions of SESAP (ie, Versions 10 and 11) and achieve a score of 80% correct.

All three of the alternate pathway educational requirements may be carried out at the applicant's choice of time and location. The secure examinations will be administered at designated professional testing centers. For an applicant to become readmissible to the Qualifying Examination in any given year, SESAP and the secure examinations must be satisfactorily completed no later than 2 months prior to the date of the Qualifying Examination in that year. Upon Board approval of the applicant's readmission educational experience, the applicant then must complete a formal Application for Readmission to Examination which will include documentation of a currently valid state medical license, submission of an operative case log for the most recent 12 months, submission of satisfactory reference letters from both the chief of surgery and chair of the credentials committee at all hospitals in which the applicant practices, and documentation of 100 hours of CME activity during the last 24 months, of which 80 hours must be Category I. Completion of SESAP will satisfy the 60-hour Category I requirement.

Applicants who satisfactorily complete all the requirements for readmission to the Qualifying Examination will become readmissible to the examination for five opportunities in 5 years and will be designated "in the Examination Process."

II. Certifying Examination

The Certifying Examination will be offered to those who have passed the Qualifying Examination and have thus become "Candidates for Certification."

Candidates will be offered five opportunities to appear for examination during the 5 academic years after completion of the Qualifying Examination. This is a revision of the Board's previous policy when candidates were offered three examination opportunities in 5 years. There will be no extensions to either of these limits other than to candidates who are on active military duty outside the United States. The 5-year admissibility period shall begin on July 1 following successful completion of the Qualifying Examination and end on June 30 5 years later. If candidates are unsuccessful in passing the Certifying Examination in five opportunities, they will no longer be admissible to examination regardless of the original expiration date for admissibility.

It is advisable that Candidates who are unsuccessful in passing the Certifying Examination should take it no more often than once yearly in order to allow time for additional preparation before the next opportunity. Under special professional or personal circumstances that are explained in writing to the Board office, candidates may be scheduled as often as twice in a single academic year. Examination more often than this will not be allowed.

A. Additional Opportunities for Previously Unsuccessful Certifying Examination Candidates

The new rules for admission to the Certifying Examination (ie, five opportunities in 5 years) are effective starting in 2003, but are retroactive to all candidates who did not pass the Certifying Examination in three opportunities in 5 years. For this group to regain admissibility to the Certifying Examination the following will be required:

1. Completion of the Application for Readmission to Examination
2. Possession of a currently valid state medical license
3. Reference letters from the chief of surgery and chair of the credentials committee at all hospitals where privileges are held
4. Documentation of completion of 100 hours of CME activity during the 24-month period prior to the date of the Application, of which 80 hours must be Category I

When all of the preceding requirements are completed and the Application for Readmission to Examination is approved in the Board office, the candidate will become readmissible to the Certifying Examination for two opportunities in 2 years and will be designated "in the Examination Process."

B. Certifying Examination Readmissibility

Candidates may regain admissibility to the Certifying Examination by completion of a structured additional year of education in general surgery residency according to the policy in this area that is
separately defined. Upon completion of the year, the program director must provide written attestation that the candidate has successfully completed all requirements. The candidate must then complete an Application for Reexamination to Examination and provide documentation of possession of a currently valid state medical license. When the requirements for reexamination to examination are completed and approved in the Board office, the candidate will become eligible for reexamination. Successful completion of the Certifying Examination for five opportunities within the five years will be designated "In the Examination Process."

III. Special Actions
The Board, on the basis of its judgment, may deny or grant an "Appliant" or "Candidate for Certification" the privilege of examination whenever the facts in the case are deemed by the Board to warrant.

IV. Board Status
The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of credentials and will be reported only as "Certified," "Not Certified," or "In the Examination Process."

Certification in Surgical Specialties
The Board has been authorized by the American Board of Medical Specialties to award Certification in certain disciplines related to the overall specialty of surgery to those diplomates of this Board who meet the defined requirements. These disciplines include vascular surgery, pediatric surgery, surgery of the hand, and surgical critical care.

Those seeking Subspecialty Certification by the American Board of Surgery must have a currently valid Certificate in Surgery issued by the Board; must have completed the required additional education in the discipline beyond that required for General Certification; must demonstrate operative experience and/or patient care data acceptable to the Board; must show evidence of dedication to the discipline by the means specified by the Board; and must receive favorable endorsement by the director of the residency program in the particular discipline. Finally, successful completion of the prescribed examinations is required.

Those who are interested in obtaining information regarding Certification in Vascular Surgery, Pediatric Surgery, Surgery of the Hand, or Surgical Critical Care may obtain it from the Board upon request.

Examinations Offered by the Board
The Board offers examinations leading to Certification and Recertification in Surgery, Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and in Surgical Critical Care; also in Training Examinations in General Surgery and in Pediatric Surgery.

The examinations for Certification are offered to individuals, but the In-Training Examinations are offered to program directors for their use as an educational assessment of the individual resident's grasp of surgical fundamentals.

The Board notifies candidates for General and Subspecialty Certification of their performance on examinations. The Board also reports examinee performance to the director of the program in which the candidate completed the final year of residency. All reports pertaining to In-Training Examinations are provided only to program directors.

All examinations are developed by directors of the American Board of Surgery with contributions by Examination Consultants.

I. Qualifying Examination
This examination is written and is offered once a year in the fall. It is given simultaneously in a number of locations in the United States.

Applicants whose Applications have been approved by the Board are sent annually, throughout their period of admissibility, an announcement of the examination. With the announcement is a reply card that must be returned to the Board with other specified material if the applicant wishes to be scheduled for this examination.

Shortly before the date of examination an Admission Card is sent to the applicant indicating the specific location of the examination center and reporting times. At the time at which the Candidate reports for the Qualifying Examination, government-issued photo identification will be required.

The 1-day Qualifying Examination consists of multiple-choice questions designed to evaluate knowledge of general surgical principles and the basic sciences applicable to surgery.

Successful completion of the Qualifying Examination is a requirement for all to attain the status of "Candidate for Certification" and admission to the Certifying Examination.

Those unsuccessful on the Qualifying Examination may review the examination at the Board office if such a request is made and the review is completed within 90 days after examination results are mailed. The review requires an appointment and payment of a fee.

II. Certifying Examination
Examinations are held 6 times a year within the continental United States. Beginning in 2003-2004, a new method of selecting the site at which the candidate will take the Certifying Examination was adopted. The candidate will submit a list of his/her preferences, rank ordered, and will be assigned on a space-available basis to the highest choice available. The initiation of this system occurred July 1, 2003 for current candidates waiting to take the Certifying Examination. The next assignment of candidates will occur in December 2003 after the results of the 2003 Qualifying Examination are known. Site assignments in subsequent years will occur each year shortly after the results of the Qualifying Examination are available. In all cases, Candidates will be assigned as space is available at each site, based on the date and time their request is received at the Board office.

Candidates will be assigned a specific site and day of examination within a short time after registering their preferences. Between then and the actual date of the examination they will be able to change their preference and select another site, but their ability to move will always be dependent on the availability of space at the requested site.

Approximately 6 weeks before the actual examination date, the candidate will be sent a Reply Card, which reconfirms the assigned site and date. To confirm his/her participation, the candidate must promptly return the Reply Card with the examination fee. He/she will then be sent an Admission Card, which must be presented at the time of the Orientation Session immediately preceding the examination. At the time the candidate reports for the Certifying Examination, government issued photo identification will be required. Details about the location and time at which the candidate needs to report will be included in the Admission Card mailing.

The examinations are conducted by members of the American Board of Surgery and selected Associate Examiners who are diplomates of the Board and usually from the local/regional geographic area.

The examinations consist of three oral sessions conducted by teams of two examiners, directed toward determining the candidate's understanding of clinical entities, level of surgical judgment,
Graduate Medical Education Directory 2004-2005

American Board of Surgery, Inc

problem-solving ability, and sensitivity to moral and ethical issues. During all sessions the ability to apply knowledge of anatomy, physiology, pathology, biochemistry, and bacteriology to clinical problems is also evaluated.

III. Recertification (Maintenance of Certification)
The American Board of Surgery offers Recertification in Surgery to its diplomates and in all the disciplines in which it offers Certification. The Board considers Recertification voluntary in the same connotation as is original Certification.

The purpose of Recertification is to demonstrate to the profession and the public, through periodic evaluations, that the surgical specialist has maintained continuing qualifications on a currently acceptable level in the diplomate's chosen area of practice. The American Board of Surgery believes that such periodic evaluation of its diplomates is in their own interest as well as in the public interest.

A diplomate can initiate the Recertification process when certification has been held at least 7 years. Information for Recertification in the various disciplines may be obtained from the Board upon request or from the Board's Web site (www.absurgery.org). To facilitate receiving the Board's mailings pertaining to the Recertification process, it is important for all diplomates to notify the Board promptly whenever their addresses change.

Recertification is also offered to diplomates holding Certificates in Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and Surgical Critical Care. Details concerning requirements for Recertification in these disciplines are similar to those for Recertification in Surgery, and pertinent information may be obtained from the Board upon request or from the Board's Web site (www.absurgery.org).

IV. In-Training Examinations
The Board offers annually, to directors of accredited residency programs in surgery and in pediatric surgery, written In-Training Examinations that are designed to measure the general level of knowledge attained by residents regarding the fundamentals of the basic sciences and management of clinical problems related to surgery and to pediatric surgery. The In-Training Examination in Surgery is designed to meet the first milestone required by the "Essentials" for residencies in general surgery. Directors of accredited programs in pediatric surgery should find the Pediatric Surgery In-Training Examination useful in the evaluation of all residents in their programs.

The Board will normally furnish pertinent information to the directors of all accredited programs in surgery and in pediatric surgery several months in advance of each year's examination and ascertain the number of test booklets desired. The program directors at their discretion may administer the examination to anyone. The examinations, administered by the participating program directors, take place each winter.

Program directors should take note of the fact that the Board does not contact each integrated or affiliated institution in which residents are located, but depends upon the director of the program to order an adequate number of test booklets for all residents in the total program, which includes not only the parent institution but also all those included under the program designation in the Graduated Medical Education Directory.

It is important to note that the In-Training Examinations are not offered to individuals, but only to program directors.

The In-Training Examinations are not required by the Board as part of the certification process.

The In-Training Examinations are prepared by the Board as an evaluation instrument for program directors, to be used as an assessment of residents' progress and not as a pool of questions for study or other purposes. Duplication and improper use of the examination material defeats the purpose of the examinations and will not be tolerated by the Board. The examinations are protected by copyright. The Board reserves the right to withhold participation in the examination where there are cases of improper use, unacceptable test administration, or irregular behavior.

Application Process for Certification
In the early spring the Board will mail a Booklet of Information and information regarding the application process to all residents who, according to the Board's records, will be expected to complete their residency that summer in surgery programs accredited by the ACGME. The necessary forms and instructions for their submission will be available on the Board's Web site (www.absurgery.org). The application materials must be completed precisely and be received in the Board office no later than July 15. Applicants should submit only the requested documents. Other documents, such as testimonials, letters of recommendation, or case reports, should not be submitted unless requested by the Board. An Application is not considered to be complete unless it contains all required application material and a check for $225.

If the completed Application is received between July 15 and August 16, a late fee of an additional $275 will be charged. No Applications will be accepted after August 16.

Applicants who complete the educational requirements after September 30 will not be considered for admission to the Qualifying Examination in that year, but must wait until the following year.

The acceptability of an applicant does not depend solely upon the completion of an approved program of education, but also upon information available to the Board regarding professional maturity, surgical judgment, technical capabilities, and ethical standing.

Applicants who have submitted the requisite documents will be notified regarding admittance to examination.

Fees
Registration (Prior to July 15) (payable with Application form and nonrefundable)
US $225
Registration (Late July 15 to August 16) (payable with Application form and nonrefundable)
US $500
Qualifying Examination (payable with Reply Card)
US $575
Certifying Examination (payable with Reply Card)
US $800
Fees for reexamination are the same as shown above for each examination.

Each fee for examination or reexamination includes a US $220 processing charge which is not refunded if an individual withdraws after being scheduled for an examination.

To withdraw, one must notify the Board office at least 15 business days before a scheduled examination. Failure to appear for examination, or withdrawal without giving at least 15 business days' notice, will result in forfeiture of the entire fee for examination.

Fees are subject to change as directed by the Board.

The Board is a nonprofit organization. The directors of the Board, except those on the executive staff, serve without remuneration.

Issuance of Certificates
A candidate who has met all requirements and has successfully completed the examinations of the American Board of Surgery in one or another of the areas of certification will then be issued a certificate by this Board, signed by its officers, attesting to qualifications in that area.


American Board of Surgery Inc
Graduate Medical Education Directory 2004-2005

1291
Those Certified in Surgery prior to December 31, 1975, were issued a Certificate with no indication of time-limited validity. All Certificates issued on or after January 1, 1976, bear a limiting date of 10 years, after which they are no longer valid.

Those whose Certificates have expired and who have not achieved Recertification will no longer be listed in the ABMS Directory of Board Certified Medical Specialists as diplomats in the discipline concerned.

Inquiry as to Status
The Board considers an individual's record not to be in the public domain. When a written inquiry is received by the Board regarding an individual's status, a general but factual statement is provided that indicates the person's location within the examination process.

Special Situations

Irregularities
The furnishing of false information to the Board, misrepresentation of certification status, or examination irregularities may result in the rejection of an application, the barring of an applicant from examination, the denial or revocation of a Certificate, or other appropriate sanctions, as set forth more fully in the Application for Admission to Examination and the Instructions to Examinees.

Substance Abuse
Applicants with a history of substance abuse will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition. Further, the Board must be satisfied that they are currently free of substance abuse.

Disabilities
The American Board of Surgery complies with the Americans with Disabilities Act by making a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process that are appropriate for such disabilities but that do not alter the measurement of the skills or knowledge that the examination process is intended to test. Any disability which an applicant believes requires such a modification in the Board's examination must be identified and documented by the applicant within 60 days after the applicant is notified of admissibility to examination or within 60 days after the applicant learns of such disability, whichever is later.

Reconsideration and Appeals
The Board has adopted a policy with regard to reconsideration and appeals of decisions adverse to applicants regarding their individual credentials and admissibility to the examinations and questions regarding the form, administration, and results of examinations. A copy of that policy is available from the Board office to anyone considering a request for reconsideration or an appeal. A request for reconsideration, which is the first step, must be made in writing to the Board office within 90 days of receipt of notice from the Board of the action in question.

Sanction of Certificate
Certification by the American Board of Surgery, Inc may be subject to sanction such as revocation or suspension at any time that the directors shall determine, in their sole judgment, that the diplomat holding the Certificate was in some respect not properly qualified to receive it or is no longer properly qualified to retain it.

The directors of the Board may consider sanction for just and sufficient reason, including but not limited to any of the following:
American Board of Thoracic Surgery

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Timothy J Gardner, MD, Vice Chair, Philadelphia, Pennsylvania
William A Gay, Jr, MD, Executive Director, St Louis, Missouri
Gordon N Olinger, MD, Examination Chair, Colorado Springs, Colorado
Patricia L Watson, Administrative Director

Directors
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Lawrence H Cohn, MD, Boston, Massachusetts
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William C Nugent, MD, Lebanon, New Hampshire
Carolyn E Reed, MD, Charleston, South Carolina
Valerie W Rusch, MD, New York, New York
Victor F Trastek, MD, Scottsdale, Arizona

(The criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Thoracic Surgery [ABTS] to ascertain whether the information below is current.)

General Requirements
Certification by the ABTS may be achieved by completing one of the following two pathways and fulfillment of the other requirements:
1. Pathway One is the successful completion of a full residency in general surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada, followed by the successful completion of an ACGME-approved thoracic surgery residency.
2. Pathway Two is the successful completion of a 6-year categorical-integrated thoracic surgery residency developed along guidelines established by the TSDA and having the approval of the ACGME (RRC-TS).

These pathways must provide adequate education and operative experience in cardiovascular and general thoracic surgery.
3. An ethical standing in the profession and a moral status in the community that are acceptable to the Board.
5. A currently registered full and unrestricted license to practice medicine granted by a state or other United States jurisdiction. The license must be valid at the time of application for admission to examination. A temporary limited license such as educational, institutional, or house staff permit is not acceptable to the Board.

Residency Requirements
Candidates must have fulfilled all of the residency requirements of the Board in force at the time their applications are received.

Candidates for certification must complete a minimum of 24 months of residency training in thoracic and cardiovascular surgery in a program accredited by the RRC. This must include 12 months of continuous senior responsibility. The director of the thoracic training program is required to approve the application form by signature, certifying that the candidate has satisfactorily completed the residency in thoracic surgery as described above. Once an application is received, it is considered the official and only record. The Board assumes that the appropriate signatures authenticate the accuracy of the case lists and all other information submitted on the application.

Education and adequate operative experience in both general thoracic surgery and cardiovascular surgery are essential parts of any approved thoracic surgery residency program, irrespective of the area of thoracic surgery in which a candidate may choose to practice.

Operative Case Criteria
The operative experience requirement of the American Board of Thoracic Surgery has two parts. One is concerned with the intensity or volume of cases, and the other with the distribution of cases (index cases).

1. Surgical Volume (Intensity)
The Board's operative experience requirements include an annual average of 125 major operations performed by each resident for each year that the program is approved by the Residency Review Committee for Thoracic Surgery. In a 2-year program, this requirement is met if a resident performs a total of 250 major cases over the course of his or her residency; in a 3-year program, the resident must perform 375 major cases.

This guideline on intensity of cases conforms with the Program Requirements for Residency Education in Thoracic Surgery as published by the ACGME and the Residency Review Committee for Thoracic Surgery.

The application of any candidate whose supervised operative experience fails to meet the requirement of an annual average of 125 major operations with a minimal number of 100 in any one year will be referred to the Credentials Committee for review.

2. Index Cases (Distribution)
Index cases are full credit cases only.

The applications of candidates whose operative experience does not include the required number of index cases as listed below will be sent to the Credentials Committee for review. The number of index cases required to meet the minimal acceptable standards in the various areas are:

- Lungs, pleura, chest wall — 50
  - Pneumonectomy, lobectomy, segmentectomy — 30
  - Other — 20

- Esophagus, mediastinum, diaphragm — 15
  - Esophageal operations — 8
  - Resections — 4
  - Other esophageal — 4
  - (A total of 8 esophageal operations are required; of that number 4 must be esophageal resections.)
  - Other — 7

- Congenital cardiac — 20
  - Full credit — 10
First assistant — 10
(Exposure to 20 congenital heart cases with a minimum of 10 cases for full credit)

Adult cardiac — 75
Valvular surgery — 20
Myocardial revascularization — 40
Other — 15
Reoperations — 5
(Includes any reoperation procedures for adult cardiac)
Bronchoscopy and esophagoscopy — 30
(must include at least 10 esophagoscopy)
VATS — 10

Endoscopic procedures may be counted for credit whether they are performed as independent procedures or immediately preceding a thoracic operation.

Reoperation procedures can be counted twice for any adult cardiac procedure. For example, a re-op coronary artery bypass surgery may be counted as both a myocardial revascularization and a re-operation.

Major vascular operations outside the thorax and procedures, such as pacemaker implantation and closed electrophysiology procedures, should be listed separately.

The Board recognizes that supervised operative experience in a well-organized teaching setting that is approved by the Residency Review Committee for Thoracic Surgery protects the patient, who, in most instances, is the personal and identifiable responsibility of a faculty surgeon. This supervised experience optimally prepares the candidate to begin the independent practice of cardiothoracic surgery after the completion of residency.

The Credentials Committee has been authorized by the Board to reject a candidate if his or her operative experience during the thoracic surgery residency is considered to be inadequate. The candidate, the program director, and the Residency Review Committee for Thoracic Surgery will be notified if such action is taken. If the Credentials Committee finds the applicant's operative experience inadequate and additional training is required, the additional training must be approved in advance. Should the program director determine that a resident needs additional training beyond the number of years that have been approved by the ACGME and the Residency Review Committee for Thoracic Surgery, before submitting an application, this additional training must also be approved by the Board in advance.

Even though emphasis on one or another facet of thoracic surgery (pulmonary, cardiovascular, esophageal, thoracic trauma, etc) may have characterized a candidate’s residency experience, the candidate is nevertheless held accountable for knowledge concerning all phases of the field, including extracorporeal perfusion (physiological concepts, techniques, and complications), cardiac devices, management of dysrhythmias, and thoracic oncology. In addition, a candidate should have had responsibility for the care of pediatric general thoracic surgical patients and be competent in video-assisted thoracoscopic surgery. The candidate should also have an in-depth knowledge of the management of acutely ill patients in the intensive care unit. This requires an understanding of cardio-respiratory physiology, respirators, blood gases, metabolic alterations, cardiac output, hyperalimentation, and many other areas.

By virtue of his or her residency in thoracic surgery, the candidate is expected to be fully qualified in the surgical care of critically ill patients.

Operative Experience Credit

Credit will be allowed for supervised operative experience in a well-organized teaching setting only when the following criteria are met:

a. The resident participated in the diagnosis, preoperative planning, surgical indications, and selection of the appropriate operation;

b. The resident performed under appropriate supervision in a well-organized teaching setting approved by the Residency Review Committee for Thoracic Surgery those technical manipulations that constituted the essential parts of the procedure itself;

c. The resident was substantially involved in postoperative care.

Supervision and active participation by the thoracic surgery faculty are required in preoperative, intraoperative, and postoperative care.

The Board also emphasizes that first-assisting at operations is an important part of resident experience, particularly in complex or relatively uncommon cases.

Applications

Before applying for examination, prospective candidates should consider whether they are able to meet the minimum requirements of the Board.

Effective July 1, 2002, all residents must meet the new operative case requirements. The new requirements are listed in this document and are available on the Board's Internet site: www.abts.org.

Utilization of the CTSNet Operative Logs for recording operative cases is required of all residents who started their thoracic surgery training in 2001 or later. These residents are also required to use the online application process when applying for certification. The standard paper application is still available upon request for residents who started their thoracic surgery training in 2000 or earlier.

The online application is an efficient and precise method for submitting the application and the operative case reports from CTSNet, and residents are strongly urged to use the online version. Access to the online application is through the Board's Web site at www.abts.org.

Directions for utilizing the online application should be carefully followed since some of the forms must be printed from the Internet, signed by the appropriate individual, and sent to the Board office with a copy of the medical license and the registration fee. A list of the documents that must be submitted with the online application is available on the Web site. Be certain to include a copy of your valid license to practice medicine.

When the resident is ready, the draft online application is reviewed by the program director. Once he/she approves the application, the program director submits it online to the Board office.

The operative case logs are considered the property of the resident and are not kept in the Board office once the resident is certified. Each applicant should consult with his or her program director regarding the correct way to complete the operative case list forms.

The application that is submitted, either the paper version or the online version, is considered a final document. The incomplete or incorrectly completed application may delay processing for 1 year. Residents are encouraged to address questions regarding the ABTS requirements to their program director.

The deadline for submitting the completed application is August 1. Failure to meet that deadline may result in a delay of at least 1 year.

The ABTS takes particular note of the problems facing those with a disability and stands ready to alter its examination procedures in such a way that individuals who are competent to practice thoracic surgery have the opportunity to take the Board's examination under circumstances that accommodate the individual's disability. Individuals requiring special consideration because of a disability should notify the Board at least 60 days before the August 1 deadline for submitting an application.
Candidates are notified of their eligibility for examination when their applications have been approved.

Examinations
It is the policy of the ABTS to consider a candidate for examination only after he or she has completed a thoracic surgery residency program approved by the Residency Review Committee for Thoracic Surgery.

Separate written and oral examinations are held annually at times and places determined by the Board. Information regarding the dates and places of the examinations is published in the Examination and Licensure column of the Journal of the American Medical Association, the Journal of Thoracic and Cardiovascular Surgery, and the Annals of Thoracic Surgery.

The 2004 Part II (oral) examination will be held on June 11 and 12, 2004, in Chicago.

The 2004 Part I (written) examination is scheduled for November 21, 2004, in Chicago.

Part I—Written Examination
The examination consists of a written examination designed primarily to assess cognitive skills. The content of the questions on this examination represents uniform coverage of all aspects of the thoracic surgery specialty.

Part II—Oral Examination
Successful completion of the Part I (written) examination is a requirement for admission to the Part II (oral) examination. The oral examination is designed to test the candidate's knowledge, judgment, and ability to correlate information in the management of clinical problems in general thoracic and cardiovascular surgery.

Examination Sequence
Candidates should apply for the examination within 5 years of the satisfactory completion of their thoracic surgery residency. Any candidates applying for the examination 5 years or more after the satisfactory completion of residency will be considered individually. Additional training may be required of these individuals. To be eligible, the recommended additional training must be completed before an application can be submitted.

After a candidate is declared eligible for the written examination (Part I), he or she must pass Part I within 4 years. The candidate who successfully completes Part I of the examination then must pass Part II within the succeeding 4 years.

Candidates who fail an examination (Part I or Part II) are eligible to repeat the examination the following year.

Candidates who fail either Part I or Part II of the examination three times, or do not pass either part of the examination within the allotted time period of 4 years, will be required to complete an additional thoracic surgical educational program which must be approved in advance by the Board before they will be permitted to re-take the examination. The required additional training must be completed within the succeeding 2-year period after failing either the written or the oral examination. Candidates who complete the required additional training must file an addendum to their application, have their eligibility for examination reviewed by the Credentials Committee, and pay a new registration fee. They will be given two more opportunities to take the examination (Part I or Part II) within the succeeding 2 years.

Candidates who fail either Part I or Part II a fifth time will be required to complete another approved thoracic surgery residency before they will be eligible to reapply for examination by the Board.

Fees
The following fees are subject to change:

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration fee (not refundable)</td>
<td>$445</td>
</tr>
<tr>
<td>Part I examination fee</td>
<td>$1,075</td>
</tr>
<tr>
<td>Part I reexamination fee</td>
<td>$1,075</td>
</tr>
<tr>
<td>Part II examination fee</td>
<td>$1,150</td>
</tr>
<tr>
<td>Part II reexamination fee</td>
<td>$1,150</td>
</tr>
</tbody>
</table>

Candidates who do not appear for their scheduled examination (Part I or Part II) or who cancel less than 6 weeks prior to either examination may forfeit their examination fee.

The Board is a nonprofit corporation, and the fees from candidates are used solely to defray actual expenses incurred in conducting examinations and carrying out the business of the Board. The directors of the Board serve without remuneration.

Appeals
Individuals who receive an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the American Board of Thoracic Surgery within 30 days of the date such ruling was mailed. A copy of the appeals procedure will be mailed to the candidate.

The only appeal permitted if an applicant fails the written examination is a request for a hand rescoring to verify the accuracy of the score as reported. This request must be made within 30 days of the time the examination results are received by the candidate.

The only appeal permitted for the oral examination is the opportunity to request immediate reexamination following the completion of the oral examination. A candidate who believes that any of his or her examiners has been unfair or biased during a portion of the oral examination may request reexamination by another examiner. The grade on reexamination will be the final grade of the candidate for that portion of the examination.

Chemical Dependency
Qualified applicants who have a history of chemical dependency that has been reported to the Board and who submit documentation suitable to the Board that their dependency has been under control for a period of at least 2 years will be admitted to the examination process.

For candidates who are already in the examination process and develop a chemical dependency as reported to the Board, the process will be suspended until the candidate can provide documentation suitable to the Board that the condition has been under control for a period of 2 years. At that time, the candidate will be re-admitted to the examination process. The requirement to be accepted for examination within 5 years of completion of an approved thoracic surgery residency will not be waived.

Certification
After a candidate has met the requirements for eligibility and passed the examination, a certificate attesting to the candidate's qualifications in thoracic surgery will be issued by the Board. The certificate is valid for 10 years.

Recertification
Applicants who are certified in thoracic surgery are issued certificates that are valid for 10 years from the date of certification, after which the certificates will no longer be valid. Certificates can be renewed before expiration by fulfilling the requirements for recertification specified by the ABTS at that time. A Recertification (Maintenance of Certification) Booklet is available upon request.

Annual Certification Maintenance Fee
An annual Certification Maintenance Fee of $100 is required of all active diplomates, age 65 and under. The fee is not assessed to diplomates in the year of their certification. The fee, which is
cumulative, helps defray administrative expenses related to maintaining and utilizing the diplomate's information on the Board's computer system. The board will not respond to inquiries about the diplomate's certification status until the fee is paid each year. Diplomates must be current with annual Certification Maintenance Fee in order to enter the certification process.

Denial or Revocation of Certificate

No certificate shall be issued or a certificate may be revoked by the Board if it determines that:

a. the candidate for certification or diplomate did not possess the required qualifications and requirements for examination, whether such deficiency was known to the Board or any Committee thereof before examination or at the time of issuance of the certificate as the case may be;

b. the candidate for certification or diplomate withheld information in his or her application or made a material misstatement or any other misrepresentation to the Board or any Committee thereof, whether intentional or unintentional;

c. the candidate for certification or diplomate was convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;

d. the candidate for certification or diplomate had his or her license to practice medicine revoked or was disciplined or censured by any court or other body having proper jurisdiction and authority because of any act or omission arising from the practice of medicine;

e. the candidate for certification or diplomate had a history of chemical dependency or developed such during the certification process and failed to report same to the Board.

American Board of Urology

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(These criteria and conditions are subject to change without notice. They are based on the 2003 Information for Applicants and Candidates handbook, the latest edition available at time of publication. All applicants are advised to contact the American Board of Urology to ascertain whether the information they have is current.)

Examination Dates for 2004-2006

Qualifying (Part 1) Examination
August 8, 2004
August 7, 2005

Certifying (Part 2) Examination
February 20-21, 2004
February 18-19, 2005
February 17-18, 2006

Purpose of Certification

The American Board of Urology, Inc, hereinafter sometimes referred to as "the Board," is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public's knowledge those physicians who have satisfied the Board's criteria for certification and recertification in the specialty of urology. Certification by the Board does not guarantee competence in practice, but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this handbook.

Functions of the Board

The Board arranges and conducts examinations testing the qualifications of voluntary candidates and grants and issues certificates to accepted candidates duly licensed to practice medicine. The certificate is the property of the Board, and the Board holds the power to revoke such a certificate. The Board also evaluates and examines diplomates for purposes of recertification.

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of diplomates of this Board are published annually in the Official ABMS Directory of
Board Certified Medical Specialists and in the Directory of Physicians of the American Medical Association.

The Board is not responsible for opinions expressed concerning an individual’s credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Secretary of the Board.

Associations of the Board

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genito-Urinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.

The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards, the National Board of Medical Examiners, and the Council of Medical Specialty Societies.

Limitations of Functions of the Board

Application for certification is entirely voluntary. Only one certificate for each qualified individual is issued by the Board.

The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

Requirements

An applicant may initiate application for certification by the Board during the final year of his or her residency training or at some point thereafter. For details of the certification process see below. Every applicant, however, must meet certain basic requirements as follows:

A. Prerequisites

1. Education & residency: Except as noted in number 4 below, which specifically refers to requirements for international medical graduates, the applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association, and have completed a urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPS(C)).

ACGME training programs in urology are described in the American Medical Association Graduate Medical Education Directory, Section 11, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements."

2. Postgraduate training requirements: The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. The pre-urology requirements are 12 months of general surgery, 12 months of general surgery and/or urology, including a minimum of 6 months of general surgery/urology. Suggested guidelines for the remaining 6 months of the second 12 months are: 6 months of abdominal, endocrine, plastic, pediatric, urologic, vascular surgery; 0-2 months of ICU/critical care, transplant, ER/trauma, gynecology (not obstetrics), or nephrology; and 0-1 month of GU/invasive radiology, anesthesia, or genito-urinary pathology. The remaining 36-48 months must be spent in clinical urology. Dedicated research rotations are permitted in and only in 6-year programs. Scholarly endeavors are permitted during primary clinical rotations within a 5-year program (2+3 or 1+4).

All of the above training must be in ACGME-accredited programs. Regardless of the training format provided, the final 12 months of training must be spent as a chief resident in urology. The chief residency should be part of a planned program curriculum as outlined in a preapproved rotation provided to the Board. A minimum of 12 months must be served as chief resident in urology with appropriate clinical responsibility under supervision in institutions that are part of the ACGME-accredited program.

For a program requiring more than 36 months of urology training, the candidate must complete the program as defined by the Residency Review Committee for Urology. Variances shall not be granted for an individual to take pre-urology training out of sequence after the completion of his or her urology residency. Pre-urology credit will be given only to a physician who has trained in ACGME-accredited or RCPS(C)-approved training programs. Lesser degrees of training shall not receive such approval. Any resident who intends to transfer to another urology residency program during the urologic portion of the training must obtain the approval of the Board prior to the change. The resident must petition the Board in advance for said approval. The Board also requires the written acknowledgment and approval of both program directors.

In regard to leaves of absence for parental leave, illness, injury, disability, vacation, or alcohol or substance abuse during residency training in urology, time away from clinical residency may not exceed 15% of the clinical residency training period.

To be admissible to the certification process of the Board, the resident must have completed in a satisfactory manner the training requirements of his or her specific program in effect at the time of acceptance in the program, as established by the Residency Review Committee for Urology or the Accreditation Committee of the RCPS(C).

3. Requirements for Canadian trained: To meet the requirements for admissibility to the certification process of the Board, a Canadian-trained urologist must have graduated from a US or Canadian medical school approved by the Liaison Committee for Medical Education and have completed the previously described pre-urology and urology requirements with the final year as chief resident, in programs approved by the ACGME or the Accreditation Committee of the RCPS(C). Upon successful completion of this training, the candidate may sit for the Qualifying (Part 1) Examination of the American Board of Urology. To be admissible to the Certifying (Part 2) Examination, the Canadian-trained candidate must be certified by the RCPS(C).

4. Requirements for international medical graduates: International medical graduates from schools outside the US that provide an equivalent medical background and who have completed an ACGME-accredited urology residency and the prerequisite ACGME-accredited pre-urology training in the US may qualify for examination by the American Board of Urology. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates.

5. Licensure requirements: Applicants seeking certification by the American Board of Urology must also have a valid medical license that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant’s medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement.

Graduate Medical Education Directory 2004-2005
6. **Clinical practice requirements:** In addition to the training and licensure requirements, the applicant must demonstrate acceptable clinical practice in urology. The Board will obtain evidence of this through a review of logs of cases performed by the applicant and by direct communication with the applicant's peers.

7. **Misrepresentation and nonresponse procedure:** Applicants for certification who misrepresent or do not respond to questions on the application will be, at a minimum, deferred from the process for 1 year.

8. **Requirements for applicants with a history of chemical dependency:** Such applicants will not be admitted to the Qualifying (Part 1) or Certifying (Part 2) Examinations unless they present evidence to the Board that they have satisfactorily completed the program of treatment prescribed for their condition. In addition, any such applicants for the Certifying (Part 2) Examination may have a site visit of their practices by a representative of the Board.

**B. Application**

1. An application provided by the Executive Secretary shall be completed by the applicant and returned to the Board office by courier for guaranteed receipt. Applications must be in the Board office by November 1 in order to permit the applicant to be admitted for the Qualifying (Part 1) Examination the following August. Applications and documentation postmarked before but not received in the Board office by November 1 will incur a late fee of $400. No applications will be accepted after December 1. No application will be considered by the Credentials Committee or the Board unless it is submitted by the deadline set forth and is complete and includes all required supporting documentation. The Executive Secretary will determine if an application is complete.

2. The application must be accompanied by a notarized copy of a graduation certificate from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association.

3. The candidate must provide specific verification (such as a notarized certificate or an original letter from the director of the program(s) where the applicant completed PGYs 1 and 2) of successful completion of the pre-urology postgraduate training requirement in a program accredited by the ACGME. Pre-urology training must be documented separately from urology training. Graduates of medical schools not approved by the Liaison Committee on Medical Education, the Bureau of Professional Education of the American Osteopathic Association, or the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada (RCPSC) must furnish a notarized copy of a valid Education Committee for Foreign Medical Graduates certificate.

4. Examination fees and dates for the Qualifying (Part 1) Examination are described below in Fees and Deadlines.

5. For each applicant, the director of the program where the applicant is finishing residency training must provide a letter to the Board office by January 1 confirming that the applicant is expected to have successfully completed 1 year of training in the capacity of chief resident during the calendar year in which the Qualifying (Part 1) Examination is to be taken. The program director must also complete an evaluation form supplied by the Board. This evaluation must be received in the Board office by March 1 preceding the Qualifying (Part 1) Examination given in August.

6. Applicants for certification must be approved by the Credentials Committee and the Board. Additional information may be requested by the Executive Secretary. No duty or obligation to assist any applicant in completing the application process is implied. The applicant is responsible for ensuring that all supporting documents are received in the Board office by the indicated time.

7. As a condition of application to the certification process, applicants must sign a waiver releasing, discharging, and exonerating the Board, its directors, officers, members, examiners, employees, and agents from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys' fees) alleged to have arisen from, out of, or in connection with the certification process.

8. As a condition of application to the certification process, the applicant must sign a waiver allowing the Board to release examination results achieved in the Qualifying and Certifying Examinations to the residency program director and to the Residency Review Committee for Urology.

9. Any applicant who requires special aids or assistance due to a physical or mental disability during the Board examinations should indicate this on the application. See Disability Accommodations Policy, below.

**C. Fees and Deadlines**

1. The current examination fees may be changed without notice. Fees reimburse the Board for expenses incurred in preparing and processing the applications and examinations of the candidate. Fees are refundable, less an administrative fee, in most cases of cancellation or deferral.

2. Payment of $1,000 must accompany the initial application for the Qualifying (Part 1) Examination except in the case of chief residents, who shall pay $900 as the fee for the initial application. Only chief residents may delay the fee payment until January 5. An additional fee of $1,050 must accompany the application for the Certifying (Part 2) Examination. An applicant or candidate secures no vested right to certification as a result of paying an examination fee.

3. Cancellation fees are as follows: $500 failure to appear; $300 unexcused absence; $200 excused absence (in cases of personal or family illness/death).

4. Only one excused absence is permitted, at the discretion of the Board, and this extends the period of admissibility for 1 year. The excused absence fee of $200 will be assessed. Following one excused absence, any subsequent absences are classified as unexcused. There will be no further extensions of admissibility and an unexcused absence fee and reinstatement fee, if any, will be assessed. Applications will be considered inactive if two successive examination appointments are canceled by the applicant. A reinstatement fee is assessed after two consecutive absences. If the candidate does not already exceed the 5-year time limit, he/she may regain active status by paying the reinstatement fee of $600 plus an additional fee for an unexcused absence or for a nonappearance.

5. A $400 late fee will be assessed for any application and/or documentation and/or fees not received in the Board office by the prescribed deadlines. Courier service for guaranteed receipt is recommended. A $100 fee will be assessed for all returned checks.

6. The fee for the Preliminary Examination is $550. If a Preliminary Examination appointment is canceled, a $300 cancellation fee will be assessed.

7. The application fee for recertification, as described in Recertification, below, is $1,100.

8. The fee for a site visit by a Board representative is $2,000 plus expenses.

9. Fees shall be refunded to candidates deferred by the Board, less a $50 administrative fee, or, if deferred for an inadequate practice log, a $175 administrative fee.
The Certification Process

Applicants approved by the Board to enter the certification process must complete both a Qualifying (Part 1) Examination and, after passing this examination, a subsequent Certifying (Part 2) Examination. Assessment of clinical practice through review of practice logs and peer review will also be carried out prior to admission to the Certifying (Part 2) Examination. Certification must be achieved within 5 years of the successful completion of residency.

Applicants who have not applied for or have not successfully completed the certification process within 5 years of the completion of their urological residency will be required to pass a written Preliminary Examination before being permitted to re-enter the certification process. The Preliminary Examination is given each November during the annual American Urological Association In-Service Examination.

After passing the Preliminary Examination, the applicant must take the Qualifying (Part 1) Examination one of the next two times it is offered. Any such candidate who fails to do so must successfully retake the Preliminary Examination to proceed with certification. Contact the Board office prior to the August 15 deadline for more Preliminary Examination information.

A. Qualifying (Part 1) Examination

The Qualifying (Part 1) Examination is given annually in August in Chicago, Illinois. The examination is designed to assess knowledge of the entire field of urology and allied subjects. This includes, but may not be limited to, andrology (including infertility), calculus disease (including endourology and shock-wave lithotripsy), congenital anomalies, pediatric urology, urologic disorders of females, infectious diseases, neurourology and urodynamics, obstructive diseases, psychological disorders, renovascular hypertension and renal transplantation, sexuality and impotence, adrenal diseases and endocrinology, trauma, urologic pathology, urologic imaging, and urologic oncology.

An applicant failing the Qualifying (Part 1) Examination must repeat the exam the next year unless the absence is excused by the Board office (see Fees and Deadlines, below). Failure to retake the examination at the first available opportunity will result in assessment of an unexcused absence fee on subsequent applications. The applicant must pass the Qualifying (Part 1) Examination process in sufficient time to allow for completion of the certification process within the allotted 5 years of active candidacy.

B. Certifying (Part 2) Examination

Candidates for the Certifying (Part 2) Examination must have met all training requirements and have passed the Qualifying (Part 1) Examination. The Certifying Examination includes assessment of clinical practice through review of practice logs, peer review, and oral examinations. In addition, the candidate must have engaged in a minimum of 18 months of urologic practice with primary patient responsibility in a single community, an academic institution, or in the Armed Forces.

A yearly extension of the period of admissibility may be granted for approved fellowships relevant to urology of 1 year or longer. Credit is subject to Board approval; notarized documentation of fellowship training is required. A 6-month credit toward the 18-month practice period requirement may be awarded to an individual for fellowship training approved by the Board, effective with successful completion of the fellowship. The candidate must notify the Board in writing if he or she spends 1 or more years in postresidency fellowship training.

Application for admission to the Certifying (Part 2) Examination is made by completing the Supplemental Application form mailed from the Board office in May to all potential applicants. This application should be returned by courier for guaranteed receipt, and must be received in the Board office by July 1 prior to the Certifying (Part 2) Examination of the following year. In addition, a practice log of all major and minor surgical, office, and ambulatory care cases performed as the primary surgeon, including narrative descriptions of deaths, complications, and errant diagnoses, prepared in accordance with the formats provided by the Board, must be received in the Board office by October 1 prior to the Certifying (Part 2) Examination. Each log must document 6 consecutive months from the period between May 1, 2003, and October 1, 2003. This log must be verified by the candidate and notarized. Courier service for guaranteed receipt is recommended.

Applicants will be assessed $400 for logs received between October 1 and October 15. No practice logs will be accepted after October 15.

Extensions of the period to complete certification are granted by the Board because of extenuating circumstances (eg, involvement in a fellowship of 1 or more years duration, subject to Board approval, and deferral for an inadequate practice log). The candidate should request such extensions in writing, and include the reason.

The candidate must successfully complete all components of the Certifying (Part 2) Examination within 5 years of the completion of residency, unless an extension has been granted. To re-enter the process, it is necessary to pass a written Preliminary Examination and re-enter the certification process at the Qualifying (Part 1) Examination level.

C. Steps in Certifying (Part 2) Examination

1. Assessment of clinical practice: Urology is the specialty that deals with the medical and surgical disorders of the genitourinary tract including the adrenal gland. Candidates must demonstrate knowledge and surgical experience in the broad domains of urology, such as infertility, impotence, calculus disease, endourology, extracorporeal shock wave lithotripsy, neurourology, urodynamics, urologic imaging, uropathology, female urology, pediatric urology, infectious disease, obstructive disease, psychologic disorders, renovascular disease, transplantation, genitourinary sexuality, trauma, and oncology.

Candidates for the Certifying (Part 2) Examination must be in the full-time practice of urology and must be licensed to practice medicine in the area of current practice activity. Notarized documentation of licensure is required.

The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate’s abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable.

Under no circumstances will the source of peer review be revealed to any person other than Trustees and staff of the Board.

The candidate will be required to release, discharge, and exonerate the Board, its directors, officers, members, examiners, employees, and agents (including any and all third parties furnishing information to the Board) from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys’ fees) alleged to have arisen from, out of, or in connection with, the certification process.

As evidence of urologic clinical practice, the candidate must submit a practice log of his or her surgical, office, and ambulatory care cases performed as primary surgeon that is to be 6 consecutive months in length. Procedures done outside of the United States are acceptable. In the case of military or public health physicians subject to unexpected changes of assignment, the Board may accept cases from the previous assignment.

Candidates deferred on the basis of their practice log should submit a new log with their next application. The 6-year period of
admissibility for completing certification will be extended one time by 1 year for candidates whose certification is delayed because of an inadequate practice log.

Copies of patient records from the patient care facility and/or office records of any one or more of the above cases may be requested by the Board. The candidate shall ensure that the patient records so disclosed do not contain any patient-identifying information. The candidate is expected to furnish such records within 1 month of the request.

Practice log review is an important component of the certification process. While there is no minimum number of cases established for an acceptable log, a practice experience well below the norm for the peer group may be cause for delaying the certification process until there is sufficient experience to adequately assess a candidate's practice pattern and management abilities. The Board will review the practice logs of urologic subspecialists in the context of the expected subspecialty experience.

To further ascertain and document the candidate's qualifications for certification, the Board will solicit information and comments from appropriate individuals, such as fellow practitioners, or from organizations, such as medical societies and licensing agencies.

Upon receipt of the practice logs and peer review information, the Credentials Committee of the Board will review the candidate's credentials. Evidence of ethical, moral, and professional behavior, and an appropriate pattern of urologic practice including experience with an adequate volume and variety of clinical material, will be sought. Areas of inadequacy may be cause for deferment or discontinuation of the certifying process until these areas are clarified or corrected. Actions of the Board to achieve clarification may include:

a. Inquiry by the Credentials Committee of the Board into practice irregularities;

b. Request for certified copies of candidate's health care facility and/or office records for review;

c. Invitation to appear before the Board for a personal interview;

d. A site visit to the candidate's community at the candidate's expense; and/or

e. Other appropriate measures that may be deemed necessary to assess apparent deviations from standard urologic practice.

The candidate will not be permitted to continue the certification process until the Board has satisfied itself of the appropriateness of the candidate's practice pattern and professional behavior. The Board may elect to defer continuation of the certification process pending investigation and resolution of any inadequacies or deviations. It may deny certification when serious practice deviations or unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's or candidate's status in the certification process.

2. Oral examinations: These examinations are given annually in February in Dallas, Texas. It is an interactive process between examiner and candidate during which an assessment is made of ability to diagnose and manage urologic problems. There are two exam encounters composed of three protocols each. Since the candidate has passed the Qualifying (Part 1) Examination, the examiner presumes in the oral examination that the candidate has a satisfactory degree of cognitive knowledge of urology. Therefore, the oral examination will concentrate on the following:

a. Problem-solving ability. Evaluation is made of the candidate's ability to collect pertinent information systematically, inte-

grate it, assess the problem, and propose appropriate solutions.

b. Response to a change in a clinical situation. The candidate's ability to manage changing clinical conditions is evaluated through the flexible interaction between the examiner and the candidate. Changed clinical conditions may be posed by the examiner in order to assess various responses by the candidate, or may be developed by the examiner from the outcome of management recommendations offered by the candidate during the interview.

c. Professional behavior in the role of a urologist. The candidate's attitude, interaction with the examiner, and expression of patient management concerns contribute to the assessment of professional behavior.

Disability Accommodations Policy

An applicant requesting accommodations during Board examinations due to a physical or mental disability that substantially limits a major life activity must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation that substantiate the disability by a qualified professional must accompany the application. The Board may then have any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualified professional. This can be done at the Board's discretion and the Board will bear the cost of any additional review or evaluation. The Credentials Committee of the Board will make the final decision regarding the accommodations that will be offered if the request under consideration is made by a candidate for certification. The Recertification Committee of the Board will make the final decision regarding the accommodations that will be offered if the request under consideration is made by a diplomate and/or candidate for recertification.

Unforeseeable Events

Certain unforeseeable events such as a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

Final Action of the Board

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

Regardless of the sequence by which the various steps of certification may have been accomplished, the process itself is considered complete until the Board's final action. At any point in the process, the Board may delay or even deny certification upon consideration of information that appears to the Board to justify such action.

The activities described in this document proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

"Board Eligible" Status

The American Board of Urology does not recognize or use the term "Board Eligible" in reference to its applicants or candidates. A candidate is not certified (ie, does not become a diplomate) until all
components of the certification process have been successfully completed.

Inquiry as to Status
The Board considers a candidate's record not to be in the public domain. When a written inquiry is received by the Board regarding a candidate's status, a general but factual statement is provided that indicates the person's status within the examination process. The Board provides this information only to individuals, organizations, and institutions supplying a signed release of information from the candidate, and a charge of $35 per request will apply.

Recertification
Certificates issued by the American Board of Urology on or after January 1, 1985, expire on the anniversary of the date of issue and are valid for 10 years only. A physician who fails to be recertified by the expiration date is no longer a diplomate of the Board, and his or her name is deleted from the Official ABMS Directory of Board Certified Medical Specialists. The expired certificate must be returned to the Board. It is recommended, therefore, that diplomates possessing a time-limited certificate make plans to obtain recertification beginning 3 years before the expiration date of their current certificate.

The Board endorses the concept of lifelong learning in urology for its diplomates. Candidates for recertification must demonstrate their involvement in continuing urologic education by documenting 90 urology-focused credits, 30 hours of which must be Category I, within a 3-year period prior to September 1 of the year the recertification examination is to be taken. The office of the American Board of Urology will notify diplomates holding a time-limited certificate 3 years prior to its expiration. At that time a handbook detailing the recertification process entitled Information for Applicants for Recertification will be provided. This handbook is also available at the Board's Web site, www.abu.org, and on request from the Board office.

Diplomates are responsible for keeping the Board office informed of address changes.

Trademark and Seal
The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

Code of Ethics
Ethics are moral values. They are aspirational and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all diplomates certified by the American Board of Urology. The term urologist as used here shall include all such candidates and diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient's welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others who pay for those services. In addition, a urologist must not misrepresent any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or to a physician solely for the referral of a patient (fee splitting) is unethical.

Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patients.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception. Communications must not misrepresent a urologist's credentials, training, experience, or ability, or contain material claims of superiority that cannot be substantiated. If a communication results from payment to a urologist, such must be disclosed, unless the nature, format, or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to appropriate local, regional, state, and/or national authorities. A physically,
mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

**Disciplinary Action**

The Board of Trustees of the American Board of Urology shall have the sole power to censure or suspend or revoke the certificate of any diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure or suspension or revocation of the certificate as described herein. The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The levels of disciplinary action and manner of notification, appeal, and reinstatement shall be defined as follows:

**Censure & Suspension:** A diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the Code of Ethics of the American Board of Urology not warranting certificate revocation. The Board of Trustees of the American Board of Urology shall have the sole power to determine the level of disciplinary action and the designated level of suspension.

**Censure:** A censure shall be a written reprimand to the diplomate. Such censure shall be made part of the file of the diplomate.

**Suspension:** A suspension shall require the diplomate to return his or her certificate to the Board for a designated time as determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Prior to return of the certificate the diplomate must meet with the Board within 60 days prior to the end of the designated time period. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

**Revocation of Certificate:** Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

a. The issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
b. The physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or
c. The physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or
d. The physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or
e. The physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or
f. Any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing license in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than nonpayment of dues or lack of meeting attendance; or

g. The physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude or for serious violation of the Code of Ethics of the American Board of Urology that adversely reflects on professional competence or integrity.

**Notification and Appeal**

**Notification:** If the action of the Board is to censure or suspend or revoke the certificate of a diplomate, the Board shall send written notice thereof to the diplomate. The notice shall state the reasons for the Board's decision.

**Appeal:** Please see Appeals Procedure below for details on the appeals process.

**Reinstatement of Certificate:** Should the circumstances that justified revocation of the diplomate's certificate be corrected, the Board may allow the candidate to reapply for certification. The Board of Trustees shall have the sole power to determine the time of initiation of the reinstatement process. The applicant whose certificate has been revoked may be required to complete the certification or recertification process at the discretion of the Board.

Prior to reinstatement of certification, the applicant must meet with the Board. The diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

**Appeals Procedure**

1. **Adverse Decision Inquiries:** During the course of the certification or recertification process, a candidate may receive an adverse decision regarding one or more elements of the process. Inquiries regarding an adverse decision must be made in writing to the Executive Secretary within 30 days after written notification by the Board, and will be promptly answered. The candidate will be guaranteed the following:

   a. Hand scoring of the answer sheet for failure of the Qualifying (Part 1) Examination.
   b. Review by the Executive Secretary of the examiners' scoring sheets for the failure of the Certifying (Part 2) Oral Examination.
   c. Review of the record by the Chairman of the Credentials Committee or Recertification Committee for an adverse decision concerning peer review, practice logs, and/or malpractice and professional responsibility experience.

2. **Adverse Decisions:** If the final action of the Board is a decision to deny certification to an applicant, to deny recertification to a diplomate with a time-limited certificate, or to revoke the certificate of a diplomate, the Board shall send written notice thereof to the applicant or diplomate. The notice shall state the reasons for the Board's decision. For those holding a time-limited certificate, their certificate shall stay in effect until the appeals process is completed.

3. **Request for Hearing:** An applicant or a diplomate who receives such a notice may, within 30 days after mailing by the Board, give written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board that are alleged to be erroneous and shall indicate whether the applicant or diplomate wishes to attend the hearing. Such applicant or diplomate is hereinafter referred to as the "appellant".

4. **Notice of Hearing:** If the Board receives the appellant's notice requesting a hearing in a timely manner, the Board shall set the...
date, time, and place of the hearing, and shall give the appellant at least 30 days prior written notice thereof.

5. Hearing: The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion. The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of the evidence that the Board’s decision was erroneous.

6. Failure to Appear: Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees may determine, in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal.

7. Hearing Procedure: The appellant may appear at the hearing to present his or her position in person, at the time and place specified, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings, but may consider any information it deems appropriate. The appeals process is a peer review process and neither party may be represented by, or bring along, legal counsel.

8. Notice of Decision: Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.

9. Finality: The decision of the Board shall be final and binding on the Board and on the appellant.

10. Notices: All notices or other correspondence pertaining to the appeal should be sent to the following address:
The American Board of Urology
2216 Ivy Rd, Ste 210
Charlottesville, VA 22903
Attention: Executive Secretary
Appendix C

Medical Schools in the United States

Note: The following medical schools were accredited by the Liaison Committee on Medical Education (LCME) as of January 2004.

Alabama
00102 University of Alabama School of Medicine
Birmingham, AL 35294
00106 University of South Alabama
College of Medicine
Mobile, AL 36688

Arizona
00301 University of Arizona
College of Medicine
Tucson, AZ 85724

Arkansas
00401 University of Arkansas
College of Medicine
Little Rock, AR 72205

California
00502 University of California, San Francisco
School of Medicine
San Francisco, CA 94143
00506 Keck School of Medicine of the University
of Southern California
Los Angeles, CA 90033
00511 Stanford University School of Medicine
Stanford, CA 94305
00512 Loma Linda University School of Medicine
Loma Linda, CA 92330
00514 David Geffen School of Medicine at
University of California, Los Angeles
Los Angeles, CA 90024
00515 University of California, Irvine College of Medicine
Irvine, CA 92717
00518 University of California, San Diego School of Medicine
La Jolla, CA 92037
00519 University of California, Davis School of Medicine
Davis, CA 95616

Colorado
00702 University of Colorado School of Medicine
Denver, CO 80262

Connecticut
00801 Yale University School of Medicine
New Haven, CT 06510
00802 University of Connecticut
School of Medicine
Farmington, CT 06032

District of Columbia
01001 George Washington University
School of Medicine
Washington, DC 20037
01002 Georgetown University School of Medicine
Washington, DC 20007
01003 Howard University College of Medicine
Washington, DC 20059

Florida
01102 University of Miami School of Medicine
Miami, FL 33101
01103 University of Florida College of Medicine
Gainesville, FL 32610
01104 University of South Florida
College of Medicine
Tampa, FL 33612
01105 Florida State University
College of Medicine
Tallahassee, FL 32306-4300

Georgia
01201 Medical College of Georgia School of Medicine
Augusta, GA 30912
01205 Emory University School of Medicine
Atlanta, GA 30322
01211 Morehouse School of Medicine
Atlanta, GA 30314
01222 Mercer University School of Medicine
Macon, GA 31207

Hawaii
01401 University of Hawaii at Manoa
John A Burns School of Medicine
Honolulu, HI 96822

Illinois
01601 Rush Medical College of Rush University
Medical Center
Chicago, IL 60612
01602 University of Chicago, Pritzker School of Medicine
Chicago, IL 60637
01606 The Feinberg School of Medicine,
Northwestern University
Chicago, IL 60611
01611 University of Illinois at Chicago
College of Medicine
Chicago, IL 60612
01642 Finch University of Health Sciences/
The Chicago Medical School
North Chicago, IL 60064
01643 Loyola University Chicago,
Stritch School of Medicine
Maywood, IL 60153
01645 Southern Illinois University
School of Medicine
Springfield, IL 62703

Indiana
01720 Indiana University School of Medicine
Indianapolis, IN 46223

Iowa
1803 Roy J. and Lucille A. Carver College of Medicine
at the University of Iowa
Iowa City, IA 52242

Kansas
01602 University of Kansas School of Medicine
Kansas City, KS 66103

Kentucky
02002 University of Louisville School of Medicine
Louisville, KY 40292
02012 University of Kentucky
College of Medicine
Lexington, KY 40536

Louisiana
02101 Tulane University School of Medicine
New Orleans, LA 70122
02105 Louisiana State University School of Medicine
in New Orleans
New Orleans, LA 70112
02106 Louisiana State University School of Medicine
in Shreveport
Shreveport, LA 71130

Maryland
02301 University of Maryland
School of Medicine
Baltimore, MD 21201
02307 Johns Hopkins University School of Medicine
Baltimore, MD 21205
02312 Uniformed Services University of the Health Sciences, P. Edward Hbert School of Medicine
Bethesda, MD 20814
### Massachusetts

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<tr>
<td>02401</td>
<td>Harvard Medical School</td>
<td>Boston, MA 02115</td>
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<td>Newark, NJ 07103</td>
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<td>University of New Mexico School of Medicine</td>
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<td>SUNY at Buffalo School of Medicine &amp; Biomedical Sciences</td>
<td>Buffalo, NY 14214</td>
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<td>03508</td>
<td>SUNY, Downstate Medical Center College of Medicine</td>
<td>Brooklyn, NY 11203</td>
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<tr>
<td>03510</td>
<td>New York University School of Medicine</td>
<td>New York, NY 10016</td>
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<td>Columbus, OH 43210</td>
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<td>University of Oklahoma College of Medicine</td>
<td>Oklahoma City, OK 73190</td>
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<td>Philadelphia, PA 19107</td>
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<td>Pittsburgh, PA 15261</td>
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<td>Hershey, PA 17033</td>
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<td>Philadelphia, PA 19102</td>
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<tr>
<td>04201</td>
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<tr>
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### Rhode Island

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<td>04301</td>
<td>Brown Medical School</td>
<td>Providence, RI 02912</td>
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South Carolina
04501 Medical University of South Carolina
College of Medicine
Charleston, SC 29425
04504 University of South Carolina
School of Medicine
Columbia, SC 29208

South Dakota
04601 University of South Dakota
School of Medicine
Vermillion, SD 57069

Tennessee
04705 Vanderbilt University School of Medicine
Nashville, TN 37232
04706 University of Tennessee Health Science Center College of Medicine
Memphis, TN 38163
04707 Meharry Medical College
School of Medicine
Nashville, TN 37208
04720 East Tennessee State University,
James H Quillen College of Medicine
Johnson City, TN 37614

Texas
04802 University of Texas Medical Branch
University of Texas Medical School at Galveston
Galveston, TX 77550
04804 Baylor College of Medicine
Houston, TX 77030
04812 University of Texas Southwestern Medical Center at Dallas
Southwestern Medical School
Dallas, TX 75367
04813 University of Texas Medical School at San Antonio
San Antonio, TX 78284
04814 University of Texas Houston Medical School
Houston, TX 77225
04815 Texas Tech University Health Science Center School of Medicine
Lubbock, TX 79430
04816 Texas A & M University Health Science Center College of Medicine
College Station, TX 77849

Utah
04901 University of Utah School of Medicine
Salt Lake City, UT 84132

Vermont
05002 University of Vermont College of Medicine
Burlington, VT 05405
Appendix D

Graduate Medical Education Glossary

Accreditation Council for Graduate Medical Education (ACGME)—An accrediting agency that has five member organizations:
- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four directors. In addition, the ACGME Board of Directors includes one resident physician member, the Chair of the Residency Review Committee Council of Chairs, and three public members. A federal government representative and the resident physician who chairs the RRC Resident Council have the right of attendance and voice at board meetings, but do not vote. The mission of the ACGME is to improve the quality of health in the United States by ensuring and improving the quality of allopathic graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. The ACGME accredits GME programs through its 27 review committees (26 Residency Review Committees, or RRCs, and the Transitional Year Review Committee).

Affiliated institution (see “Major participating institution”)—Term no longer used by the AMA or ACGME; it has been replaced by “major participating institution.”

American Board of Medical Specialties (ABMS) (see also “Certification”)—The umbrella organization for the 24 approved medical specialty boards in the United States. Established in 1933, the ABMS serves to coordinate the activities of its Member Boards and to provide information to the public, the government, the profession, and its members concerning issues involving specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting the member Boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists. See Appendix B for more information.

Annual Survey of Graduate Medical Education Programs—see “National GME Census.”

Attending—see “Teaching staff.”

Categorical positions (see also “Graduate Year 1” and “Preliminary Positions”)—Positions for residents who remain in a given program or specialty until completion of the year(s) required for admission to specialty board examination.

Certification (see also “American Board of Medical Specialties”)—A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality patient care in that specialty. Medical specialty boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The boards also offer recertification for qualified diplomates at intervals of 7 to 10 years. See Appendix B for more information.
Combined specialty programs—Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty (listed below; see Appendix A for more information). Each combined specialty program is made up of two or three programs at the same institution. The ACGME and its Residency Review Committees do not accredit combined programs; instead, they separately accredit the core specialty programs that form the combined program. Resident physicians completing these programs are eligible for board certification in both specialties. Current combined specialties are:

- Diagnostic radiology/nuclear medicine/nuclear radiology
- Internal medicine/dermatology
- Internal medicine/emergency medicine
- Internal medicine/emergency medicine/critical care medicine
- Internal medicine/family practice
- Internal medicine/medical genetics
- Internal medicine/neurology
- Internal medicine/nuclear medicine
- Internal medicine/pediatrics
- Internal medicine/physical medicine and rehabilitation
- Internal medicine/preventive medicine
- Internal medicine/psychiatry
- Neurology/physical medicine and rehabilitation
- Neurology/diagnostic radiology/neuroradiology
- Neurology/nuclear medicine
- Pediatrics/dermatology
- Pediatrics/emergency medicine
- Pediatrics/medical genetics
- Pediatrics/physical medicine and rehabilitation
- Pediatrics/psychiatry/child and adolescent psychiatry
- Psychiatry/family practice
- Psychiatry/neurology

Consortium—A group of healthcare organizations established to pursue joint objectives in patient care, education, research, or other areas. If a consortium is formally established as an ongoing organizational entity with a commitment to graduate medical education, it may serve as a sponsoring institution of one or more GME programs.

Core discipline program (see "General specialty program")

Council on Medical Education—The Council formulates policy on medical education by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council is also responsible for recommending the appointments of representatives to accrediting bodies and to other national organizations.

Chief resident—A position in the final year of the residency (eg, surgery) or in the year after the residency is completed (eg, internal medicine and pediatrics); the individual in this position plays a significant administrative or teaching role in guiding new residents.

Designated institutional official—An individual at an institution affiliated with one or more GME programs who has the authority and responsibility for the oversight and administration of programs.

Educational Commission for Foreign Medical Graduates (ECFMG)—A nonprofit organization that assesses the readiness of graduates of foreign medical schools to enter graduate medical education in the United States. ECFMG certification provides assurance to GME program directors, and to the people of the United States, that graduates of foreign medical schools have met minimum standards of eligibility required to enter such programs. This certification does not guarantee that such graduates will be accepted into these programs in the United States, since the number of applicants frequently exceeds the number of positions available. (For more information, refer to the GMED Companion: An Insider's Guide to Selecting a Residency Program.)

ECFMG number—The number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who applies for certification from ECFMG. Almost all graduates of foreign medical schools must have an ECFMG certificate to participate in GME in the US.

Electronic Residency Application Service (ERAS)—A service for medical students/residents through which residency/fellowship applications, letters of recommendation, Dean's letters, transcripts, and other supporting credentials are transmitted via the Internet from medical schools to residency program directors. For more information about ERAS, a service of the Association of American Medical Colleges (AAMC), consult www.aamc.org/eras or the GMED Companion: An Insider's Guide to Selecting Your Residency Program.

Fellow (also see "Resident or resident physician" and "Intern")—A physician in an ACGME-accredited program that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed "residents." Other uses of the term "fellow" require modifiers for precision and clarity, eg, "research fellow."

FREIDA Online™ (Fellowship and Residency Electronic Interactive Database Access)—An online information resource, available through the AMA Web site at www.aamc.org/freida, that assists medical students and residents in selecting GME programs. It includes all ACGME-accredited residency programs and combined specialty programs, the majority with expanded listings that provide such information as program benefits (including compensation), resident-to-faculty ratio, work schedule, policies, and educational environment.

Fifth Pathway—One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The Fifth Pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education in countries that do not grant the MD degree until the completion of the year of national service after medical school, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate. (For more information, refer to the GMED Companion: An Insider's Guide to Selecting a Residency Program.)

General specialty program—A primary specialty (eg, anesthesiology, family practice, internal medicine) that provides resident physicians, under supervision, with the knowledge and skills needed to be practitioners in a specified area of medical practice. General specialty programs function within an institution and are subject to all ACGME accreditation actions, policies, and procedures. Completing an ACGME-accredited residency in a general specialty program is one of the requirements for certification by a specialty board and is a prerequisite to subspecialty training. Sometimes referred to as a "core discipline program.

GMED Track—Available at www.aamc.org/gmetrack, this secure Web-based application of the Association of American Medical Colleges includes, among other services, the National GME Census. Through GMED Track, residency information is collected for both the AAMC and the AMA.
Graduate medical education (GME) (see also “Postgraduate medical education”)—As the second of three major phases of medical education in the US, graduate medical education (GME) prepares physicians for the independent practice of medicine in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings, reflecting the importance of care for adequate numbers of patients in the GME experience. GME programs, including Transitional Year programs, are usually called “residency programs” and the physicians educated in them “residents.”

Graduate Medical Education Directory—Annual publication recognized as the official list of programs accredited by the ACGME. Known informally as the “Green Book,” the Directory lists all ACGME-accredited programs in 118 specialties and subspecialties, Board-approved combined programs in 17 specialties, current educational standards (“Program Requirements”) for 124 specialties and subspecialties, and the certification requirements of 24 medical specialty boards.

Graduate Year (see also “Program year” and “Postgraduate year”)—Refers to an individual’s current year of accredited GME; this may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics). The AMA does not use the term “postgraduate year” (PGY).

Graduate Year 1 (GY1)—Used in connection with residents and with residency positions to indicate the first year of training after medical school. Individuals in GY1 positions who plan to complete the entire program are counted as enrolled in Graduate Year 1 (GY1), Categorical. Individuals in GY1 positions who are using their first year in a residency program as a prerequisite to enter another specialty or subspecialty program are counted as enrolled in Graduate Year 1 (GY1), Preliminary. Not all specialties offer GY1 positions; in those specialties approved for GY1 positions, some programs do not offer them. Furthermore, although by definition residents in GY1 positions are not required to have prior GME, some residents who fill such positions may have had previous training.

Health care organizations/structures
• An academic medical center (or academic health center) is composed of a medical school, a teaching hospital, and at least one other health professions school (eg, nursing). There are usually both inpatient and outpatient (ambulatory) sites for training within an academic medical center.
• An ambulatory care site—such as a physician’s office, outpatient or ambulatory clinic, or emergency room—provides care on an outpatient basis (ie, does not require an overnight stay in a licensed hospital or nursing home bed).
• A group practice involves physicians working in systematic association, with the joint use of equipment and technical personnel and with centralized administration and financial organization. Group practices may be multispecialty or single specialty, open panel or closed panel.
  1. A multispecialty group practice is made up of physicians practicing various specialties/subspecialties who work together.
  2. In a closed-panel system, a managed care organization (MCO) employs a select group of physicians—either directly (ie, staff-model HMO) or through a contract arrangement with a physician group (ie, group-model HMO)—who agree to provide care only to patients enrolled in the MCO.

A health maintenance organization (HMO) handles the financing and the delivery of a broad range of health services to an enrolled population in exchange for a prepaid fee. Four common types of HMOs are:
  1. Staff model—owns and operates its own facilities and directly employs its physicians.
  2. Group model—contracts with a physician group practice to provide health care services to HMO enrollees.
  3. Network model—contracts with two or more physician groups.
  4. IPA model—contracts with physicians in independent practice to provide health care services to enrollees.

Institution—A sponsoring institution is the institution (eg, a university, medical school, hospital, school of public health, health department, public health agency, organized health care delivery system, medical examiner’s office, consortium, or educational foundation) that assumes the ultimate responsibility for a GME program. A major-participating institution is an institution to which residents rotate for a required experience of long duration and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory.

Intern (see “Resident or resident physician” and “Fellow”)—No longer used by the AMA or ACGME. Historically, “intern” was used to designate individuals in the first post-MD year of hospital training; less commonly, it designated individuals in the first year of any residency program. Since 1975, the Graduate Medical Education Directory and the ACGME have used “resident,” “resident physician,” or “fellow” to designate all individuals in ACGME-accredited programs.

International medical graduate (IMG)—A graduate from a medical school outside the US and Canada.

In-training examination (also known as “in-service examination”)—Examinations to gauge residents’ progress toward meeting a residency program’s educational objectives. Certification boards of the American Board of Medical Specialties (ABMS) or medical specialty societies offer in-training examinations on a periodic basis.

Liaison Committee for Specialty Boards (LCSB)—The body that reviews and recommends approval of new examining boards in medical specialties to the ABMS and AMA, which are the parents of the LCSB.

Liaison Committee on Medical Education (LCME)—The body that accredits educational programs in the US and Canada leading to the MD degree. The American Osteopathic Association (AOA) accredits educational programs leading to the doctor of osteopathic medicine (DO) degree.

Licensure—The process by which a state or jurisdiction of the United States admits physicians to the practice of medicine. Licensure ensures that practicing physicians have appropriate education and training and that they abide by recognized standards of professional conduct while serving their patients. Candidates for first licensure must complete a rigorous examination designed to assess a physician’s ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. All applicants must submit proof of medical education and training and provide details.
about their work history. Finally, applicants must reveal information regarding past medical history (including the use of habit-forming drugs and emotional or mental illness), arrests, and convictions. For more information, see *State Medical Licensure Requirements and Statistics*, published by the AMA, or visit www.ama-assn.org/go/licensure.

**Major participating institution**—See "Institution."

**Match**—See "National Resident Matching Program."

**Medical school affiliation**—Institutions that sponsor an accredited GME program may have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as major (M), graduate only (G), or limited (L). Major affiliation signifies that an institution is an important part of the teaching program of the medical school and plays a significant role in the clinical clerkship program. Graduate only affiliation indicates that the institution is affiliated with the medical school only for its graduate programs. Limited affiliation signifies that the institution is affiliated with the medical school’s teaching program only for brief, occasional, and/or unique rotations of students or residents.

**Medical school number**—Unique 5-digit identifier for each medical school. See Appendix C for a list of ACGME-accredited medical schools and medical school numbers.

**Medical Student Section (MSS)**—A section of the AMA House of Delegates, the AMA-MSS represents 36,000 medical student members of the AMA. For more information, see www.ama-assn.org/go/mss.

**National GME Census**—Beginning in 2000, the AMA’s Annual Survey of Graduate Medical Education Programs was replaced by the National GME Census, a joint effort of the AMA and the Association of American Medical Colleges (AAMC). All programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census, available at www.aamc.org/gmetrack. The census collects data on program characteristics such as clinical and research facilities and the work and learning environment residents can expect, as well as biographical data on residents in the programs. Data collected from the census are used in the following AMA products:

- *Graduate Medical Education Directory*
- *Graduate Medical Education Library on CD-ROM*
- *GMED Companion: An Insider’s Guide to Selecting a Residency Program*
- *FREIDA Online™ (Fellowship and Residency Electronic Interative Database Access)*
- Medical education issue of the *Journal of the American Medical Association*
- *State-level Data for Accredited Graduate Medical Education Programs in the US*
- *AMA Physician Masterfile*
- *AMA Physician Select*

**National Resident Matching Program (NRMP)**—Informally referred to as the “Match,” this process matches GME programs and applicants to those programs. Managed by the Association of American Medical Colleges (AAMC), the NRMP system was developed to provide both applicants and residency program directors an opportunity to consider their options for accepting and offering appointments to residency programs, respectively, and to have their decisions announced at a specific time. For more information, consult www.nrmp.org or the *GMED Companion: An Insider’s Guide to Selecting a Residency Program.*

**Participating Institution**—See "Institution."

**Postgraduate medical education** (see “Graduate medical education”)—The AMA does not use the term “postgraduate medical education” to refer to any stage of physician education, including undergraduate (medical school), graduate (residency), and continuing medical education.

**Postgraduate year (PGY)** (see also “Graduate year”)—The AMA does not use this term to describe any part of graduate medical education. The preferred term is graduate year (GY).

**Preliminary positions** (see also “Graduate Year 1”)—Positions for residents who are obtaining training required to enter another program or specialty. Some residents in preliminary positions may move into permanent positions in the second year. Preliminary positions are usually 1 year in length and usually offered for Graduate Year 1. Internal medicine, surgery, and transitional year programs commonly offer preliminary positions.

**Program**—The unit of GME specialty training, comprising a series of learning experiences, which is evaluated for accreditation.

**Program director**—The individual responsible for maintaining the quality of a GME program so that it meets ACGME accreditation standards. Other duties of the program director include preparing a written statement outlining the program’s educational goals; providing an accurate statistical and narrative description of the program as requested by the Residency Review Committee (RRC); and providing for the selection, supervision, and evaluation of residents for appointment to and completion of the program.

**Program merge/split/absorption**—In a merge, two programs combine to create one new program; the new program becomes the accredited unit and accreditation is voluntarily withdrawn from both former programs. In a split, one program divides into two separate programs and each program receives accreditation. In an absorption, one program takes over the other program; the absorbed program is granted voluntary withdrawal status, while the other program remains accredited.

**Program year** (see also “Graduate Year”)—Refers to the current year of training within a specific program; this may or may not correspond to the graduate year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics).

**Resident and Fellow Section (RFS)**—A section of the AMA House of Delegates, the AMA-RFS represents 30,000 resident members of the AMA. For more information, see www.ama-assn.org/go/rfs.

**Residency Review Committees (RRCs)**—The 27 review committees within the ACGME system (including the Transitional Year Review Committee) that meet periodically to review programs within their specialty and/or subspecialty, propose Program Requirements for new specialties/subspecialties, and revise requirements for existing specialties/subspecialties.

**Resident or resident physician** (see also “Fellow”)—Any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, housestaff, trainees, fellows, junior faculty, or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (versus residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.
Section on Medical Schools (SMS)—A section of the AMA House of Delegates with representation from the 126 LCME-accredited US medical schools. For more information, see www.ama-assn.org/go/sms.

Sponsoring institution—See “Institution.”

Subspecialty program—Provides advanced GME in a highly specialized field of study within a medical specialty, eg, gastroenterology within the field of internal medicine. Most subspecialty programs are subject to ACGME accreditation actions, policies, and procedures. Completing an ACGME-accredited residency/fellowship in a particular subspecialty program may qualify the physician to seek certification by the related subspecialty board. Some subspecialty programs are accredited independently of the related general specialty program and are not dependent on a general specialty program. Other subspecialty programs function only in conjunction with an accredited general specialty program, and the subspecialty program's accreditation status is related to the status of the accredited general specialty program. The Residency Review Committee (RRC) determines whether accreditation of a given subspecialty program is dependent on accreditation of the related general specialty program.

Teaching staff—Any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.

Transitional year program—Broad-based clinical training in an ACGME-accredited graduate year 1 (GY1) residency program that provides a balanced curriculum in multiple clinical disciplines. Developed for the year between medical school graduation and a specialty residency program, the transitional year is designed to facilitate the choice of and/or preparation for a specific specialty; it is not meant to prepare participants for the independent practice of medicine. To sponsor a transitional year program, an institution and its affiliate must conduct two or more ACGME-accredited programs that participate in the transitional year.

United States Medical Licensing Examination (USMLE)—A three-step examination that is required for licensure in the US. For more information, see www.usmle.org or refer to State Medical Licensure Requirements and Statistics, published annually by the AMA.

Web ADS—The Web Accreditation Data System (ADS) of the ACGME. This Internet-based data collection system contains the current data on file with the ACGME for all sponsoring institutions and programs, which are required to verify and update general information annually via this secure online system. In addition, programs are required to verify the accredited training of all residents and to communicate organizational changes as they occur. See www.acgme.org/ADS for more information.